

Healing work—  
like teaching  
work—may be  
facilitated by  
empathy,  
however  
systemic  
organization—  
not personal  
emotional  
capacities—  
must be the  
engine of care  
and justice  
work.

## **Appointment Notes / On Unwanted Help and the Misuse of Empathy**

**G.H. Greer**

Concordia University, Montreal, Q.C., Canada

The pandemic has shed light on a number of injustices. In this context, I revisit a comic I wrote to sort through an experience of ableism in academia. I encourage readers to think deeply about what teachers mean when we offer help as members of a caring profession, and consider some ways that the misuse of empathy can impede impactful help. I end with a call for systemic organization and resources to support workers in caring professions.

*Keywords: ableism, COVID, empathy, help, disability arts*

*Correspondence to this article should be addressed to G.H. Greer also known as Lucky Howard at [g.lucky.howard@gmail.com](mailto:g.lucky.howard@gmail.com)*



**Accessible image description:**

The title page is a close-up image of a pad of paper titled "Appointment Notes"



**Accessible image description:**

*Panel 1:* A person with a large fish on their head stands in front of a reception desk. The person behind the desk is looking down at a computer.

Dialogue:

**Receptionist:** NUMBER SIXTY ONE!?

**Fish Head:** Yep, that's me.

**R:** HEALTH CARD?!

**FH:** Here you go.

*Panel 2:* Fish Head leans forward and the crowded doctor's waiting room is visible behind them.

Dialogue:

**FH:** Um, actually I'd rather not say.

**R:** SUIT YOURSELF. HAVE A SEAT!



**Accessible image description:**

Fish Head is seated with the other people in the waiting room. A child with a large snail on their head stares at Fish Head and Fish Head smiles back. The snail extends antennas toward Fish Head.

Dialogue:

**Child's caretaker:** It's rude to stare, Ruthie.

**FH:** That's OK.



**Accessible image description:**

In the doctor's office, the doctor is at a desk typing with a large computer screen between the doctor and Fish Head. Fish Head is smiling.

Dialogue:

**Doctor:** I'm Doctor Nitchie. What seems to be the problem today?

**FH:** Actually, it's a bit embarrassing. I have—

**D:** A fish, yes I see.

**FH:** No actually it's not about—

**D:** Well a wide variety of conditions can arise from—

**FH:** but I'm pretty sure —



**Accessible image description:**

The page is split into 2 panels, the first is a close up of the doctor's face with an annoyed expression, and the second is a close up of Fish Head's face in which both Fish Head and the fish look shocked and silenced. The doctor's speech balloon stretches over top of both panels.

**Dialogue:**

**D:** I see. And I'm sure you googled it. I wish you people would—well never mind. Why don't you tell me what \*you\* think the problem is and then I'll explain my \*professional\* assessment.



**Accessible image description:**

The same image as the previous one, with doctor sitting across from Fish Head with a desk and computer screen between. Instead of speech bubbles there is empty space overhead between them. The doctor stares at Fish Head. Fish Head looks down and slouches. The fish looks at the doctor angrily.



**Accessible image description:**

*Panel 1*

A narrow panel with just enough room for Fish Head. Fish Head looks down, embarrassed and the fish looks down at Fish Head with concern.

Dialogue:

**FH:** Um... I have this rash on my...

*Panel 2*

A wider panel, showing the back of the doctor who faces the computer screen while typing. Fish Head is off panel to the right.

Dialogue:

**D:** Yes, yes, that's hormonal. I'm sure it's related to your... obvious issue.

**FH:** \*Are\* you sure? because I just changed laundry soap so...

**D:** That could be a factor, but to get to the root of your sensitivity we should look at removing the fish.



**Accessible image description:**

The page is split into 2 panels, the first is a close up of the fish's face looking concerned and unsure with shake lines around the fish's head. The second panel is a closeup of Fish Head's face looking down with a resigned, unhappy expression.



**Accessible image description:**

Fish Head is visible from behind, walking out a door marked “exit” and scratching their bum. To the right, the doctor is also visible from behind still seated at the desk with a patient file in hand.

Dialogue.

**FH:** No thank you.

**D:** Suit yourself.



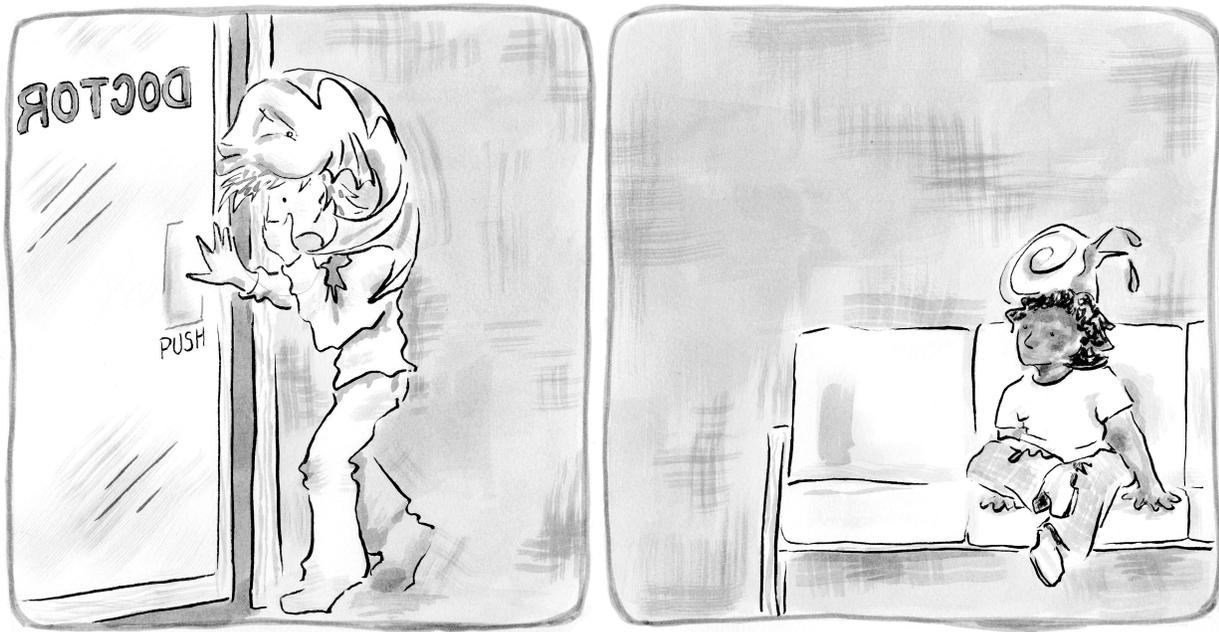
**Accessible image description:**

*Panel 1*

The doctor is seated at their desk visible from the side, writing.

*Panel 2*

Close up of what the doctor is writing. On a pad of paper titled "Appointment Notes" the doctor has written "Some people just don't want help."



**Accessible image description:**

*Panel 1*

Fish Head is leaving the waiting room. The word "Doctor," visible through the glass exit door, is written in reverse above a label that says "PUSH." Fish Head is looking down and has a hand covering their face. The fish looks sad and upset. The fish's gaze is directed backward into the waiting room.

*Panel 2*

In the waiting room, Ruthie stares across the panel break to where Fish Head is leaving. Ruthie's care taker is no longer sitting next to them so Ruthie is alone. The snail's antenna's flop away from Fish Head.

## On Unwanted Help and the Misuse of Empathy

(Content Note: discussion of suicide, death, and systemic injustice.)

I wrote the comic above in the Fall of 2019. My making process was triggered by the sentence “Some people just don’t want help.” A psychologist said that as a guest speaker during a staff meeting. He was meant to be supporting the faculty in my university department through the lost life of a student. This doctor’s manner inferred a peer relationship with the educators in the room. I know from experience that this is frequently not how psychologists speak to their patients. The nuance of this register shift from medical professionals in work contexts, cues me to prepare myself for statements that I may find difficult to hear—things that doctors would never say in front of patients. To that extent I was ready, but this sentence still landed in me like a gut-punch.

The psychologist was addressing a group of professionals: deeply but professionally affected by the tragic but professionally-relevant issue of student suicide. That’s one true story. This comic is a mask for another true story, in which I have shared the struggles with suicidality that claimed the life of that student. It’s been over a decade since I admitted myself to an emergency unit, afraid that I would hurt myself. That experience—and others of navigating the health-care system as a working-class, transgender person with a learning disability—has given me a particular understanding of

what a psychologist might mean by the word “help.” I have heard that word used to describe confinement, forced compliance, and coerced medication. In my experience, and within my communities, “help” may be unpleasant, but the consequences of “refusing help” can be worse. Access to needed medications or professional support people may be withdrawn and housing or income security can be threatened. For me the subtext of the sentence “Some people just don’t want help” is a cascade of insinuation and threat that feels a lot like “They got the trouble they asked for,” “Don’t waste your energy on those people,” and “People like that don’t belong here.”

I am writing now in the fall of 2020, in what I assume is the run-up to the second wave of this pandemic. I am recovering from COVID-19, and this morning I have re-read this comic more than a dozen times. It’s soothing me, like humming a familiar tune. The character Fish Head is an alter-ego of mine, and this fictional story is a passage through which I am traveling again to reify and make bearable my recent fears of medical “help.” I share this comic here to express *something*, for which words do not come to me readily.

The *something* has told me that while I am sick I need to know the decimal of the degree at which a fever becomes dangerous. I need to distinguish between serious and non-serious symptoms, and of the serious symptoms I need to recognize critical levels of severity. The *something* is addicted to Google searches. During the timeless,

pandemic-time before I got sick, I applied this same hyper-vigilance to mask-wearing, hand-washing, and social isolation—true story. There is no absolute safety in a pandemic—also true. The *something* beyond my words, which has compelled my—ultimately ineffective—abundance of caution, is trauma. Hospitals are not, in my experience, places of care.

Without creating undue risk, I have felt an ethical as well as an emotional resistance to pursuing medical intervention for myself lately. Governments have been releasing statements since March, 2020 about the need for “triage” during this pandemic (Hendry, 2020). I am abled passing (I don’t look disabled<sup>1</sup>) but I can hear this dog whistle—this statement that harms a particular group while seeming benign to others. When health care providers prioritize the lives they perceive as most live-able, an inability to imagine disabled joy becomes a justification for undervaluing disabled lives. Triage statements often mean that hospitals are withholding life-saving care from disabled people.

The fatal impacts of hospital triage practices during this pandemic can be seen in the story of Michael Hickson, a 46-year-old father of five, who died because the doctors at St. David’s South Austin Medical Center determined that his life was insufficiently valuable to warrant the use of a

ventilator (Shapiro, 2020). Melissa Hickson brought her COVID-afflicted husband Micheal, a disabled Black man, to that hospital for help. As an abled-passing, White person, the same policies used to justify Michael Hickson’s death make more ventilators available to people like me. I am reluctant to consume medical resources under these conditions.

I wonder how abled people, with only abled-passing friends and family, consuming only abled-centric media receive these triage announcements. Did writing these policies inflict on the policy writers the kind of moral injury—or burn out—that could lead them to join the ranks of the disabled? What kind of logics could determine abstract relative values for my life and that of Michael Hickson? In what kind of society are such logics implementable? Critical disabilities scholar, Jay Dolmage (2017) states that, “Ableism renders disability as abject, invisible, disposable, less than human, while able-bodiedness is represented as at once ideal, normal, and the mean or default” (p. 18). To my mind, the logics described above—which value abled lives over the lives of disabled people—are ableist.

In academia, Dolmage (2017) notes that ableism is more often apologized for than meaningfully rectified, and that apologies often enable this lack of rectification. Rather than engaging with disability community as a

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<sup>1</sup> I use the word “disabled” here as I would the word “Canadian”. I don’t always specify “Canadian people” because the personhood of Canadians is implied. For readers looking for mandatory affirmations of personhood in relation to disability, I wonder what loophole disability opens for you such that personhood is called into question. See the APA style guide for further discussion of identity-first language <https://apastyle.apa.org/style-grammar-guidelines/bias-free-language/disability>

source of expertise on accessibility, institutions parse equity-seekers into individual units and direct us toward gatekeepers like the psychologist mentioned above. This system inevitably fails because the meaningful integration of abled and disabled people—including equitable access to life-saving resources—requires community rather than individual engagement.

Scholar of disability art, Carrie Sandahl (2018) suggests such a collaborative approach for the creation of accessible arts spaces. Claiming the inconveniences of disability as a generative source of transformation, Sandahl calls readers to “go beyond accommodation, which assumes we start with mainstream and flex to include disability. Instead let us start with disability’s unreasonableness and burdensomeness to significantly remodel the mainstream” (p. 94). This approach requires mainstream recognition of disability culture and employs as a starting point unique disability values, practices, and aesthetics.

Disability art, made to be accessible by and for disabled people, is an important component of disability culture. Unlike mainstream art about disability, which often employs disabled people as an object lesson for the benefit of abled people, “disability art does not feel compelled to serve a consciousness-raising lesson” (Sandahl, 2018, p. 86). That is to say that inducing empathy is not the goal. As an individual emotional experience empathy is ill-suited to affect the collective transformation that Sandahl proposes.

## **Empathy and Injustice**

The comic above is not an attempt to induce empathy, or to critique a lack of empathy. It is an artifact of self-witnessing, like the work of comic artist Tikva Wolf (2018) in which drawing enables the externalizing and organization of thoughts and feelings. Composing this comic enabled me to articulate the experience of having my reality overwritten by doctors. This articulation emerged from my need to bear that painful staff meeting, in which I felt that the psychologist overwrote important experiences of our student with the sentence “Some people just don’t want help.” I revisit this comic now to help me resist the larger overwriting I see around me during this pandemic. Low-income people are risking their lives for economic survival while media encourages financially comfortable individuals to overwrite those experiences as “essential” and “heroic” from the safety of our homes. Lifesaving care was withheld from Michael Hickson while hospital policy overwrote that injustice as “triage.” To me, this comic is not about the failure of the doctor’s empathy, but the injustice of a system that fails particular groups in predictable ways regardless of the feelings of the individuals involved.

I see empathy as a red herring in discussions of justice. As a teacher empathy has motivated me to act, despite woefully incomplete understandings about the impact of my actions. This was particularly the case while I worked as a White teacher of Indigenous students in the legacy of North

American residential schooling. Empathy led me to focus on individual teaching labor, without insight into the systemic injustices of my work context. Further, empathy did not require any recognition of my own complicity in the system that employed me. The burnout I experienced as I attempted to labor myself (and my students) out of systemic injustice eventually led to the hospital admission I mentioned above. Prior to these experiences I viewed empathy as a moral compass. Now I am in deep agreement with professor of Social Justice Education, Megan Boler's (1997) statement: "I am not convinced that empathy leads to anything close to justice, to any shift in existing power relations" (p. 255).

According to psychologist Paul Bloom (2017), there is a tendency in popular culture to misdefine empathy as a synonym for goodness. The consequence of this misrepresentation may be a misdirection of resources toward expressions of empathy without regard for the impacts of these actions. For example, preceding my burnout I was empathically motivated to teach job skills and "anger management," rather than to undertake organizational work in coalition with Indigenous community members. Focusing on skill deficits in students rather than the oppressive tendencies of educational institutions compounds injustice by locating systemic problems within marginalized individuals. Empathy did not lead me to support Indigenous language education, or to consider whether my presence contributed to the over-

representation of White teachers in schools that predominantly serve students of color.

In more recent employment—working with exceptional and disabled students—I notice that the valorization of empathy as an inherent "good" has the potential to stigmatize a lack of empathy as "bad." I have had the opportunity to work with students who may be prone to an inability to identify or express emotions and moods through words (Poquérusee et al., 2018). This is a condition that is also familiar to me personally as a symptom of burnout (Augustin et al., 2020). In this context I am reminded that many people are either empathy-impaired, or have alternative modes of empathy-expression. Allistic (or non-autistic) people repeatedly fail to recognize autistic expressions of empathy (Gernsbacher & Yergeau, 2019; Milton, 2012). Short and long-term empathy deficits can result from a variety of causes, from clinical diagnoses to being tired. During the time that my empathy was impaired by compassion fatigue, I can attest that I still understood and was able to act with care toward my students. People can do good work and avoid causing harm while lacking the energy or capacity to intuit or articulate the emotional states of others.

### **Towards Justice**

Healing work—like teaching work—may be facilitated by empathy, however systemic organization—not personal emotional capacities—must be the engine of care and justice work. Individuals will sometimes fail to sufficiently perceive the value of life. I want

to be part of a society that enables doctors to save lives anyway. Similarly, I want to be part of a society where students are not tasked with eliciting teacher empathy in order to receive educational support. Triage medical policies that prioritize abled lives are barriers to the development of such societies, as are many current educational policies, which I have explored elsewhere (Greer, 2018).

To achieve justice, people like doctors and teachers—who hold power over others by the nature of our occupations—must be supported to consistently do what our best selves would discern as right. We cannot rely on individual emotional resources like empathy that are often context-dependent and temporary. As the number of COVID-19 deaths increases again, in the wake of my own fears of hospitalization, I wonder if our institutions were ever designed to sustain or support our best selves.

I have heard that the word radical comes from the Latin word for root, and that to be radical means to work for change at the root of the system. I hope that when you read this article the pandemic is over. And I hope that if you recognized injustice during the pandemic or at any other time, you let it radicalize you. If your passion has cooled—because feelings come in waves—I wish for you the community organization required to sustain your work. And if your community has been fragmented by the isolation of this pandemic, I wish for you the art that you need to reify and survive your own experiences until we can be together again.

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