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EMPATHY/ROLE TAKING: A THEORETICAL MODEL
FOR FEMINIST THERAPY

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ABSTRACT

Feminist therapy is directed not only at individual, but also at social change. Because of this dual aim of feminist therapy, the symbolic interactionist perspective, which describes individual initiative as a source of social change, is suggested as a theoretical orientation which can provide a useful model for feminist therapy. More specifically, the empathy/role-taking model for the client-therapist relationship is outlined here.

Feminist therapy emerged during the social revolution of the 1960's to offer women a new therapeutic approach sensitized to their special needs (Gilbert, 1980: 246). The popularization of consciousness raising groups was an indicator of the necessity to make women aware that they were not alone as a precondition to

describing the common problem of women or changing the conditions that fostered it. It is important to recall that in the absence of a clear delineation of the general malaise felt by women Betty Friedan referred to it as "the problem that has no name" (Friedan, 1963).

What has been termed feminist therapy is not a single approach, but a number of different techniques or approaches depending on the theoretical training and orientation of the therapist. However, "the basic assumption underlying feminist therapy is that ideology, social structure, and behavior are inextricably interwoven" (Gilbert, 1980: 247). That is, although the problem usually comes to awareness as a disturbance in one's thinking or feelings (internal), the conditions that foster the disturbance are the limiting and conflicting social expectations for women (external). We suggest that social psychology, more specifically, empathy or role-taking can provide a useful model for enabling women to identify and differentiate between the identity and role difficulties that are inside themselves and outside themselves.

Feminist Therapy and Sex Roles

The crucial biological facts are that some women become pregnant and have children and that some men are physically stronger. These facts have served as legitimations for males having dominant positions over women in religion, work, and other aspects of life in most societies through time (McCall, 1979: 210-211). Under conditions of continuous physical struggle against death or human extinction requiring strength and endurance, male dominance/superiority over women is not an unreasonable arrangement. Whether sex

roles were designed by societies to accommodate survival needs or were predetermined by biological inevitability made no difference when the arrangement was pragmatic. However, the question is an urgent one in Modern Western Societies with such advanced technology that intellect, not physical strength, is at a premium; childbearing is, for most women an option; and survival of the species is more assuredly under human control.

Although female subordination has existed throughout history, some women have defied social prohibitions against leading, excelling, or achieving in "men's" endeavors. Often they disguised their identities, such as the writer, George Sand, whose gender identity was concealed behind that masculine *nom de plume*, or they were regarded as exceptional; their accomplishments did nothing to alter the general notion of normal female capabilities. Armed only with an opposing logic, belief, and insufficient scientific evidence, the few women who challenged male superiority were regarded as abnormal, less than female. Women who worked for expanded rights and equal treatment were ridiculed and vilified.

By the time of the social revolution of the 1960's when any belief or custom was attacked if not based on science, logic, or revolutionary ideals, the women's movement found itself and was vindicated by the new spate of medical and social scientific studies. Research studies from various fields provided a stream of consistent findings which helped to clarify which sex differences are attributed to socialization rather than biology (e.g. Linton, 1970; Maccoby, 1966; Marmon, 1968; Mischel, 1966; Money, 1965; Money, Hampson and Hampson, 1957). In general, it is clear that many

traits have been assigned arbitrarily as masculine or feminine simply in order to differentiate between the sexes.

"Society has constructed the feminine female and the masculine male; our task is to see that, in the future, society constructs the full human being" (Deckard, 1979: 59). The feminist goal is to expose the fact that so much of that which has been labeled masculine or feminine has no support in "nature" science, physiology, or social necessity. Men benefit from a system that subsidizes their achievement aims by offering them more pay, promotions, training, and almost exclusive control of visible power positions from nursery through graduate school and throughout the life cycle.

It must be remembered that each succeeding generation of males does not reinvent a plot to dominate females. Instead, both sexes come into an already existing world order which provides for each individual, from the moment of being wrapped in a pink or blue blanket, a consistent stream of messages that selectively approve one's expected sex role behaviors and disapprove divergence. The expected behaviors become habits, beliefs, acts carried out without conscious consideration. An individual may try new behaviors or may develop a non-traditional idea of her/himself, but these are usually given up in the face of competing definitions from others. We learn to test the "validity" of our self concept by checking it against the opinions of others, it is only the very sick person, or the healthy person with a strong ego (self-definition), who can sustain a self concept not accepted by others, or can gain acceptance from others of a competing self concept that one holds. For example, it is

difficult for a woman to maintain a concept of herself as a normal female who is a good athlete, or to convince others that she is both a normal female and a good athlete when almost all whom she encounters regard her a mediocre at her sport, or as abnormal or masculine. Often an individual who seeks help from a therapist begins with a sense of confusion and anxiety as s/he asks, "Is it normal for me to think/feel/act this way?"

Feminist Therapy and Social Change

It is commonly held view that there is a woman's "place" and that it is "in the home". Although it is not the goal of feminist therapy to support that view, neither is the goal to develop a new definition of a woman's "place." Instead, the goal is to allow both men and women to recognize and explore their own feelings and interests, to learn to feel comfortable with themselves, and to accept themselves as a precondition to gaining acceptance from others. Often individuals seek help before a specific problem is articulated and there is only a generalized sense of dissatisfaction with self, relationships, or daily living. Not all women or men have the same needs or goals in therapy, and it is critical that the therapist help the client to formulate and move toward her/his goals, not those of the therapist. For example, some homemakers may need to ventilate anger about how they are being treated by their husbands, by men in general, and/or by themselves. They may wish to become more assertive in their sexual behavior, but to remain dependent and unknowledgeable regarding money. That is, they may choose to change only part of their behaviors that facilitate the general impression others have of them as dependent

and uninitiating. It is necessary that the therapist identify accurately the client's thinking and feeling in order to understand how the client makes sense of her/his own behavior.

Because feminist therapy aims to help individuals to learn to feel comfortable with and to develop themselves in ways that may not be suited to traditional notions, there must also be some assistance in understanding the feelings and behaviors of others who define one as "different". Feminist therapy aims to help individuals to adjust to their own needs and potential and to gain from others acceptance as healthy women or men. It deals with problems that arise from the discomfort of individuals who do not find themselves satisfied with the limited repertoire of interests, talents, and responses that traditional sex roles demand of them. The genesis of the problem, according to feminist therapists, is in the discrepancy between social demands and individual needs.

The symbolic interactionist perspective seems especially appropriate to feminist therapy because of the simultaneous focus on individual thought and action/response, and on the social structure as its context. From this point of view, social structure is not regarded as fixed, but as a continually evolving set of expectations. There are mutually shared expectations for one's own and for the behavior of others, dependent on the social location of each. The structure, or set of expectations, is maintained when actors meet expectations. The structure is changed when an individual's initiatives or unique responses become accepted by others. Innovations or social change can occur because of the failure of an individual to

understand the symbolically communicated expectations, or by a deliberate decision to establish new patterns/expectations. This theoretical framework is crucial to feminist therapy, the goal of which in symbolic interactionist terms, is to enable women and men to: perceive accurately what others expect of them; recognize and associate their own and others' feeling responses with the perceived expectations; know what their options and the consequences are for meeting expectations or innovating behaviors; and develop effectiveness and self esteem in being an active creator of social structure by working toward social change. The goal of feminist therapy is, ultimately, to bring about social change by helping individuals to develop personal effectiveness as change agents. How broad or limited the social change goals might be is one of the sets of options and choices individuals learn to identify and to make.

Research on therapy indicates that what effective therapies have in common is empathy or what sociologists call role taking. Traux and Carkhuff (1967) concluded that the best counselors are high in empathy, warmth, and genuineness -- all of which must be communicated to the client. Fix and Haffkes review (1976: 101) specifies that facilitative communication is the effective component. The good listener, generally, is viewed by the client as open and accepting (Goodman, 1972). On the basis of the limited data available, it appears that accurate role taking is a prerequisite for effective counseling. Given the importance of this ability in the therapist, it is curious that the literature has not drawn together the data which indicate factors affecting empathic ability. The rest of this paper is such an attempt.

Empathy/Role taking -- The Process

Role taking, or empathy, is a prerequisite for social interaction of any kind, and most certainly a requirement for effective therapy because the outcome depends upon the interaction of client and therapist, not upon the actions of one alone. Although one can analyze the behavior of participants separately, the perspective demands an attempt

to explain the conduct of the individual in terms of the organized conduct of the social group The social act is not explained by building it up out of a stimulus plus a response; it must be taken as a dynamic whole -- as something going on -- no part of which can be understood by itself (Mead, 1934:7).

There is an action, object, or expressed belief, not to which one automatically reacts, rather to which we must assign meaning or interpret before we can undertake a response (Blumer, 1969). This view of humans as active rather than passive participants in social life is a constant theme in the symbolic interactionist perspective of social psychology which developed from Mead.

Role-taking consists of the ability to put oneself in the place of others and to see things as others do. By constructing the attitude of other, one is able to (1) anticipate the behavior or responses of others and (2) to think about one's own behavior from the view of the other. Turner, among others, assumes that a major determinant of our behavior is the fact that there are expectations which we are required to fulfill. It is also assumed

that we view others largely in terms of their roles, that we assume behavior is an expression of expectations or requirements of social location.

The role becomes the part of references for placing interpretations on specific actions, for anticipating that one line of action will follow upon another, and for making evaluations of individual actions (Turner, 1969:218).

The second attribute is explained by Mead:

The reflexive character of self-consciousness enables the individual to contemplate himself as a whole; his ability to take the social attitudes of other individuals . . . toward himself . . . makes possible his bringing himself . . . within his own experiential purview . . . (1934:309ff).

According to Strauss, the meaning we assign to ourselves is dependent, not only on those toward whom we are acting, but also on those who are absent (1964:xxii).

The process of role taking is essentially that of hypothesizing. The first hypothesis one makes is an inference about what kind of person the other is, to identify the other. This provides a basis for predicting because we assume that people will act or feel in ways consistent with their social location (Berger, 1963) and, especially, role prescriptions. Naming, identifying, or otherwise classifying individuals as representative of a class enables interaction. The placement of individuals into categories is accompanied by influences of attitude and imputations of motive (Strauss, 1959;

Mills, 1973). The questions we ask ourselves are basically: If I were in that person's social position, what would I do, how would I feel? If I were in her/his position, what would I expect of me? This process is an internal conversation in which, theoretically, all interactants will negotiate until the identities are mutually agreed upon.

Role theory has generated a great deal of research and the richness of the empirical findings as well as the elegance of the theory lends itself to the development of an outline for effective role taking. Not all persons are equally good role takers. Heiss (1981) notes two areas which affect accuracy of role taking: the amount and kind of information available and one's ability to process this information.

Amount of Information

The general rule of thumb is that the more information about other, the more accurate one's role taking. We have the greatest difficulty in inferring attitudes, motives, intentions, and future behavior of others when we know the least. The best role taking occurs when the information we have is both in depth and salient. Four factors affect the amount and kind of information: characteristics of the therapist; characteristics of the client; characteristics of the situation; and the nature of the relationship between the client and the therapist.

Therapist characteristics are an important starting point for the purpose of perspective in the analysis because role taking occurs in the mind of the therapist. Life experience as a human has exposed the counselor to certain types of people either

directly, through interaction and observation or indirectly, from oral accounts, literature, or dramatizations. The degree to which one as had the opportunity to become familiar with certain types of others provides an informational base. Exposure is not enough, the therapist must also have remembered what similar others in the past have done and felt; recall must occur. Even with a background of preparedness, the role taker must be motivated to go to the trouble required by the mental exercise. People can be variously motivated. Being motivated by the need for approval, intellectual curiosity, or purient interest will also affect how much and what information is sought.

Heiss (1981) notes a difference between those who are field-independent people, who do not look to others, and field-dependent persons. The latter look for more information by being more attentive, making more requests, and interacting with others more. Difference in perceptual style, thus, seems to be related to certain aspects of personality.

Differences in power between interactants affects the information available for role taking (Henley, 1977). The more powerful person tends to assume less need for sensitive hypothesizing about the other. The powerful demand one's attention because they have the ability to reward or punish us and we have been taught to have respect for persons of high position. At times of disagreement about definition or interpretation, the powerful person can dismiss even an insistent other. In the therapist-client situation, the therapist is the "expert" who is credentialed and from whom the client is seeking help. Variations in role taking accuracy based on variations in power are found by race, sex,

and social position.

One of the most basic factors affecting role taking accuracy is what might be termed structured cognitive equipment (Strauss, 1959; Goldstein, 1973). Any role taking is based on categorization and obviously, the number and kind of categories and meanings one has as a way of organizing perception will make a difference. For instance, the more fine the distinctions seen among people, the more likely there will be accuracy in role taking.

Characteristics of the client also influence the information available and, therefore, role taking accuracy. The degree to which a client is open and willing to provide information is somewhat dependent upon her/his position vis a vis the therapist. Less powerful persons, for instance blacks, women and those of lower social status, are usually more self-disclosing in encounters with those they define as powerful or as their "betters" (Eakins and Eakins, 1978). The openness may be more apparent than real. It is generally assumed that people who emphasize their conforming behavior conceal information while those who reveal deviance are presumed to be more honestly self-disclosing. In our actual interactions with others, we rely upon information conveyed verbally as well as nonverbally. Some of the information can take the form of explanation of "accounts" (Scott and Lyman, 1973), thus we are able to learn from some clients not only what the situation is but also their understanding of it. Clients who are evasive, avoiding explanation of certain situations, also reveal something important.

The social attributes of the client are

the most obvious and important pieces of information we have about her/him (Stone, 1981a). Of course, it is not the attributes per se which the therapist uses in interaction, rather it is the meaning of the attributes to the counselor which determines role taking of all kinds. When we first meet people, we identify them, we categorize them according to characteristics such as race, sex, age and social status. Of all the attributes each of us has, some are more visible and central to our definitions of each other. These master statuses (Hughes, 1945) are probably such important definers that we forget the degree to which they orient our interaction with others. We behave differently toward others -- tone of voice, eye contact, demeanor, and so on -- on the basis of understandings of their social locations which we judge first, by their overt identities. We approach an interaction holding typifications of expectations, motives, personality, attitudes and character of certain categories of persons (Jones and Davis, 1965).

Not only do master statuses influence our judgements, but appearance, body type, posture, gesture, and facial expression are used as bases in inferring personality and moral worth. Clothing adds another dimension; one about which we are more conscious and ready to manipulate in order to create certain impressions and evaluations on the part of others (Stone, 1981b). We tend to judge others' social class, ethnicity, personality and political ideology depending upon how they dress.

Characteristics of the situation comprise a third area affecting role taking accuracy (McHugh, 1968). As with any characteristic influencing interaction, it

is the meaning applied to the situation, rather than an objective assessment of it which matters. To paraphrase Thomas (1973), if people define situations as real, they are real in their consequences. Physical and social distance tend to inhibit effective role taking: having to shout to someone with a hearing difficulty, or speaking with someone who does not speak our language well are both inimical. Being in a situation with many distracting -- phones ringing, people interrupting and outside noise -- reduces our ability to concentrate and our feelings of comfort with the situation. Private, as opposed to public, encounters allow others to feel more free to give pertinent information as well as facilitating attention.

The above circumstances dealing with goal are complicated by the specific topic used as the medium for attaining the goal. People vary in their openness according to subject matter. Some subjects make us uncomfortable, some are defined as essentially private, of some we are ignorant, and some might involve embarrassment or we might fear that others would judge us negatively. To the extent we do not reveal feelings about behaviors regarding certain areas of life, accurate role taking is inhibited. This is particularly so in terms of our deviant behaviors. We all have a stake in projecting an image of respectability and because our character tends to be judged on the basis of our violations rather than our conformities, we prefer to mask that part of ourselves (Strauss, 1959).

The nature of the relationship between the therapist and the client is the last general area affecting role taking accuracy because of its connection to how much information is available. If the client

feels secure that s/he will not be judged, then self-disclosure is more likely. However, if the client feels that revealed information would be damaging to the relationship, or that confidentiality would not be maintained, then certain facts and feelings remain hidden. Information availability is increased when interactants have feedback that demonstrates that they are "understood".

Certain characteristics of the relationship which are more structural have a definite influence on role taking. For instance, the duration of the relationship in an historical sense as well as duration of encounter affect amount of information. In like manner, the frequency of interactions increases information and role taking accuracy. A final point -- one which probably increases role taking accuracy in counselor-client interaction -- is the degree to which all parties in an encounter expect that role taking will play an important part in the relationship.

Information processing

Role taking is ultimately a process of imputation and attribution. People do not tell us, directly, about their motives, character, and attitudes, rather on the basis of the information we have ferreted out, we make guesses. Processing involves making inferences based on the information available and not all are equally skilled at so doing. In fact, an individual probably evidences variability in processing skills according to factors such as fatigue, the situation, and client characteristics. Heiss (1981) concludes that it is not a uni-dimensional trait although information processing is probably a generalized, stable ability. He reports there is an apparent positive correlation

between intelligence and role taking ability. Some of the ability may be due to cognitive habit: Some people may close off prematurely the process of drawing inferences. For instance, a social characteristic such as sex evokes certain ideas of attributes, personality types, competencies and so on. If one prematurely closes the process of making connections between characteristic and attribute, then the correct interpretation may not come to mind.

Because we are dealing with clients as total persons, each with a number of identities, it is not feasible nor is it laudable to consider each identity singly or in turn (Karp and Yoels, 1979). We see people as configurations of identities. This is complicated by the fact that many of the relevant identities are not merely dichotomous, they are continuous. Gender is dichotomous while age is continuous with social definitions varying considerably even where there is only a small objective difference. Our tendency is to make judgements quickly. This appears to be "natural" and a good beginning, yet we have to remain attentive and be prepared to revise our inferences as more information is received.

When a therapist shares with the client a common social location, then she or he has a better basis for making correct inferences. Being of the same race, sex, social class, and ethnicity gives one the experience of having been there already and the likelihood of some part of a socially constructed reality in common is increased. Similar interests, background, and status are very effective predictors of accurate role taking. However, being of the same background and status as the client is not necessary: one

can have obtained extensive information and/or had extensive interaction with certain categories of persons and thereby gained the necessary knowledge for accurate role taking.

Summary

Feminist therapy deals with the self doubt about whether it is "natural" to want more than tradition allows, with the need to explore options and likely consequences, and with learning how to live with choices that are made. It does not begin with socially determined notions of healthy female or healthy male behavior, but with the client's self concept and needs.

In order to begin where the client is, and to help her/him to choose her/his own course, the therapist must view the situation from the client's point of view. Research in social psychology on the empathy/role taking process indicates (1) that not all candidates are equally suited for role taking; (2) that the process involves imagining (hypothesizing) the attitudes of the client toward the situation and the therapist, and offering a concrete verbal expression to check the accuracy of the hypothesis and to recognize the client's feelings.

Various factors affect the differences in role taking abilities among therapists, and for any one therapist depending on circumstances. These include: amount of information available; therapist and client characteristics and attributes; differences in power between client and therapist; characteristics of the relationship; and factors related to the information processing skills of the therapist.

Indeed, the body of theory developed thus far about the empathy/role taking process can provide not only an appropriate guide to skill development areas for feminist therapists, but suggests also a need for the generation of more new knowledge through clinical research.

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