Work in Progress

Women and Empathy: Implications for Psychological Development and Psychotherapy

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  The colloquium panel, "Women and Empathy, " presented in this issue of <u>Work in Progress</u> was delivered at Wellesley College on December 9, 1981, and at the annual meeting of the American PsychologicalAssociation, Washington, D.C. on August 23, 1982.

Introduction

  As described by object relation theorists and self psychologists, empathy is an affective intuitive process involving a temporary breach of ego boundaries and regressive, symbiotic merger. The quality of this empathic bond is likened to the quality of the empathic connection between infant and mother. In both contexts, empathy appears to have mysterious, hidden qualities and to be associated with a temporary loss of a more mature functioning.

  The purpose.of these papers is to begin an alternative description of the experience of empathy based on new theoretical understandings of women's development. Our concept challenges the assumed link between affective processes and loss of identity. Instead, we propose that empathy involves both affective *and* cognitive functioning and is a far more complex, developmentally advanced and interactive process than is implied by those theories which associate empathy with regression, symbiosis and merger of ego boundaries.

  In the spirit of this working paper series, we would like to share these ideas while they are evolving. Judith Jordan began a re-examination of the concept of empathy. Her work stimulated the other authors to expand topics on which they had been working— Janet Surrey's examination of the mother-daughter relationship as the primary model of psychological development, and Alexandra Kaplan's examination of the therapeutic process. Thus, the papers offer formulations on these major topics in addition to empathy itself.

  We do not all agree on certain points, even on some fundamental assumptions. These differences extend to our use of terminology. We are struggling to find words which will more adequately describe the phenomena we are studying.

  Our differences are part of an ongoing interchange. We hope that they capture some of the quality of our continuing dialog, and, in doing so, carry forward the intent of these working papers.

Empathy and the Mother-Daughter Relationship
Judith V. Jordan, Ph.D.

Abstract

Empathy involves both affective arousal and cognitive structuring; flexibility of ego boundaries is essential to the process of empathy. Generally females are more empathic than males because of socialization experiences, early childhood identification, and sex-role identification -- all shaped by prevailing cultural mores. Having the same gender nurturing figure significantly influences the quality of empathy that develops in females. In this culture, the special quality of attachment and identification between mother and daughter fosters the development of empathy.

Most clinical and developmental theory reflects concepts of ego strength which emphasize capacity for delay, objectivity, and firm ego boundaries. Individuation, separation, and objectivity generally are considered indicators of increasing maturity and development (Gilligan, 1977). In fact, these may be potentially adaptive qualities for a typical male milieu, but not necessarily for a typical female milieu. The "average expectable environment" seems to differ for males and females, presenting different interpersonal demands and leading to different adaptive capacities (Carson, 1971). In David Balkan's (1966) terms, our society tends to overemphasize the *agentic* ethic (self-protective, assertive, individualistic, pushing toward achievement) at the expense of the *communal* ethic (being at one with other organisms, characterized by contact or union). The study of empathy may provide one means for examining the relative development of agentic and communal qualities in an individual such that any action for the self would contain a consideration of the effect of this action on others.

Describing empathy

Schafer (1959) defines empathy as "the inner experience of sharing in and comprehending the momentary psychological state of another person." Empathy often has been construed as a mysterious, contagion-like, and primitive phenomenon or has been dismissed as a vague and unknowable subjective state. Empathy, however, is a complex process, relying on a high level of psychological development and ego strength. (Indeed, it may provide a good index of both, and a developmental study using empathy as an indicator of ego strength would be most interesting.) In order to empathize, one must have a well-differentiated sense of self in addition to an appreciation of and sensitivity to the differentness as well as the sameness of another person.

Empathy always involves affective surrender and cognitive structuring, and, in order for empathy to occur, ego boundaries must be flexible. Experientially, empathy begins with the basic capacity and motivation for human relatedness which allows perception of the other's affective cues, verbal and nonverbal. This is followed by a surrender to affective arousal in oneself -- as if the perceived affective cues were one's own -- thus producing a temporary identification with the other's emotional state. Finally, there occurs a resolution period in which one regains a sense of separate self that understands what has just happened. For empathy to be effective, there must be a balance of the affective and cognitive, the subjective and objective. Ego boundary flexibility is important since there is an "as if," trying-out quality to the experience in which one places oneself in the other's shoes or looks through the other's eyes. There is a momentary overlap of self and other representations as distinctions blur experientially. If either relaxation or restructuring of ego boundaries is impaired, empathy will suffer.

Given the balance between affect and cognition that must exist for accurate empathy to develop, one might expect differential patterns of strengths and weaknesses in empathic ability for males and females. On the one hand, if self boundaries are too rigid, there will be little impact of the other's affective state on one's own self. In that case any attempt at understanding the other will be a distanced, intellectual effort to reconstruct what is going on, or a projection of one's own state onto the other. On the other hand, if self boundaries are excessively diffuse, the self-other differentiation may be lost, opening the way for uncontained merging or use of the other as a narcissistic extension of self. In both cases the opportunity for a genuine sense of understanding and being understood—that is, of essential human connectedness—is sacrificed.

Male-female differences

In general, it has been found that females are more empathic than males (Hoffman, 1977). Males tend to have more difficulty with the essential and necessary surrender to affect and momentary joining with the other, as it implies for them passivity, loss of objectivity, and loss of control. This may lead to widespread constriction of empathic responsiveness in men. Problems with empathy for females, however, typically involve difficulty reinstating a sense of self and cognitively structuring the experience. Women also have trouble bringing an empathic attitude to bear on themselves (something I call self-empathy, which Schafer has referred to as "intrapsychic empathy"). Many women do not develop dependable self-empathy because the pull of empathy for the other is so strong, because females are conditioned to attend to the needs of others first, and because women often experience so much guilt about claiming attention forthe self, even *from* the self.

A clinical example may shed some light on this difficulty: A bright and creative artist whom I see in treatment reports that when her husband returns home from work—no matter what her own struggles or accomplishments of the day—she finds herself feeling for him in his fatigue, not wanting to bother him with her concerns. Knowing he likes to talk with her about his day, she encourages him to share with her. She later feels angry, however, that he does not do the same for her; she also fears it is because he does not value her work or her feelings. This woman's empathic response to her husband is caring and important, but as an unvarying pattern, she begins to feel her internal state Is not valued as much as her husband's. Because she is so tuned in to her husband's affective state, she sometimes does not feel she has a choice *not to* respond. His pain is her pain. Empathy, then, can lead to the other always coming first at the expense of valuing one's own experience. Therapists can play an important role in helping these people (usually women) bring an empathic attitude to bear on themselves as well as on others.

Socialization

The different roles toward which the members of each sex are socialized obviously play a part in the quality of empathy which evolves in each. Looking at conscious and unconscious standards for sex role socialization, we see that characteristics which are most adaptive for the'mothering/nurturing role are encouraged in females, while in males there may be selective and active discouragement of those very same traits. As Winnicott (1971) notes, the "good enough mother," "the mother who mirrors the infant," "starts off with an almost complete adaptation to her infant's needs." Motherhood relies on a careful tuning to the other, a sensitive empathy to the subtle or unarticulated internal states of the infant, and any traits which would enhance these abilities are likely to be developed in females. Young girls, therefore, are encouraged to attend to others' affective states and to maintain proximity to others; they also are allowed significant affective expression, particularly when the expression is nonaggressive and prosocial. Girls are urged to develop perceptual acuity in reading others' reactions to themselves.

For boys, on the other hand, socialized to be good soldiers or effective competitors in a largely alienated work world, highly developed empathy might be seen as most unadaptive. Young boys, then, are encouraged to pursue individual "mastery" of tasks and to contain affect, particularly if it suggests to them need of another, fear, or inability to act on one's own. Traits such as autonomy and self-reliance are encouraged and valued for males.

Early childhood identification

One important factor in the development of empathy in females is the nature of the early motherdaughter relationship. Chodorow (1978) speculates, drawing on object relations theory, that societal values which encourage and support the early attachment of mother and daughter, as well as the nature of the identification with the maternal figure, allow for selfother boundary flexibility in girls. Boys, in conirast, are socially supported to curtail the primary identification with the mother, forcing them to create less flexible self-other differentiation.

If we look at the model of mother as mirror of the infant around which self feelings develop, we will immediately notice some differences in motherdaughter versus mother-son relationships. I will speculate a bit about some of these differences. The mother, identifying more with the daughter (an identification based in part on body sameness and supported by cultural norms), may experience affectively-tuned empathy more directly and readily with a daughter than with a son. Further, the mother may feel more comfortable about encouraging a daughter to feel more connected with her at an affective level. It is likely that this difference is more striking with a clearly sex-typed 3-or-4-year old than with an infant, but it may be there to some extent from the beginning. One study which supports the notion that mirroring may evolve differently between motherson and mother-daughter pairs was done by Moss.8 He reported in observations of early mother-infant interaction that already at 3 weeks and again at 3 months, mothers imitate female babies more than male babies, and there is greater responsiveness on the part of the female infant to the mother's ministrations. While the acknowledged greater neurological maturity of the female infant may contribute to this difference in responsiveness, it is not within the scope of this presentation to fully review the relevant infant research. Also studies of early sex differences often yield conflicting results abs)ut mother-infant interactions. With boys, the process of understanding on the mother's part may be more "intellectual" and less immediate. Further, at some point for the boy, the experience of looking to the mother for mirroring and confirming becomes questionable, as he recognizes and often ultimately devalues her differentness. It is likely that these differences in the experience of being mirrored may give the boy a diminished sense of being in contact with and understanding another person in a directly affective way.

The factors shaping sex role differences in childhood are extremely complex. The assumption of broad similarity between mother and daughter based first on mother's perception of body sameness and gender assignment profoundly shapes the way the mother interacts with the girl. However, society also exerts a powerful influence on the mother and there are pressures against viewing boys as "like her." There are clear expectations that boys be raised to be like their fathers, like men, in very important ways, particularly in the expression and management of affect. Fathers are even more concerned and typically more assiduous in encouraging a "masculine" pattern of affective expression in their sons. Further, it is clear that the sex differences in empathy which have their roots in the early mother-infant relationship undergo major changes in the course of development. Boys are encouraged to model themselves after fathers, are actively encouraged to suppress certain relational sensitivities (e.g., feeling pain or crying when saddened or hurt by another or when seeing someone else in pain), ,and are taught to accept peer standards of "toughness" and invulnerability. All of this amplifies disconnection and lessens empathic responsiveness.

It is striking that in the sex differences found in empathy, the major difference is the lower amount of vicarious affective arousal in males when responding to another's affective state (Hoffman, 1977). In other words, males and females are equally good at labelling and noticing different affective states in others, when they are motivated to attend to them. The motivational difference, generally overlooked in research, may in fact be crucial—that is, females typically are more motivated to attend to affect in others. This difference disappears in research settings which direct participants to attend to affective signals. In these studies, nevertheless, females demonstrate more emotional attunement and responsiveness to the other's feelings—more feeling *with* the other. In interplay between infant/child and mother, it is likely that the child also mirrors the mother. Again, the daughter may be experienced by the mother as providing a closer reflection of the mother than does the son who represents masculine differentness. Chodorow (1978) suggests the girl may at times be experienced by the mother as an extension of herself, while the boy may become an object for her. She notes the possible pathological ramifications for children of each sex—for example, narcissistic projection of the mother onto the daughter, more frequent "false empathy" with the daughter (which really amounts to projection) and seductive behavior with the son. It is also possible that this early interplay can lead to a girl's sense of being

understood and connected at a more direct emotional level and to a boy's more distance-mediated sense of relatedness.

Sex role identification

Sex role identification differs for boys and girls. Based on an early, dimly-experienced sense of the other, both boys and girls form a primary identification with the major caretaking person, usually the mother. With cognitive development, however, boys experience a growing awareness of the differentness of the mother from them. Along with the cognitive label "I am a boy" and recognition that father is a man, it becomes necessary for a boy to switch his primary identification to the father (Chodorow, 1978). Due to greater father absence—both physical and psychological—the child's identification with father is apt to be mediated by abstract or role-defined factors. Taking the role of the other for the boy, then, may be less particular, less affectively specific, and more generalized. Such a development would lessen empathic presence and capacity for immediate, affective interpersonal involvement. But the girl's relationship with the mother is allowed to be immediate and particular, with identification arising in the context of intense affect. Consequently, boys and girls develop quite different modes of personal interaction. For example, it is interesting to note sex differences in a study of play behavior of 1 0-year olds cited by Gilligan (1977): Boys tended to form larger groups, had more formal rules, got involved in more adjudication of disputes and related as if to a "generalized other." Girls' play was more dyadic, private, and cooperative. If disputes arose between girls, the game ended, as preservation of the relationship was far more valuable than the game itself.

Summary

Having a same gender nurturing figure has a great impact on the quality of empathy that develops. In our culture the special quality of the early attachment and identification between mother and daughter profoundly affects the way the self is defined in women as well as the nature of their interpersonal relatedness. The more frequent mirroring, mutual identification, and more accurate empathy may all strengthen the girl's sense of relatedness, connection, and a feeling of being directly, emotionally understood. Further, such an interactional pattern would enhance the development of empathic skills. Research data have indicated this is the case—females do tend to be more empathic than males, with the important exception of self-empathy. Because accurate empathy rests upon a foundation of affective sensitivity and responsiveness, flexible ego boundaries, and cognitive capacity to understand clearly, it may be an important (although overlooked) indicator of ego strength and development. The centrality of this process cannot be overstated, yet it has received relatively little attention until recently. Unfortunately, traditional notions of ego strength have overemphasized separateness, objectivity, and autonomy. The careful study of the psychological development of girls and women, then, promises a better understanding of the important process of empathy and ultimately offers an opportunity to expand our appreciation of the crucial and necessary interplay of affective and cognitive, self and other, "agentic" and " communal."

I shall close with several quotes from Kohut (1978) which capture the experience and importance of empathy: He writes, "Empathy is a fundamental mode of human relatedness," "the recognition of the self in the other," "it is the accepting, confirming and understanding human echo," "the resonance of essential human alikeness," a psychological nutriment without which human life as we know and cherish it could not be sustained."

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The Relational Self in Women: Clinical Implications
Janet L. Surrey, Ph.D.

Abstract
Most developmental theories underscore the importance of disconnecting from relationships in order to form a separate, firm sense of self. But women's experience belies such theory and suggests that a new developmental model is needed to account for the centrality of relationships and connectedness throughout women's lives. The mother-daughter relationship is a crucial early precursor of women's greater capacity for relatedness, emotional closeness, and boundary flexibility -- all of which are aspects of empathy. Such characteristics can, however, lead to particular problems for the individual -- or example, making it difficult at times for a woman to attend to her own needs, to separate from destructive relationships, or to deal with certain life transitions.

Dr. Jordan has given us a powerful statement illuminating the central importance of empathy in human development. She challenges us to describe the complex developmental processes which underlie its emergence and which may hamper or inhibit its development. I shall continue her discussion of the significance of the mother-daughter relationship in establishing the early precursors of adult women's greater capacity for relatedness, emotional closeness, and boundary flexibility -- all of which are crucial to the development of empathy. Further, I will propose some aspects of a new model of selfdevelopment based on this capacity for relationship -- defining the basic core self structure in women as "self-in-relation," and describing its origin within the mother-daughter relationship. I believe that describing women's development in this way will contribute to a more realistic theory of the psychology of women. Such a theory should be genuinely relevant to understanding and describing our own lives, it should offer practical help to us as teachers and clinicians in our work with women, and, perhaps most importantly, it should be a significant step toward a more comprehensive understanding of human development for both men and women.

Indeed, it is critically important for us to work on describing women's development, not just to understand women, but to add new dimensions to our total understanding of both male and female psychology. As Jean Baker Miller (1976) has pointed out, women in our culture are

the "carriers" of certain aspects of the human experience -- for example, emotionality, vulnerability, and, most of all, the fostering of growth and development of others. Only through describing women's experience can we begin to map out a theory of full human development. Further, women need to find what Carol Gilligan (1982) has called their own "voice," not only as individuals, but to contribute to the expansion of our current developmental theory, a theory which has clearly been written of the men, by the men, and for the men (the "phallocentric model," if you will). Where women's development has been seen as parallel or mirroring men's development -- for example, in the work of Freud, Erikson, Sullivan, Kohlberg, and Piaget -- it has led to what Jean Baker Miller describes as the "deficiency" model of female psychology. That is, women, using male models, begin to define themselves as *lacking* something critical -- whether it be a penis or a firm, "separate" sense of self. Our theoretical work, therefore, is based on reexamining this negative identification and illuminating the more unique or central aspects of women's development.

A new view of human development

Let us examine the way self-development has been defined in our current theory. The whole notion of "separation-individuation" as the basis of human development implies that the person must first disconnect from relationship in order to form a separate, articulated firm sense of self or personhood. The process of male development is clearly defined as the disconnection and differentiation from the mother early in childhood. Only much later in the life cycle, according to Erikson, do intimacy and generativity become "tasks" to be "mastered competently." Thus intimacy, empathy, and relatedness can be experienced as threats to autonomy, agency, and self-determination. New interest in the importance of "object" relationships and empathy is appearing in the current psychoanalytic and developmental literature. Even in using these newer theories, however, it is critically important for women to think through the centrality of relationships in organizing and fostering self-development.

To see beyond the limits of the model of *Separation-lndividuation,* I would like to propose a new construction: *Relationship-Differentiation.* It is difficult to find the right language to describe such a developmental growth process, and we have debated about the right word. By differentiation, I do not mean to suggest as a developmental goal the assertion of difference and separateness, rather I mean a dynamic process which encompasses increasing levels of complexity, structure, and articulation within the context of human bonds and attachments. Such a process needs to be traced from the origins in early childhood relationships through its extensions into all later growth and development.

The mother-daughter experience

To begin a discussion of the "self-in-relation" model, consider again Dr. Jordan's description of the mother-daughter relationship. The *identification* process between mothers and daughters is crucially important. The ease and fluidity of *mutual* identification appears to be significantly diferent than what is acceptable between mothers and sons. (It is important to note that what is acceptable can also change with changing cultural beliefs.) The connections based on feeling states and identification develop over time into a *mutual reciprocal* process where mother and daughter become highly responsive to the feelings of each other. Both are energized to "care for," "respond to," or "attend to" the well-being of the other. Through this mutual sensitivity and mutual caretaking mothers already are teaching "mothering" or "caring" practices to girl children. By "mothering" I do not necessarily mean what has been traditionally labeled as "one-directional" mothering, but attentiveness and emotional responsivity to the other as an intrinsic, ongoing aspect of one's own experience. Incidentally, another critical area for further study is the whole notion of what constitutes "mothering." Winnicott's idea of the "good-enough mother" (1965) who is capable of "fusing" in such a way as to be responsive to the feeling states and needs of the infant, needs to be carefully critiqued and explored, and further attention needs to be paid to the awesome complexity and skill involved in "mothering behaviors" (Ruddick, 1980). We can at

least say that within this early mother-daughter relationship -- certainly as it grows over the life cycle -- we can begin to see the precursors of women's capacity and pleasure in relatedness, i.e., the ability to identify with the other, the sense of connectedness through feeling states, and the *activation* and *energizing* based on complex cognitive operations involving the awareness of the needs and/or "reality" of another person as well as one's own.

I am not diminishing the significance of other lines of self-development (e.g., competence, agency, or initiative). I am implying that these other capacities are developed for women in the *context* of important relationships. It is probable that, for women at all life stages, relational needs are primary and that healthy, dynamic relationships are the motivating force which propels psychological growth.

We have suggested some of the early developmental precursors of women's relational self structure and have sketched a preliminary model for tracing development of the capacity for empathy over the life cycle. In adult women, we see the same factors developed with further elaboration: First, we see that women experience a heightened, enhanced sense of their personal identity and personal powers in the context of relationships. Second, we see this early emotional sensitivity develop into complex cognitive and affective interactions which we later identify as empathy. Third, we see this connectedness and the capacity for identification as the basis for the later feeling that to "understand" and to "be understood" are crucial for self-acceptance and are fundamental to the feeling of existing as part of a unit or network larger than the individual.

Kohut (1971) emphasizes the importance of empathy in a more one-directional parent-to-child phenomenon. I am broadening this to a more two-way *interactional* model, where it becomes as important to understand as to be understood. All of us probably feel the need to feel understood or "recognized" by others. It is equally paramount, but not yet emphasized, that women all through their lives feel the need to "understand" the other -- indeed, desire this as an essential part of their own motivating force. I am speaking here about the more usual and typical form of self-development; I will later discuss some problems which can follow in development based on such a model -- at least in our own cultural context.

Elements of a new theory

Now take a moment to develop the image of what a *Relationship-Differentiation* theory of selfdevelopment would be like: (1) Critical relationships would be seen as evolving throughout the life cycle in a real, rather than intrapsychic form. As we know, one of the hardest developmental tasks is the challenge to grow into psychological adulthood in relationship with one's own parents, especially one's mother. (2) We would have to account for the capacity to maintain relationships with tolerance, consideration, and mutual adaptation to the growth and development of each person. Such a system would validate developmental movement in many directions, recognizing the reality of the "child" and the "adult" in each human being, or perhaps recognizing periods of greater and lesser need and varying forms of need. All fruitful relationships need to accomodate to this cyclical and multifaceted movement, and this is a critical foundation for acceptance of such movement within ourselves. (3) We would account for the ability to move closer to and further away from other people at different moments, depending on the needs of the particular individuals and the situational context. (4) We would explore the capacity for developing additional relationships based on broader, more diversified new identifications and corresponding patterns of expanding relational networks -- including relationships with father, triangular relationships, preadolescent and adolescent friendship patterns, sexual relationships, marriage, mothering and family networks, teaching relationships, role modeling, women in work groups, and still broader reference groups. Such a female-centered theory would, therefore, trace the development of identity through specific relationships and relational networks. Such a theory would need to examine the nature of the cognitive and emotional internal capacities necessary for such growth, and the availability of appropriate relational networks to foster the development of such capacities, especially at critical developmental milestones. Here I think of how important was the emergence of consciousness-

raising groups in facilitating the women's movement of the 1 960s and 1 970s. (5) We would examine the potential problems and vicissitudes inherent in the development of these relational capacities. Our new theory would probably *not* talk about "fixed" states, developmental "crises, " or one-dimensional, undirectional goals of development.

In her well-known book, *The Reproduction of Mothering,* Nancy Chodorow (1978) has discussed the development of the capacity for mothering. She has highlighted some of these aspects of female development. Yet she still talks about "preoedipal development" in women persisting longer into adult life and leaving women with more permeable, less definitive ego boundaries. I genuinely believe we need new models, new language, and new visions -- visions which include a broader view of both the gains and losses for women of more flexible and inclusive ego boundaries.

Maybe there is no such thing as "oedipal resolution" for women. Maybe the real question with which we need to begin is this: What are the implications of a theory of healthy male development which posits disconnection from the mother and affirmation of difference between men and women (symbolized by "resolving the oedipal situation") as the foundation of healthy development?

Learning from clinical experience

Much of the model just outlined has been developed in the context of our work as therapists. Clinical material allows us access to some of the vicissitudes and obstacles to development which may shed light on "normal development." Now, I don't know what "normal development" means for women, or for any human being. Clearly, there are external circumstances which may hamper the healthy unfolding of all human beings; for women, I have some sense of what profound obstacles are inherent in the power relations within our culture. With this in mind, I will use some clinical material to illustrate how the "self-in-relation" model may be useful in illuminating some common problems in women's development.

In clinical practice we see many adult women who experience difficulty in delineating, articulating and acting directly on their own needs and perceptions. We see women who are unable to experience a sense of self necessary for selfdetermined motivation outside the context of a primary dyadic relationship and who become anxious and severely depressed at the real or perceived loss of an important relationship. Such a model helps us to understand the experience of existential anxiety, confusion, and depression in the face of loss, separation, or isolation. I'll cite a clinical example:

Difficulty attending to oneself

Penny is a 32-year-old, single social worker; she is bright, an ardent feminist, and competent in her work with disturbed children. She is seen as powerful and assertive and can be quite aggressive in fighting for the needs of her clients. She is strongly identified with her own agency and is vocal and active in aranizing her colleagues to press for professional status, better working conditions, and salary increases. In her private life, however, she has extreme difficulty mobilizing herself for her own interests. She constantly overdraws her bank account. has her phone turned off for nonpayment of bills, and cannot do her professional writing. Sitting at home at night, she felt so anxious about not being able to do her own work that she had started smoking marijuana regularly to treat her increasing depression and feelings of low self-esteem. Therapy has helped her to see that she can be mobilized by the needs of others or when she is part of a collective unit, but that it is painfully difficult for her to act for herself. She is more functional when her boundaries are extended, but has difficulty drawing them closer, placing her own needs in a more primary focus. Understanding this has at least alleviated some of the anxiety, shame, and confusion associated with her paralysis and has allowed her to take somewhat greater control in her own personal life. Also, sustained validation of Penny's positive capacities in her therapy has helped her to recognize and use her own strengths for herself. P.enny often tended to present herself in therapy as an empty, depressed person and needed help

acknowledging and valuing the "hidden" parts of her life where she was functioning extremely well.

The problem of separating

A second common theme which emerges in clinical practice has to do with the difficulties some women may experience in separating or distancing from ungratifying or destructive relationships with either men or women. Often, this problem can best be understood not as a problem of masochism or low self-esteem, but as a problem related to early selfdefinition as a "mothering" person. As we have said, it is probably true that even in the early relationship between mothers and daughters, mothers teach "mothering" behavior by allowing or at times expecting empathy and caretaking from their daughters. Thus, it is the girl's mothering relationship *with her mother,* then, that forms her most basic primary self-definition. Each mother identifies with and reinforces those qualities in her little girl that reflect back her own personal definition of qualities which represent "good" mothering. The mother may subtly reinforce gentleness, concern for others, and nonaggressiveness -- mirroring with those qualities in herself that she positively values; at the same time she is disturbed by qualities she sees in her daughter that she devalues in herself. The little girl is deeply affected by her mother's unconscious identification with her as a "good" or "bad" mother, and takes on the characteristics of her own mother in an unconscious process of identification.

A patient of mine told me how she watched her young daughter playing with dolls, and in spite of the fact that the mother, who saw herself as "liberated," preferred that her daughter play "Doctor," she felt enormously pleased when the daughter played "good" mother to her dolls and horribly threatened when she played "bad" mother -- that is, unloving, inattentive, or punitive. This is a powerful message when the mother consciously may be hoping that the little girl will be different than she, or grow up to be more assertive and self-determining. The mother herself may even be that way in her professional life, but, in relation to her daughter, she is primarily mother. The girl's most basic sense of self, therefore, is formed in identification with the primary caretaker of the preadolescent period, and those qualities which the mother values and devalues in herself as a "mother" are transmitted in a powerful, unconscious manner. Through the process of mutual identification the daughter learns to be "the mother," that is, a caretaker and nurturer of others. This probably accounts for the persistence of this primary sense of identity as the "caretaker of others" and a profound sense of "badness" associated with acting as the "bad" mother. Thus, self-enhancing, self-determining behavior may elicit this negative "bad mother" introject for the woman, causing her, even in adulthood, to feel "selfish" when she acts on her own needs.

A common problem for women can be seen in the context of what I call "stepping out of the motherdaughter relationship." A girl's primary relationship with her mother may not move on sufficiently from the early form of the mother-child relationship to a more complex, articulated pattern of relationship. The mutual caretaking and identification, often largely unconscious, remains as the core structure a woman feels, making it extremely problematic for her to act in ways that deviate from this form of intense interpersonal connectedness. In such cases, whatever the expense to herself, it becomes intensely difficult for the woman to act in a way that might hurt another person. This often explains the difficulty some women have in separating from self-destructive or ungratifying relationships with men or women -- they cannot tolerate being an "agent of abandonment" and continue to feel totally responsible for the other person's feelings.

Maryanne, another patient, is a 38-year-old single woman who has been unable to separate from a 10year relationship with a married man who had been her boss. The relationship was harmful and painful, but every time Maryanne tried to separate she not only felt terrified of aloneness but also felt a terrible sense of guilt and self-disapproval for hurting and abandoning this man. Her mother had been in an unhappy marriage with an abusive alcoholic, and Maryanne could not understand how she could be so aware of the disaster of her mother's martyrdom and still be repeating it in her own life. This left her feeling crazy and confused about her own behavior. As we looked closely at the situation, she began to see how much she had

identified with the qualities of her mother that she consciously despised; consequently, whatever the personal expense, she could not tolerate behavior in herself that might conceivably hurt another person. Interestingly, her mother would reinforce this by continuing to sympathize and identify with her daughter's victimlzation but never speak to the daughter's complicity in this destructive relationship.

The price of change

Another issue involved in "stepping out of the mother-daughter relationship" involves the complex processof differentiation. The girl may unconsciously experience the process of differentiation -- otherwise known as creating newly defined self-images -- as an aggressive, destructive act towards her mother. Such differentiation from the mother may also leave the girl feeling totally alone, unsupported, and abandoned. Because of the nature of the mother-daughter relationship, the whole process of differentiation may become problematic. Often women present in therapy with a powerful, conscious disidentification with their mothers which covers a very profound and deep unconscious identification. Again, I'll give a clinical example:

Karen is a 30-year-old, single woman with whom I have worked in therapy for 3 years. She is the second child and the only daughter in a family with four sons. Her father and three brothers are all high achievers. As a child she was seen as nearly retarded and was thought to have a learning disability. Her mother was not well educated but valued education highly in her sons. Karen barely got through high school and achieved an associate degree from a community college. She then began working on her own and built up a small business which began to be quite successful. When I first saw her, she wanted to go to graduate school for an MBA. Psychological testing revealed an l.Q. of 138 -- a dramatic contrast to her family's label as dumb.

Karen also had been labeled as helpless. Her mother had treated Karen as through she was incapable of thinking for herself and had infantilized the daughter in order to maintain her own sense of herself as a needed mother.

During the course of treatment, Karen has been able to return to school and is currently in a prestigious MBA program. Nonetheless, she experiences tremendous anxiety accompanying exhilaration with her own success. Recently she has begun to have recurrent dreams of being at her mother's deathbed, of her mother having a terminal illness. Partially these dreams reflect her rage and concomitant guilt at feeling mislabeled and narcissistically used by the mother. I think another aspect of this anxiety is her own sense of being different from mother -- not to mention different from the person she had been "seen" to be through her mother's eyes.

Karen's growing up and being self-sufficient and self-determining took away the essential part of her mother's primary self-identification. Her mother's primary sense of self-worth rested in caring for the dependent daughter, so Karen, by establishing a new identity, felt she was destroying her mother, or, in more theoretical language, disturbing the internalized preadolescent mother-daughter relationship.

I think this is a common problem for women, especially at this time in history when there is so much talk about opportunity for self-development and change in the lives of women. The dynamics of the process are often powerful and disturbing to women experiencing life changes and they engender guilt, anxiety, and depression which must be explored and acknowledged, recognizing the strong, powerful bonds of the early mother-daughter relationship.

Need for a new model

A new developmental model such as the one I have suggested will help us in understanding some common psychological problems and in working with and developing ideas for facilitating and creating new growth-enhancing structures for women. It can also help us to explore ourselves and our work as female therapists and shed new light on the structure of the therapeutic relationship.

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Empathic Communication in the Psychotherapy Relationship
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Abstract
Studies of the effectiveness of psychotherapy suggest that a client's[*] growth in therapy is due primarily to a positive client-therapist relationship. Empathy, a conerstone of this relationship, by necessity consists of an affective and a cognitive component. The parallel existence of these seemingly *contradictory states suggests that empathy, in therapy or in the parent-child relationship, is a complex, sophisticated process that must be leamed in relationships and over time. Such leaming, in our culture, is especially fostered in the socialization of women for adult caretaking roles and becomes a central part of wOrnen's sense of self. The psychotherapy literature draws direct parallels between the qualities of the empathic relationship in therapy and in the mother-infant relationship.*

In speaking to the question of what makes for successful outcomes in psychotherapy, it must be remembered that not so long ago there was serious debate as to whether psychotherapy of any sort was more beneficial than no treatment at all. More recently, there has been an acceptance of the findings indicating that psychotherapy is of value, and the question has switched to *why* therapy works. Here there is great divergence in the results of studies of therapy outcome, depending on the theoretical orientations of the researchers, the source of their data (patient, therapist, outside observer, etc.), their definition of "success," and so on. However, within this divergence, a consensus is beginning to emerge -- a consensus which seems to hold up whether one looks at theoretically based clinical writings or at findings from outcome studies. This consensus, simply put, is that to the extent that gains from therapy can be documented, the gains are most directly an outgrowth of the patient/therapist *relationship.* Guntrip (1973), for example, states that "the only true therapeutic factor is that of good personal relationships that combine caring with accurate understanding." Similarly, major reviews of psychotherapy research by Bergin and Lambert (1978), Dent (1978), Gurman (1977), and Orlinsky and Howard (1978) all conclude that the relational qualities between client and therapist are more closely related to outcome than are any particular clinical skills or specific techniques.

This is an extremely important recognition, although its implications have barely been explored. What it suggests is that, in any consideration of therapy training, clinical technique, or modalities of therapy, it may be necessary to ask: In what ways, and with whom, will the relational component of therapy be enhanced?

Women and men as therapists
There are many implications in this question, only one of which will be dealt with here: Specifically, when relational concerns are at issue, in our culture women and men are differentially reared for those relational qualities which facilitate therapy. As Dr. Jordan and Dr.

Surrey have made clear, over the years women live out their lives attuned to relationships, thereby gaining daily experience with the nuances of interpersonal space and empathic understanding; men, by contrast, do not give nearly this much attention to relationships. This does not mean, in itself, that women by definition have the "edge" over men as therapists. Men bring to therapy experience and training in the authority component of their role; they typically have a sense of competence and confidence that, when used well and not abused, can facilitate management of the therapy hour. This is one reflection of men's greater comfort with the direct use of their own resources and abilities (as discussed by Miller (1976).

It does seem a logical assumption, however, that to the extent that women are more at home with and adept at the relational component of the therapy role, they will function more successfully as therapists than will men. In fact, this has been borne out by at least some research. Orlinsky and Howard (1980), for example, in a study of therapy outcome with female patients and female and male therapists, found that in general the patients did better with female than with male therapists, but not strikingly so. However, when they looked at experience level of therapists, they found that experience was unrelated to outcome for female therapists, but highly related to outcome for male therapists. That is, the highly experienced male therapists were as good as any female therapist, but the less experienced male therapists had at least twice the others' rate of worse and unimproved patients. Orlinsky and Howard consider the distinct possibility that experience functions to increase male competence in precisely those relational skills with which women are embued throughout their lives.

What then is the nature of the empathic mode that is more highly developed in women and that seems to facilitate therapeutic work? In the current literature there are differences of opinion as to the nature of empathy in therapy. The differences center on one basic question: How connected must therapist and patient be for the relationship to be considered empathic? Ehrenberg (1974) discusses the therapeutic benefits that accrue from working on the "intimate edge," defined as the "maximum contact possible without fusion or violation of the separateness and integrity of each participant." However, writers such as Searles (1975) and Giovacchini (1976) argue that for true empathic interaction in therapy, there must be a temporary breeching of ego boundaries -- a symbiotic fusion between patient and therapist.

The self and empathy

The controversy over the ideal degree of connectedness for an empathic relationship derives from traditional developmental theories that Dr. Surrey just described: the self evolves and matures as it grows *away* from relationships, via self-other differentiation, increasingly firm ego boundaries, and the capacity for separation. In other words, there is one continuum, with fusion and merger at one end and differentiation and separation at the other end. (And we all know which is the good end, of course.) So when you consider therapy in that model, the closer therapist and client become, the more they move toward fusion and further away from differentiation .

By contrast, I submit that such a model is *not* appropriate for understanding empathy within the therapeutic process -- or anywhere.

The dual nature of empathy

Let me begin by returning to the crucial point raised by Dr. Jordan that empathy has two components, the affective and the cognitive. The affective component comprises feelings of emotional connectedness, a capacity to fully take in and contain the feelings of the other person. The cognitive component rests essentially on one's integral sense of self and the capacity to act on the basis of that sense of self. The "old model" that I just mentioned says that they vary together, that both are either fused or separate.

I suggest that not only do the affective and cognitive components of empathy *not* vary together but for effective empathy they *cannot* -- that this is an impossible condition for effective empathy. They are separate, but coexisting.

The affective part

Consider the affective component: It is on this dimension that the intense contact is made, and there is a deep connectedness, an interpenetration, of *feelings* between two people. This is difficult to put into words, so as the three of us met to plan this presentation we tried to describe the cues that we use to identify genuinely empathic moments. In part they had a physiological quality in which our posture, our teary eyes, our tense muscles were unconsciously reflecting the state of the patient, thereby transmitting to us a kind of visceral experience of the patient's emotional state. Another quality is a kind of associative empathy, in which the therapist takes on the client's emotional state and transfers it to something in her or his own experience. For example, as a patient described a dream, the dream image -- the room in which the person in the dream was walking -- temporarily became the room of the therapist's youth, the locus perhaps of feelings which were evoked by the dreamer/patient.

In terms of affect then, we are indeed talking about qualities of intensity and interconnectedness. But you will notice that I did not use words such as symbiotic fusion, enmeshment, and merger. I think such words are inappropriate, because they imply not only an interpenetration of feeling but also a loss of identity; ego boundaries as well as affect are implicated in those terms.

The cognitive part

According to the position I am putting forth, the cognitive component of empathy follows a different, essentially contradictory, course from that of the affective. Specifically, while there may be an interpenetration of affect, identity remains differentiated. The therapist, throughout, never loses sight of herself as a distinct being, at the same time she is emotionally joined with another.

It is the capacity to maintain a sense of self which permits the therapist, while being deeply affectively connected, to make the complex clinical.judgments that must be made. For example: What is the source of the patient's reactions? How do they fit into other dynamics of the therapy? Is this a point at which I should intervene and, if so, how? This kind of self integrity then, in tandem with the affective experience, permits the therapist also to make the important assessment of whether the feelings that she seems to be sharing with the patient truly reflect an empathic response, or are a part of her own defensive or countertransferential reaction to what the patient is expressing. (Not all feelings evoked by our patients are empathic feelings!) In truly fused emotionai situations such processing of one's own reaction, distinct from that of the patient, would be impossible.

Affect and cognition -- simultaneous but contradictory?

It is legitimate to question at this point whether these seemingly contradictory experiences can truly coexist. Can one be affectively connected and cognitively differentiated at the same time? One possible model for understanding this can be found in the work of Rothenberg (1979) on the topic of creativity. Rothenberg did intensive interview studies of highly creative poets and scientists in order to discern the processes by which their creativity emerged. Creative states have been described by some as marked by regressed primary processes and looseness of association that might even be close to schizophrenia. But Rothenberg found quite the opposite. Creativity consists of complex cognitive formations, several of which he identified. The one which is of particular interest here is what he called "Janusian Thinking." (This is named after the mythical figure with two heads facing in opposite directions.) Janusian thinking, in Rothenberg's description, means simultaneously using opposite or antithetical concepts which are equally operative and equally true. This idea reflects the situation that I believe to be true regarding empathy. The therapist is both intimately connected with the other person and yet, without losing that connectedness, is in touch with her own individuality. Now, I'll take that one step further: If Rothenberg's model of Janusian thinking is indeed appropriately applied to empathy, can empathy then be thought of as a creative process? Th.is notiorl has important implications

when considered in contrast to the portrayal of empathy as fusion and merger -- terms which imply a regressive and somewhat magical, mysterious process. This contrast is not just a chance phenomenon. It reflects basic differences in perception and theory. Given that women are schooled in empathy throughout their lives, including this co-existence of seemingly contradictory positions, it could be that for the less experienced men the co-existence is harder to achieve, and maybe is not achieved, in what they call empathy. While object relations theory speaks of the need for both "fusion" and "separation" in the empathic process, most writers approach it sequentially so that they describe temporary "fusion followed by separation." However, I would argue that if a sense of differentiation does not *coincide with* affective connectedness, there is a risk that cognitive controls -- informed by the affective experiences that are essential for effective therapy -- will be lost. In other words, the very process of affective closeness, if one does not have sustained experience with it, can momentarily impair one's judgment and one's sense of self. I would even speculate that this might be one of the causes (certainly not the only cause) of the incidence of intercourse between some male therapists and female patients. That is, the male therapist, trying to connect emotionally to the woman, could be flooded by his affective response to her which he then acts out rather than monitors, because he is lacking enough differentiation and practice in these emotional realms to process his feelings.

Empathic understanding and mothering

We can now turn more precisely to those aspects of experience that prepare women for the empathic relationship in therapy. As Dr. Surrey and Dr. Jordan have stressed, much of this centers on preparation of women for the caretaking role. We've heard about how that evolves between mother and daughter, but I think we can take it even further, to consider that these higher socialization processes prepare women more generally for the caretaking and relational work of our society -- whether that work be in the home or in paid employment. Because there is a similar intensity between caretaking that involves parenting, especially of an infant, and the intensity of therapy, we can consider similarities in those two processes. The link between empathic understanding as a therapist and as a mother is not new. Direct parallels between modes of communication in mothering and therapy have been eloquently made by many writers on psychotherapy. Winnicott (1965), for example, draws a direct parallel between the fundamental characteristics of the "holding environment" as created by the mother and the analyst. Modell (1976) has elaborated on this position:

> There are actual elements in the analyst's technique that are reminiscent of an idealized maternal holding environment. The analyst is constant and reliable, he (sic) responds to the patient's affects, he accepts the patient; and his judgment is less critical and more benign: He is there primarily for the patient's needs and not for his own; he does not retaliate; and he does at times have a better grasp of the patient's inner psychic reality than does the patient himself and therefore may clarify what is bewildering and confusing. (p. 261)

Kestenberg and Buelte (1977) have also recognized features of therapy which resemble those of the early "holding environment." They note some of the similarities in nonverbal communication of empathy through mirroring, in which a smile, a sigh, or the rate of breathing is reflected back to the infant or patient. Similarly, they point out that nonverbal empathy may be expressed by both mother and therapist by shaping in space -- that is, the awareness of and adjustment to the infant's or patient's bodily postures. Apart from being somewhat idealized pictures of the roles of therapist and mother, these two descriptions do capture the essential elements of the parallel qualities of empathic communication in both situations. Consequently, they form a useful starting point in understanding the relationships between empathy in therapy and in mothering. However, when we look more closely at the *means whereby* this maternal empathy is achieved (according to the object relations theorists), the same problems arise that were apparent in their conceptualizations of empathy in therapy.

In other words, just as Winnicott talked about "merger" and "fusion" in the creation of therapeutic empathy, so too does he talk about a primary state of mother/infant merger. "The infant and the maternal care form a unit," according to Winnicott; "at the earliest stages the infant and the maternal care belong to each other and cannot be disentangled." It is during this stage of merger that the mother relies on empathy for understanding, using her identification with the infant as the means for knowing what the infant feels like and therefore what it needs. Likewise, Kestenberg and Buelte talk about the "regression in the service of empathy" as the maternal route to the fullest understanding of her infant's needs.

As in the discussion on empathy in therapy, I would argue that terms like regression, merger, fusion, and symbiosis belie the mother's sense of a mature self co-existing with this intense affective connectedness and minimize the complexity of decisionmaking and processing that also occur.

So here too we have co-existing yet seemingly contradictory qualities of intimate attachment -- not at the expense of, but along with, differentiation. And again, theories which fail to recognize this distinction cast mothering into an infantalizing and magical light, missing the complicated intellectual and emotional process that it is. Certainly women are trained for the empathic qualities of mothering -- qualities which demand a creative merger of affective closeness and also a very high level of cognitive activity.

In sum, empathy in therapy is essential to the successful facilitation of the patient's growth. It is not, however, some mysterious quality that some people "just somehow" seem to have more than others. It is a quality that is learned in relationships and over time, in the course of development and -- for therapists -- in the process of training for and doing therapy.

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[*] Throughout this paper, "client" and "patient" are used interchangeable. We are not satisfied with either word, in that "patient" does not seem fully appropriate in speaking of psychotherapy, while "client" suggests a formal, legal relationship. It is perhaps noteworthy that there is no independent word for someone who seeks psychotherapy.