

CARE AMONG STRANGERS:
EMPATHY AND CARE AT A MIDWEST CRISIS HOTLINE

by

Angela Jacksack

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ABSTRACT
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HOTLINE

by
Angela Jacksack

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Crisis hotlines are a rapidly expanding phenomenon in the United States. Since the rebranding of the Suicide Prevention Lifeline to 988 more people than ever are aware of, and using, hotlines. This paper focuses on a small, Midwestern crisis hotline and the listeners who volunteered at it. Much of my analysis throughout relies on anthropological writings on empathy, as well as the philosophical writings of Nel Noddings.

The majority of my research focuses on the construction of care within the hotline, particularly through the use of empathy. Using participant observation and interviews, I outline the volunteers' use of empathy to promote emotional investment in callers. This use of empathy was both strategic and purposeful, leading me to coin the term strategic care. In addition, this paper focuses on the limitations of empathy and care found throughout the crisis hotline. While limiting care was officially seen as a last resort, the interviews reveal a more nuanced understanding, where care was often limited to protect listeners and promote caller independence.

To those who support others.
Thank you.

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Introduction

Within recent years, anthropologists have begun taking a closer look at themes of care and empathy. Works have been published that explore the topics of caregiving, mental opacity, and organizational care structures. Authors have explored the role of empathy in the United States and elsewhere, arguing both for and against its universality. By writing this ethnography, I aim to contribute to the discourse surrounding these topics by examining the way in which care was practiced in a small, Midwestern crisis hotline.

Within the United States hotlines are a rapidly growing phenomenon. The recent rebranding of the National Suicide Prevention Lifeline to 988 has led to increased public awareness of hotlines, resulting in higher call rates around the country, as well as increased numbers of hotline volunteers.¹ The prevalence of hotlines can be seen in their variety. From domestic violence hotlines to gambling support lines to hotlines that aim to support farmers in crisis, there seems to be a hotline for anyone. Moreover, these lines are primarily staffed by anonymous volunteer listeners. Anthropologists have been slow to begin researching the experiences of these volunteers, potentially because the subject seems to overlap with the fields of psychology and social work; both of which have recently begun looking into the success of crisis hotlines. However, the unique nature of hotlines leads to a fascinating look into culture and care; one that anthropology is uniquely situated to explore.

¹ Helen Santoro, "988 Lifeline Sees Big Increase in Calls for Help a Year After Launch," *Monitor on Psychology* 54, no. 5 (2023), 32.

My personal experience with crisis hotlines began at the age of fourteen. Ever since then, I have been fascinated with the concept of hotlines. How is it that certain individuals can support and care for strangers—people they have never, and will never meet? Moreover, how do these volunteers care despite their anonymity? I assumed that many of the volunteers did not care for their listeners, but were simply doing a job. The research I conducted, however, changed my mind. Through the process of developing strategic care, it seems that ordinary people can begin to truly care for strangers, despite having to maintain anonymity. Additionally, by occasionally limiting care, listeners are able to protect themselves and maintain a cohesive understanding of their role.

My fascination with crisis hotlines provided the background for this ethnographic research. I knew that I wanted to study hotlines in some way, and when an opportunity arose to volunteer with a small, community based hotline near me, I leapt at the chance. I began volunteering at the SAFE Line in the summer of 2022 and began researching shortly after. I was able to volunteer weekly for almost a year before it was announced that the SAFE Line would be discontinued. Initially, I was shocked and overwhelmed at the news. I was worried that my research would not be able to move forward, as I had not had a chance to set up my intended interviews. Luckily, after discussing the issue with the line's director, I was granted permission to go ahead with the project despite the line's closure. Because of this, all the interviews referenced in this ethnography were conducted prior to the end of the SAFE Line.

Throughout my own experience, the topics of empathy and care emerged as cornerstones of the work performed at the SAFE Line. When I conducted interviews

with other volunteers, these themes only grew more important. Other topics that I thought would be evident, like that of suicidology, were almost nonexistent. Almost everything at the SAFE Line could be traced back to empathic response and the concept of care. Volunteers relied on empathy to establish caring relations, and caring relations in turn led to empathic responses.

As mentioned earlier, anthropologists have been slow to begin studying crisis hotlines. Certain sociological studies on the topic exist, but they often focus on compassion fatigue in volunteers or on the construction of identity within the caring relationship.² Fortunately, the study of empathy within anthropology has recently experienced a renaissance, and there are a number of books and journals with that focus. In addition, there is a significant amount of work done on the ethics of care, both in anthropology and philosophy. It is because of this literature that I was able to conduct my research, and these works are explored further in Chapter 2. In addition to the works of other anthropologists, the interview responses I received provided me with rich ethnographic data. Interview subjects were not only eager to recount their own experiences, but they provided much of the insight and understanding that is present throughout this work.

With this being said, my own position and identity in no doubt influenced the interview responses I received. As a fellow volunteer, interview subjects were quick to use line-specific jargon and to be more open with me about their experiences. In interviews, specific callers would be referred to by their code names, and it was

² Kenneth H. Kolb, "Sympathy Work: Identity and Emotion Management among Victim-Advocates and Counselors," *Qualitative Sociology* 34, (2011)

assumed that I would know who those people were and empathize with the frustrations expressed by the listeners.

In addition, I was also open about my purpose in conducting research. This sometimes seemed to put people out of their comfort zones; interview subjects were quick to apologize for what they considered to be tangents, and occasionally seemed to be trying to answer questions in the correct or approved way. I believe that it is because of this that the volunteers' definitions of empathy did not always match up with the rest of their interviews. To combat this problem, I asked follow-up questions within interviews and encouraged listeners to provide me with any information they felt was relevant, whether or not it seemed to directly relate to the SAFE Line.

I wish to acknowledge the unique nature of the SAFE Line and my research. Although different crisis hotlines can appear similar to callers, my experience as a volunteer has led me to understand that organizational structures and policies can differ greatly between lines, and affect listener experience. As an example, the SAFE Line did not record phone calls, either for training or quality assurance. However, according to the 988 website, the calls placed through them may be recorded for quality assurance or training purposes.³ These differences were even seen within interviews, as certain listeners had experience with multiple crisis hotlines. Due to differences like these, while I believe my research speaks to the general use of empathy and care, the specifics of the SAFE Line are unique. Just as other ethnographies concern specific villages or cultures, this research specifically focuses on the SAFE Line as its own cultural

³ "988 Frequently Asked Questions." SAMHSA. Accessed March 29, 2024. www.samhsa.gov/find-help/988/faqs#differences.

construction. Due to the uniqueness of the SAFE Line, certain terms must be defined, as they are used throughout my research.

Within the organization of SAFE, the hotline volunteers were referred to as *listeners*. This term not only delineated those volunteers from others in the organization, particularly staff members, but it provided a definition of the volunteers' work. Listeners were not counselors, therapists, or psychologists. We were explicitly there to listen and to support in a non-professional capacity. Callers often had their own mental health teams, and we were instructed to defer to them if issues arose. The term *listener* also places an emphasis on passively understanding, rather than actively providing advice or treatment. According to the SAFE Line volunteer manual, "SAFE Line listeners do not assess, diagnose, or provide therapy to callers. ... Further, other concerns regarding therapy or general health should be directed to the caller's therapist, psychiatrist, case worker, or doctor."⁴

Similarly, callers were not called clients or patients, but were referred to as callers, with additional reference based on how often they called the line. *Unknown callers* were those individuals who did not have a record of calling before. *Repeat callers* were those who were recorded as calling at least once before. Finally, *named callers* were callers who had contacted the line so many times that the director had assigned them a code name for easy reference. These code names were not associated with the callers' actual names, with their phone numbers, or with any other defining characteristic beyond their gender. Within my ethnography, I refer to several callers by name; these are not the code names assigned by the organization, but a

⁴ *Volunteer Manual*, 2022, 63.

secondary code name that I assigned to them, in an abundance of caution regarding anonymity.

In addition to listeners and the types of callers, it is important to define the *call log*. As stated previously, the SAFE Line did not record calls in the traditional sense. However, listeners did take notes on each call, including noting the last four digits of the caller's phone number, which was used to track how often the caller had contacted the line. These call notes went into a secure digital database and were available to all listeners to read and refer back to. During down time, we were actively encouraged to read over the volunteer manual as well as the call notes to prepare in case the same callers called again during our shifts.

This work begins with a basic review of the literature on empathy and care that provided the framework through which I analyzed volunteer interviews. Much of the literature used is anthropological, although I also relied heavily on the philosophical work of Nel Noddings. In Chapter 3, I provide a basic history of crisis hotlines, particularly suicide prevention lines. I also discuss the methods used in this ethnography, consisting of interviews and participant observation.

Within my ethnography, I argue that the strategic use of empathy by listeners led to emotional investment, which in turn established a caring relationship. These caring relationships allowed listeners to not only provide care for their listeners, but to stay engaged and willing to volunteer. In order to support this argument, I examine the qualities that defined empathy within the SAFE Line in comparison to other anthropological accounts. I believe that the SAFE Line's preferred definition of empathy, as both emotional and cognitive, allows for a wider understanding of empathic response

than is traditionally found in anthropology. In addition, it permits the strategic use of empathy by listeners. By using empathy strategically, listeners were then able to promote a caring relationship between themselves and their callers, which then led to the ability to provide meaningful care. In particular, I argue that listeners were able to establish a form of care I refer to as strategic care. This is in contrast with the modes of caring established by philosopher Nel Noddings. This argument makes up the bulk of Chapter 4, the Necessity of Empathy.

Chapter 5, Limitations of Empathy and Care, focuses on the instances in which care for a caller was limited, or listeners were unable to empathize with their callers. Although the SAFE Line always pushed for listeners to care and empathize, there were times in which volunteers were unable to empathize or relate to their callers. This was often due to a difference in personal background, but could also be due to psychopathy or mental illness. The difficulty in empathizing was also occasionally due to the mental state of the listeners, who were not always mentally prepared to take difficult calls. To combat this possible emotional burnout, listeners sometimes limited their care of callers to protect themselves. In addition, there were times at the SAFE Line in which care was limited in order to encourage callers to rely on themselves and develop independence. These limitations of care and empathy work directly with the established strategic care to allow listeners to maintain a caring attitude by protecting themselves and pursuing what was considered to be the best interests of the callers.

Throughout this ethnography, I explore themes of empathy and care, of personal belief and organizational definitions. The quotations taken from volunteer interviews allow an intimate look into the ways in which the SAFE Line listeners provided care for

their callers, as well as how they understood their roles as volunteers and members of the wider community. Their understandings of empathy and care lead to a developing definition of care as strategic and conscious. There are certainly limitations to my work, and there is more that I wish that I could have accomplished, discussed in the final chapter. Despite this, it is my hope that this work can not only shed light on the workings of this individual crisis hotline, but can help in developing an anthropological framework through which other sites of care can be understood.

Literature Review

Anthropology's problem with empathy can be generally traced back to anthropologist Clifford Geertz, whose 1975 essay *On the Nature of Anthropological Understanding* argued for a more objective and symbolic approach to anthropology. This essay primarily addresses criticisms of fellow anthropologist Malinowski's apparent lack of empathy for his subjects. According to Geertz, "Malinowski was not, to put it delicately, an unmitigated nice guy. He had rude things to say about the natives he was living with and rude words to say it in."⁵ Geertz addresses Malinowski's approach, arguing that criticisms of his work rest upon the assumption that the anthropologist can naturally empathize with the other. According to Geertz, this assumption is incorrect, and relies too heavily on the Western ideal of empathy rather than objective and symbolic analysis of a culture. "Rather than attempt to place the experience of others within the framework of such a conception, which is what the extolled 'empathy' in fact usually comes down to, we must, if we are to achieve understanding, set that conception aside and view their experiences within the framework of their own idea of what selfhood is."⁶ In other words, any attempt to empathize with the other is misguided, and it does a disservice to the understanding of their culture and beliefs. However, Geertz clarifies at the end of his essay that he is not calling for an abandonment of all empathy or fellow-feeling. "Normal capacities in these respects are, of course, essential,

⁵ Clifford Geertz, "On the Nature of Anthropological Understanding," *American Scientist* 63, no. 1 (1975), 47.

⁶ Clifford Geertz, "On the Nature of Anthropological Understanding," *American Scientist* 63, no. 1 (1975), 48.

as is their cultivation, if we expect people to tolerate our intrusions into their life at all and accept us as persons worth talking to.”⁷ In this way, Geertz did see a place for empathy in anthropological work, but only insofar as it furthered symbolic and objective study. Otherwise, anthropologists should abandon the concept of empathy in order to prevent placing Western ideals on other cultures.

Geertz’s argument regarding empathy was a wide-reaching one, and according to anthropologists Douglas Hollan and Jason Throop, it is only in relatively recent years that anthropologists have again begun studying empathy. The approach, however, is different from the empathetic approach criticized by Geertz. Anthropologists are not attempting necessarily to empathize *with* their subjects of study, but instead to understand how empathy is used. By focusing on what empathy means to different people and cultures, anthropologists are able to construct a more nuanced understanding of how those individuals relate to each other. According to Hollan and Throop, “everywhere, we find complex concepts of personhood that convey what is appropriate to know about people and what is not ... what this suggests is that empathy must always be studied within the much broader context of the ways in which people gain knowledge of others and reveal, allow, or conceal knowledge of themselves.”⁸ In order to study empathy, the anthropologist must also understand the sort of knowledge that is communicated through empathetic understanding. In his writing on the Anutans, Richard Feinberg describes this as his goal, writing that “my concern is neither with Anutan psychodynamics nor the question of how anthropologists can access others’

⁷ Clifford Geertz, “On the Nature of Anthropological Understanding,” *American Scientist* 63, no. 1 (1975), 53.

⁸ Douglas Hollan and Jason Throop, “Introduction,” in *The Anthropology of Empathy*, eds. Douglas Hollan and Jason Throop, (New York: Berghahn Books, 2011), 7.

thoughts and feelings. Rather, I attempt to explicate Anutans' theory of empathetic phenomena as revealed in their language and discourse."⁹

This focus on studying the uses of empathy, rather than assuming a Western approach to understanding, is also reflected in the anthropological literature surrounding emotions. In her book *Unnatural Emotions*, Catherine Lutz describes the study of emotion as historically problematic, writing that "where anthropological study of emotion has occurred, the cultural assumption that emotions are universal, natural, and precultural has often led to a reliance on empathy as a method and on the unquestioned use of American-English emotion concepts in the descriptions of other cultures' emotional patterns."¹⁰ However, she argues that by including emotional context in her ethnography of the Ifaluk people, "virtually none of daily discourse and hence none of social life was displaced," and that "to study emotion in this way is to study social life and the intense commitments that develop within it."¹¹ By altering the approach to studying emotions, and by including them in analysis, Lutz argues that a deeper understanding of cultural beliefs can be acquired.

While anthropology struggles with the concept of empathy and with the study of emotions, it is clear that both topics can lead to a deeper understanding of cultural constructions of selfhood. In Lutz's book, she discusses the Western view of emotions as individual, or existing outside of social contexts. "The essence of both emotion and thought are to be found within the boundaries of the person; they are features of

⁹ Richard Feinberg, "Do Anutans Empathize?" in *The Anthropology of Empathy*, eds. Douglas Hollan and Jason Throop, (New York: Berghahn Books, 2011), 152.

¹⁰ Catherine A. Lutz, *Unnatural Emotions* (Chicago: The University of Chicago Press, 1988), 42.

¹¹ Catherine A. Lutz, *Unnatural Emotions* (Chicago: The University of Chicago Press, 1988), 46.

individuals rather than of situations, relationships, or moral positions.”¹² In the Western, American culture, then, emotions and empathy communicate an individual sense of selfhood, one that exists separate from, or regardless of, a social context. In contrast, Maria Lepowsky writes of her encounters with people from the island of Vanatinai, and their use of empathy. “Inner states and desires that conflict with cultural ideals of harmonious sharing—ideally remain concealed and thus do not disrupt the social fabric. But individual will and desires visibly affect a person’s behavior, leaving observers to guess at the motivations ... as they review the nonverbal, verbal, and behavioral cues of others.”¹³ In this context, while empathy is still being used to understand individual behaviors, it necessarily occurs within a social context of generosity. When considering the use of empathy in the SAFE Line, then, it is necessary to understand the perceived individuality being communicated.

In addition to the concept of selfhood and social context, there is a significant focus within anthropology on the mental opacity, or alterity, of other minds. In his writing on the people of Yap, Throop writes that “the virtue of self-governance is one of the important roots of the valuation of privacy, secrecy, and concealment in Yap. ... This understanding of ethical modalities of being thus ideally emphasizes a fundamental disconnect between individual expressivity and an individual’s inner life.”¹⁴ In this

¹² Catherine A. Lutz, *Unnatural Emotions* (Chicago: The University of Chicago Press, 1988), 56.

¹³ Maria Lepowsky, “The Boundaries of Personhood, the Problem of Empathy, and the ‘Native’s Point of View’ in the Outer Islands,” in *The Anthropology of Empathy*, eds. Douglas Hollan and Jason Throop, (New York: Berghahn Books, 2011), 47.

¹⁴ Jason Throop, “Suffering, Empathy, and Ethical Modalities of Being in Yap,” in *The Anthropology of Empathy*, eds. Douglas Hollan and Jason Throop, (New York: Berghahn Books, 2011), 121.

example, because of the importance of keeping one's inner life secret, empathy is viewed with a high level of ambivalence.

Similarly, mental opacity is reflected in Kevin Groark's work on the Tzotzil Maya. Groark describes the role of empathy, stating that "it is widely held that accurate knowing of a person's inner states is extremely difficult—almost impossible—yet, at the same time, indispensable for navigating the social world."¹⁵ In this case, much of the ambivalence surrounding empathy comes from "the tension between the visible and hidden in social life."¹⁶ In the writings of both Throop and Groark, it becomes apparent that while empathy may be viewed with ambivalence, it is simultaneously an important tool for maintaining social harmony. While mental opacity is highly valued by both the cultures of Yap and the Tzotzil Maya, it is equally important for those cultures to be aware of the potential workings of other minds.

While some of the cultural ambivalence regarding empathy can be traced back to the desire to simultaneously keep one's own thoughts secret while understanding the other, further ambivalence can be understood through the belief that empathy can be used to damage the other. In an article titled *The Dark Side of Empathy*, anthropologists Nils Bubandt and Rane Willerslev discuss the uses of empathy to harm the other. They write that "quite frequently, empathic identifications with others do not have as their goal mutual understanding, altruism, consolation, intersubjective compassion, care, or social cohesion ... instead, the empathic faculty is used for deceptive and ultimately violent

¹⁵ Kevin Groark, "Social Opacity and the Dynamics of Empathic In-Sight among the Tzotzil Maya of Chiapas, Mexico." *Ethos* 36, no. 4 (2008), 428.

¹⁶ Kevin Groark, "Social Opacity and the Dynamics of Empathic In-Sight among the Tzotzil Maya of Chiapas, Mexico." *Ethos* 36, no. 4 (2008), 428.

purposes”¹⁷ They continue throughout the article to describe the use of empathy for hunting and warfare, arguing that the Western ideal of empathy as inherently positive is, again, a problematic projection onto other cultures.

However, despite Bubandt and Willerslev’s insistence that empathy is not inherently positive, it seems that it is often used for positive ends. Even in situations where empathy can be dangerous, it is also a necessary tool for preventing evil. In his writing on the Tzotzil Maya, Groark describes the process of reconciliation with another. If one does not accept reconciliatory gestures, it is assumed that they are promoting harmful gossip or practicing witchcraft. This promotes a fear that “the same people with whom one has reconciled are, in fact, pursuing clandestine acts of aggression motivated by the unresolved anger, envy, and resentment that fueled the conflict in the first place.”¹⁸ Although empathy is dangerous for the individual, it is still used to prevent evil (witchcraft) by gaining insight into the emotional state of the other. If one is able to empathize with the other and see their unresolved anger, then it is a possibility that one could protect themselves from witchcraft.

Beyond the ethnographic material pointing away from Bubandt and Willerslev’s theory, an article authored by Jason Throop and Dan Zahavi directly argues for an entirely different paradigm of empathy than is employed by Bubandt and Willerslev. In their article, Throop and Zahavi argue that empathy does not involve self-identification with the other at all. Instead, empathy is “an experimental engagement with the other

¹⁷ Nils Bubandt and Rane Willerslev, “The Dark Side of Empathy: Mimesis, Deception, and the Magic of Alterity,” *Comparative Studies in Society and History* 57, no. 1 (2015), 6.

¹⁸ Kevin Groark, “Social Opacity and the Dynamics of Empathic In-Sight Among the Tzotzil Maya of Chiapas, Mexico,” *Ethos* 36, no. 4 (2008), 438.

that recognizes and preserves the self-other difference.”¹⁹ In this paradigm, it is difficult to use empathy to harm another, as there is a reciprocal understanding between the self and the other.²⁰ Because of this reciprocal relationship, the self is also being encountered and understood, and is therefore unlikely to have the unchallenged advantage that Bubandt and Willerslev assume. To use Groark’s ethnography again, while it is possible for one to be empathetically understood *by* a witch, the use of empathy ensures that one can also understand a witch themselves.

Finally, although most anthropologists choose to study cultural definitions of empathy and emotion away from Western understandings, there are some whose work cross that boundary. Anthropologist Jean Briggs approaches this in her work regarding the Inuit people. In her writing, she describes being ostracized after accidentally offending her subjects. After exploring the emotional context within which she was ostracized, Briggs eventually comes to the conclusion that “I did not find in the Arctic the utterly unique human nature that I originally, naively, hoped to find. But I did find a fascinating variation on human themes.”²¹ Similarly, anthropologist Renato Rosaldo’s work on the Ilongot culture echoes this crossing of boundaries. In his essay *Grief and a Headhunter’s Rage*, Rosaldo recounts his experience of losing his wife. It is only through his own experience with grief that he is able to understand the anger experienced by the Ilongot men who practiced headhunting.²² This ability to understand

¹⁹ Jason Throop and Dan Zahavi, “Dark and Bright Empathy,” *Current Anthropology* 61, no. 3 (2020), 289.

²⁰ Jason Throop and Dan Zahavi, “Dark and Bright Empathy,” *Current Anthropology* 61, no. 3 (2020), 290.

²¹ Jean Briggs, “Emotions Have Many Faces: Inuit Lessons,” in *Psychological Anthropology*, ed. Robert A. LeVine (Hoboken: Wiley-Blackwell, 2010), 66.

²² Renato Rosaldo, *Culture and Truth: The Remaking of Social Analysis* (Boston: Beacon Press, 1993)

the cultural definitions of empathy both in a Western and a non-Western culture is a strength of anthropology. According to Hollan, anthropologists are able to “explicitly focus on empathic understanding in a cross-cultural context, on how it might (or might not) be used to bridge cultural boundaries in fieldwork or otherwise.”²³ While this practice may seem similar to the empathy warned against by Geertz, it seems that it is possible for anthropologists to do two things at once; study empathy within a given cultural context while promoting empathic understanding for their subjects.

While the anthropological study of empathy is a cornerstone to my ethnographic research, empathy alone could not provide a complete framework. Because hotline volunteers inherently provide care to their callers, it was necessary to look at theoretical frameworks of care. While much of my ethnography relies on the philosophical work of Nel Noddings, anthropology also provides a rich literature surrounding care, particularly focusing on the act of caregiving.

According to anthropologist Arthur Kleinman, “caregiving is an indelible part of relations between partners, the raising of children, and response to the infirmities of aged parents and grandparents.”²⁴ Caregiving, Kleinman argues, consists of both emotional and physical care. It consists of exchanging “moral responsibility, emotional sensibility, and social capital.”²⁵ This leads to caregiving being a naturally and inherently moral practice, one that relies heavily on the emotional connection between the caregiver and the one receiving care. In Kleinman’s view, the act of caregiving becomes meaningful through the intentions and emotional investment of the caregiver.

²³ Douglas Hollan, “Being There: On the Imaginative Aspects of Understanding Others and Being Understood,” *Ethos* 36, no. 4 (2008), 479.

²⁴ Arthur Kleinman, “Caregiving as Moral Experience,” *The Lancet* 380 (2012), 1550.

²⁵ Arthur Kleinman, “Caregiving as Moral Experience,” *The Lancet* 380 (2012), 1551.

In contrast, anthropologist Felicity Aulino argues that the Western definition of care, and its tendency to assume an emotional investment, leads to the assumption that unemotional (or ritualized care) is not true care. She writes that “the scholarship on care currently misses the possibility that care itself can be separated from particular psychological states and correct intentions, and can in turn be productively understood in terms of practice.”²⁶ In an article written by Aulino, she describes ritualistic caregiving, performed with apparently little emotional involvement. She writes of the “tedium, the repetition, the perfunctoriness that most importantly characterizes these daily tasks.”²⁷ The caregivers, two adult daughters, are described as caring for their elderly and paralyzed mother with accuracy and timeliness, and not necessarily with sentimentality. This is not to say that the caregivers did not feel emotionally invested in their subject of care; it is simply to say that “they did not emphasize internal orientation as evidence of ‘good care’; rather, they viewed cleanliness, lack of bedsores, and other signs of physical competence as appropriate markers.”²⁸

Despite the value in Aulino’s ethnographic approach, it did not fit with the culture I encountered at the SAFE Line. This culture of care was closer to that described by Kleinman, with a focus on emotional involvement and morality. However, Kleinman’s understanding also does not fully capture the experiences of the SAFE Line volunteers. Much of this is due to the anthropological emphasis on caregiving, rather than on the emotional investment and intention of care. At the SAFE Line, there was little physical

²⁶ Felicity Aulino, “Rituals of Care for the Elderly in Northern Thailand,” *American Ethnologist* 43, no. 1 (2016), 92.

²⁷ Felicity Aulino, “Rituals of Care for the Elderly in Northern Thailand,” *American Ethnologist* 43, no. 1 (2016), 93.

²⁸ Felicity Aulino, “Rituals of Care for the Elderly in Northern Thailand,” *American Ethnologist* 43, no. 1 (2016), 99.

action to analyze. Because of this, focusing on the acts of caregiving would be difficult. Instead, an analysis of the SAFE Line necessarily must focus on the emotional and empathic responses of the listeners.

Because of the inherent, physical limitations of the SAFE Line, much of my ethnographic work relies on the philosophical framework established by Nel Noddings in her book *Caring*. Noddings' book focuses primarily on the emotional investment of the caregiver, rather than on the physical acts of care. She writes that, "the emphasis on 'taking care' has led to some misunderstanding and confusion. Briefly, the problem is that some proponents of care ethics have equated caring and caregiving. ... Caregiving is an important element in care ethics, but, as a set of activities or occupation, or can be done with or without caring."²⁹ Because of the separation Noddings identifies between caring and caregiving, her work provides a particularly useful framework for understanding the care practiced by listeners.

In *Caring*, Noddings defines the two participants of a caring relationship as the one-caring and the cared-for. She argues that the one-caring must have a certain engrossment in the cared-for in order to provide adequate care. Engrossment is defined as a state of feeling-with, a state that "does not involve projection but reception."³⁰ Noddings argues that while this feeling of engrossment is necessary for the one-caring, the cared-for must also contribute to the caring relationship in a receptive way. Through this, the relationship becomes collaborative, and the cared-for is able to fulfill the caring relationship. If either the one-caring or the cared-for ceases to respond to the other, the relation fails and care is no longer fulfilled in the other.

²⁹ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), xiv.

³⁰ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 30.

In addition to the reciprocal, collaborative caring relationship, Noddings establishes the difference between what she refers to as *natural* and *ethical* caring. She defines natural caring as “that relation in which we respond as one-caring out of love or natural inclination.”³¹ Her primary examples of natural care are mother/child and teacher/student relationships, but natural care can be established in any relationship in which the one-caring feels a natural or inherent urge to provide care. In contrast, ethical care is performed when the caring ideal is what motivates the one-caring, not a natural inclination. In other words, when one knows that they should care, and therefore do, but do not necessarily feel inclined to do so.

As mentioned earlier, Noddings’ book has been subject to a number of critiques. Considering Noddings’ book was initially titled *Caring: A Feminine Approach to Ethics and Moral Education*, it is unsurprising that it was thoroughly criticized by feminist scholars as promoting stereotypical depictions of women as the locus of care. Noddings herself addresses some of these criticisms in her preface to the 2013 edition of *Caring*, stating that “I think critics are right, however, to point out that the connotations of ‘feminine’ are off-putting and do not capture what I intended to convey.”³² Despite the fact that many critiques of Noddings are irrelevant to my work, I find it necessary to describe some of the criticisms in order to defend my use of Noddings’ framework.

In Sarah Hoagland’s 1990 review of *Caring*, she writes that “Nel Noddings’ analysis of caring appeals to the feminine, to receptiveness. A truly radical ethics will challenge not only the masculine but also the feminine, for the feminine is born of a

³¹ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 5.

³² Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), xiii.

masculinist framework and so does not, at a deep level, represent any change.”³³ This argument is representative of what educator Ann Diller refers to as “the Dangerous Ethics criticisms.”³⁴ Diller summarizes these criticisms, stating that “what feminists object to is a lack of critical consciousness or a kind of naivete about the costs and consequences for the women who must do these caring labors.”³⁵ The danger, as identified by Diller and Hoagland, is that inequality will continue to be promoted through a sentimental identification of care with women. However, Noddings’ framework can be seen not as trying to create a radical, new ethic of care, but to reflect and promote a framework that has existed for many years. Noddings writes that she is attempting to centralize the experience of women in care ethics, “to centuries of experience more typical of women than men.”³⁶ Throughout her book, Noddings again argues that her ethic of care is one that she sees having existed for many years, but that has simply gone unrecognized.

In addition, Noddings argues throughout her book that her use of she/her pronouns to refer to the one-caring is not to imply that men cannot, or should not, participate in her ethics of caring. She writes that although her ethic of caring may be inherently and traditionally feminine, it is “not to say, of course, that it cannot be shared by men, any more than we should care to say that traditional moral systems cannot be embraced by women.”³⁷ Again, she states that “both men and women may participate in

³³ Sarah Lucia Hoagland, “Some Concerns About Nel Noddings’ *Caring*,” *Hypatia* 5, no. 1 (1990), 112.

³⁴ Ann Diller, “Review: The Ethics of Care and Education: A New Paradigm, Its Critics, and Its Emotional Significance,” *Curriculum Inquiry* 18, no. 3 (1988), 333.

³⁵ Ann Diller, “Review: The Ethics of Care and Education: A New Paradigm, Its Critics, and Its Emotional Significance,” *Curriculum Inquiry* 18, no. 3 (1988), 333.

³⁶ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), xxiv.

³⁷ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 8.

the 'feminine' as I am developing it."³⁸ It seems that Noddings' exclusive use of she/her pronouns for the one-caring is more of an unfortunate inclusion rather than an intentional argument about gender roles.

Philosopher Helga Kuhse also criticized Noddings' book, writing that Noddings' dismissal of principles in ethics is not only foolish, but dangerous. She writes that, "to eschew all moral principles is to withdraw from moral discourse and to retreat into an essentially dumb world of one's own."³⁹ Noddings does, in fact, reject principles in her book, arguing that they rely on the concept of universality, which depends on sameness. She writes that "in order to accept the principle, we should have to establish that human predicaments exhibit sufficient sameness, and this we cannot do without abstracting away from concrete situations those qualities that seem to reveal the sameness."⁴⁰ However, Noddings also addresses this criticism in her preface to the 2013 edition of *Caring*. She writes that care theorists, like herself, do not "disdain principles. We recognize that principles—for example, an injunction against lying—help to keep daily life running smoothly. ... However, when a real conflict arises, the principle is of little help."⁴¹ Instead, Noddings calls for individuals to examine what value created the principle, and to rely on that value.

A final, primary criticism of *Caring* is that Noddings' framework of care invites a unidirectional flow of care that exploits the one-caring. According to Hoagland, "the unidirectional ideal of mothering undermines reciprocal interaction beyond

³⁸ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 44.

³⁹ Helga Kuhse, "Clinical Ethics and Nursing: 'Yes' to Caring, but 'No' to a Female Ethics of Care," *Bioethics* 9, no. 3 (1995), 215.

⁴⁰ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 85.

⁴¹ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), xv.

acknowledgment between mothers and daughters and so also encourages incompetency and ageism among us. Recipients of unconditional loving—children and husbands—combine in exploiting mothers, helping to create ageist response to older women.”⁴² Noddings addresses this directly, stating that, while it is possible that a one-caring could be exploited, “my description of caring was meant to be a phenomenological analysis of ‘how we are’ *when* we care and *when* we are cared for. It does not divide the world into stable classes of carers and cared fors.”⁴³ Because the identities of cared-for and one-caring are not fixed, it should be impossible for the one-caring to be exploited as a constant carer. Noddings writes that the individual who does identify as a constant carer, “pervert the concept because they clearly fail to receive the contempt, resentment, and misery of many who encounter them.”⁴⁴ Furthermore, a true ethic of care will not lead to exploitation, as it is based on the caring relation where both parties are responsible for each other. “Properly, caring applies to a relation, and parties in both roles contribute to its maintenance.”⁴⁵

Ultimately, my intention is not to fully excuse *Caring*, nor to critique it on a philosophical level. The critiques are presented in order to provide a more complete idea of what Noddings’ framework entails. Despite the many criticisms of Noddings’ work, I find that *Caring* presents a useful framework for understanding the SAFE Line and the volunteers who worked there. Issues like those of gender roles or gender disparity, as mentioned by Hoagland and Diller, were not, in my experience, an issue at

⁴² Sarah Lucia Hoagland, “Some Concerns About Nel Noddings’ *Caring*,” *Hypatia* 5, no. 1 (1990), 112.

⁴³ Nel Noddings, “A Response to Card, Hoagland, Houston,” *Hypatia* 5, no. 1 (1990), 123.

⁴⁴ Nel Noddings, “A Response to Card, Hoagland, Houston,” *Hypatia* 5, no. 1 (1990), 123.

⁴⁵ Nel Noddings, “A Response to Card, Hoagland, Houston,” *Hypatia* 5, no. 1 (1990), 123.

the SAFE Line. Similarly, principles were also eschewed at the SAFE Line in favor of the individuality promoted by Noddings. Finally, the unidirectionality seen in Noddings' work does not pose an issue for analyzing the SAFE Line, as care was unidirectional between listeners and callers.

In contrast, Noddings' focus on natural and ethical care helps to promote a deeper understanding of how the SAFE Line volunteers strategically cared for their callers, despite not having a natural inclination to do so. In addition, Noddings' concept of engrossment leads to a starting point of understanding the volunteers' emotional investment. Because of this, Noddings' work is referenced extensively through the following chapters.

Background and Methods

The phenomenon of crisis hotlines in the United States first began in the 1950s, concurring with the establishment of suicidology as a subject of study by Edwin Schneidman and Norman Farberow.⁴⁶ In 1958 Schneidman and Farberow helped establish the Los Angeles Suicide Prevention Center. As the center became more popular, incoming calls increased until a hotline was established. The hotline originally consisted of several professional staff members and eight trained volunteers.⁴⁷ The model of volunteer-based hotlines then became the norm, and many crisis centers throughout the country still rely heavily on volunteer phone operators.

In 2001, the National Suicide Prevention Lifeline was established by the Substance Abuse and Mental Health Services Administration (SAMHSA). Its purpose was to connect callers from around the nation to geographically close crisis centers. The volunteers at the local center could then assist with locally specific resources and support.

Since its official launch in 2005 the Suicide Prevention Lifeline has grown, and it now operates 24 hours a day, 7 days a week.⁴⁸ In 2020, the Lifeline was rebranded as

⁴⁶ Sally Spencer-Thomas and Danielle R. Jahn, "Tracking a Movement: U.S. Milestones in Suicide Prevention," *Suicide and Life-Threatening Behavior* 42, no. 1 (2012), 78.

⁴⁷ Sally Spencer-Thomas and Danielle R. Jahn, "Tracking a Movement: U.S. Milestones in Suicide Prevention," *Suicide and Life-Threatening Behavior* 42, no. 1 (2012), 79.

⁴⁸ Office of the Surgeon General, "Brief History of Suicide Prevention in the United States," National Library of Medicine, National Institute of Health, 2012, <https://www.ncbi.nlm.nih.gov/books/NBK109918/>.

988, and in 2023 it answered nearly 5 million contacts.⁴⁹ Although unique in how large and well-established it is, the 988 Lifeline is indicative of the wider cultural reliance on hotlines and crisis lines in the United States. In 2019 SAMHSA estimated that over 51 million adults in the United States suffered from mental illness.⁵⁰ However, only around 40 million adults received any treatment for mental illness in the previous 12 months.⁵¹ Because of the disparity between adults with mental illness and those receiving care, hotlines are an important resource, as they provide an easily accessible and low-cost care option for many individuals who may not otherwise receive care or support.

Although most crisis hotlines share a similar structure of volunteer-based phone operators, it is difficult to accurately define a typical hotline. Virtually all crisis lines will answer phone calls, but many also respond to texts and online chats. Some are local, while others, like 988, are nation-wide. Many crisis hotlines also specifically work with particularly vulnerable populations, such as LGBTQIA individuals or people of color. Some hotlines focus on providing resources, while others are primarily support lines. Fortunately, this means that if an individual is in crisis, there is a good chance that there is a specific crisis hotline that can cater to their needs.

In addition to suicide hotlines, there are organizations that aim to support victims of domestic abuse, gambling addiction, and even a hotline that provides support to graduate students across the country. While all of these hotlines are considered crisis hotlines, not all of them are intended to provide support to suicidal callers. Many

⁴⁹ 988 Suicide & Crisis Line, “The Lifeline’s History.”
[/www.samhsa.gov/sites/default/files/988-timeline.pdf](https://www.samhsa.gov/sites/default/files/988-timeline.pdf)

⁵⁰ Substance Abuse and Mental Health Services Administration, *Key Substance Abuse and Mental Health Indicators in the United States: Results on the 2019 National Survey on Drug Use and Health*, (2020), 43-44.

⁵¹ Substance Abuse and Mental Health Services Administration, , (2020), 58.

hotlines can also be considered support lines—including the hotline that I focused on in my research.

The subject of my ethnographic research is a small, community based crisis (or support) line in the Midwest, referred to throughout this project as the SAFE Line. The name of the line, as well as the name of the organization that ran it, the volunteers, the named callers, and the staff members, have all been changed to preserve anonymity. However, the history of the line, along with other details, have been kept intact to establish context.

The SAFE Line was initially established in 1979 by a group of concerned parents in the community. It was originally a hotline for minors to call when home alone before the line eventually merged with another organization in 1982 to form a 24 hour crisis line for all community citizens. In 2018, the SAFE Line was reconfigured to be part of Stella Recovery Inc. The SAFE Line operated under Stella Recovery until 2023, when it abruptly ended due to declining call volume and a lack of funding. At the time the SAFE Line ended, it served five local counties and was operational from 9am to 9pm. Besides me, there were around ten volunteers, three or four interns, and two staff members, including the director of the line. It was difficult to get an exact number of how many people worked at the SAFE Line, as volunteers occasionally left or joined during the time I was there. While the SAFE Line advertised itself as a crisis hotline, in my experience it primarily operated as a support line for callers who were struggling but not necessarily in crisis.

Despite my attempts to gain a better understanding of Stella Recovery, I was not able to find much information about it. The organization exists as a network of recovery

focused projects, mainly aiming to assist people suffering from substance abuse. A majority of their projects focus on housing and recovery support, with programming including an opioid recovery home, a halfway house, and a program for teen intervention. Stella itself belongs to a larger organization, which claims to do the administrative work for a number of nonprofits. This organization was founded in 2014, and incorporated the SAFE Line in 2019. When I asked other volunteers about Stella, I was told that nobody else knew much about the organization either, just that it had taken over the line and seemed to be doing a good job. One volunteer told me that, “I know nothing about Stella. Earlier, the SAFE Line wasn’t under anybody, it was just SAFE. Was it sold, or bought by corporations? Were they nonprofits? I have no idea.” Since the SAFE Line has been disbanded, all digital record of it has been cleared from Stella’s website. While it would have been helpful to gain more information about Stella Recovery, there seemed to be little influence from Stella on the daily operation of the SAFE Line. Instead, most of the work relied solely on the individual volunteers and the care they provided for the callers.

My work with SAFE included both formal interviews and participant observation. My participant observation experience with the hotline began in the summer of 2022, when I signed up to volunteer. I originally had to interview with the director of the line before being invited to volunteer. The interview was brief, and primarily covered my understanding of mental illness and addiction. It was made clear to me that the interview was designed to screen potential volunteers for problematic beliefs or biases. One aspect that was heavily emphasized was that we were not to offer professional or religious advice to listeners, as the line was a secular support line of non-professionals.

After I interviewed for the volunteer position, I was invited to a two day training session. The training covered the history of the SAFE Line, how to handle calls, institutional definitions of empathy, mental illness, and substance abuse, and the importance of confidentiality and anonymity. The last point was particularly important to the SAFE Line, which required volunteers to stay personally anonymous with callers as well as protect caller confidentiality. This was one of several strict institutional rules. Other rules included limiting callers to three fifteen minute calls a day, entering data into a database in a specific way, and referring to named callers by their assigned code names. The use of code names for named callers was one factor that set SAFE apart from other crisis lines, in which callers were entirely anonymous. The importance of the names became apparent to me after I experienced these callers reaching the limit of three calls a day.

After the training, I committed to volunteer for a year, working a minimum of two hours a week on the line. This work exclusively involved answering calls and entering data into the virtual database used by Stella Recovery. Other daily operations were handled by the director of the line or other employees. We, as volunteer listeners, were directed to focus solely on the callers. During down time, we were encouraged to read the volunteer manual, review previous calls, and develop strategies for handling future callers.

My work was onsite at the SAFE Line, which was located in a generic office building along with several other nonprofits. The location of the call center was a secret heavily guarded by the SAFE Line, as there was concern that callers may show up unexpectedly if the location was public. Although, to my knowledge, this did not happen

during my time there, it had apparently been an issue for the line before the organization moved to the new building. None of the volunteers I interviewed had experienced a stalker, but it was often referred to as a type of urban legend.

My volunteer shift was on Thursday mornings from 9-11am each week. I would arrive at the office building, check in at the front desk, and head to the call center. There were several booths set up in the office, each with its own phone and computer, a copy of the volunteer manual to refer to, a list of named callers, and flyers with rules and policies printed on them. The booth also contained a panic button, which the listener could use to contact the director in case of an emergency.

Since I was the first volunteer each Thursday, I would first log into the database before telling the director that I was ready to answer calls. She would then transfer the line to my phone. When I initially began volunteering at the SAFE Line, there was an overnight call center in Georgia that answered nighttime calls to the SAFE Line. However, there was some debate over how helpful the nighttime call center actually was. The director of the SAFE Line told me that she had called the overnight center several times, posing as a caller, and had been unimpressed with their apparent lack of empathy and professionalism. Due to this, as well as funding issues, the SAFE Line ended ties with the overnight center several months before the line itself ended. Because of this, the SAFE Line was ultimately available daily from 9am to 9pm.

Once I was logged into the database and the line had been directed to my phone, I would wait for the first caller. On average, I received four phone calls a shift, although the exact number could vary based on call duration. Often, the first call would come minutes after the line was transferred. If I received a call less than ten minutes

before my shift ended, I would let it go to voicemail, as I would not have adequate time to answer before having to leave. Since I usually only took four calls a shift, I would often have up to an hour of downtime between callers. As discussed earlier, during this downtime I was encouraged to continue developing my listening skills and read through the call log. Much of my time was also spent talking to the director of the line, both about the daily operation of the line and mundane topics like our cats.

The director of the SAFE Line was a woman named Tiffany. Tiffany was a licensed social worker and had been with Stella Recovery for a number of years. She was not only in charge of the daily operation of the SAFE Line, but was tasked with the recruitment and training of volunteers and interns. Tiffany also managed other staff members and ran several other Stella Recovery programs. At times she would answer hotline calls, but when a volunteer was present she would rely on them to answer the phones and she would focus on her other job duties. However, if a volunteer had a troubling call, including a suicidal caller, the listener could press the panic button and signal Tiffany to take over the call. According to the volunteer manual, once Tiffany took over the call, “as a volunteer, you are no longer directly involved with the call.”⁵² It was designed this way so that listeners never felt like they were in over their heads, and so that, in the case of a suicidal caller, a trained professional could handle the situation. During my time at the SAFE Line, I was fortunate not to have to use the panic button. Other, long term volunteers recounted having to use it only once or twice during their time with SAFE. This, again, is representative of the SAFE Line as a support line rather than a true crisis hotline.

⁵² *Volunteer Manual*, 2022, 60.

I volunteered at SAFE for nearly a year when news broke that the line was ending. Tiffany provided volunteers with two weeks of advanced warning and then the positions were eliminated. As stated earlier, the SAFE Line had been experiencing a decline in calls, as hours might go by without a contact. It was theorized that this decline in callers, which coincided with the rebranding of 988, was due to increased public awareness of 24/7 lines. In addition, the local 211 information line had recently begun providing emotional support to callers. Previously, when 211 had received a crisis call, it would be rerouted to the SAFE Line, and we would take over. However, since 211 was a more well known number, once they began taking emotional support, callers did not have any need to contact the SAFE Line or to try to find our number.

This ethnographic project is primarily interview based, although I did also have my own experience with the line. Prior to the SAFE Line ending, I approached Tiffany about conducting my research and the proposal was approved, provided I maintain anonymity of the line. Following the end of the SAFE Line, I provided my contact information to Tiffany, who then reached out to a group of volunteers and interns on my behalf. I was ultimately contacted by four individual volunteers who were interested in my project. Their information is included in table 1. I was unfortunately unable to interview any staff members or interns, as they were either unable to participate or uninterested.

Table 1: Information on interviewed listeners

Name of Listener	Age of Listener	Years at SAFE	Professional Background
Lillian	70	6	Chaplain
Susan	60	2	School counselor
Jim	64	1	Hotline worker
Rebecca	44	1	Case worker, professor of psychology

In the three months following the end of the SAFE Line in 2023 I conducted three interviews each with the four volunteers. Most of these interviews were in person, although in two situations I was asked to do a phone interview. In those cases, the questions were kept the same and responses seemed to remain consistent. Each interview was approximately forty minutes and covered topics such as empathy, understandings of mental illness and substance abuse, and the volunteers' opinions on SAFE Line procedures. I also asked volunteers about their professional background and experience with crisis hotlines. Interviews were then transcribed from notes and coded before being included in this project. What these interviews revealed was not only an intimate glimpse into the workings of the SAFE Line, but a view into the ways in which empathy can be used strategically to create emotional investment in strangers. For the SAFE Line volunteers, empathy was the cornerstone on which care rested.

Necessity of Empathy

Within the SAFE Line, empathy was seen as essential for care. Within the first training session, a significant amount of time was dedicated to defining empathy and discussing why it was necessary for SAFE Line volunteer work. It was argued that, without empathy, listeners could not effectively support callers. Support did depend, however, on the specific type of empathy that was practiced by the listener. In general, according to one PowerPoint used for training, empathy is “an awareness of the feelings and perspectives of other people.”⁵³ This definition, while simplistic, demonstrates the general Western interpretation of empathy and empathic understanding. As is explored in this chapter, however, it is difficult—if not impossible—to arrive at a single definition of empathy. Throughout the volunteer interviews, empathy emerges as more than basic emotional awareness. Instead, it becomes a tool to be strategically used to promote emotional investment. The beginning of this chapter explores the definitions of empathy throughout the SAFE Line, building off of both the SAFE Line’s definitions and various cultural definitions of empathy.

In addition to the definition of empathy, this chapter examines the ways in which empathy was strategically transformed into caring relations within the SAFE Line. According to Noddings, emotional investment, or engrossment, is necessary for care. However, in Noddings’ framework, engrossment emerges as a natural and automatic response to the subject of care. In the context of the SAFE Line however, emotional

⁵³ “Awareness of Emotions, Values & Personal Bias,” SAFE Volunteer Training, August 26, 2022.

investment was not necessarily a natural or unconscious process. SAFE Line listeners used empathy to establish this investment in a very strategic and purposeful way. This establishes a type of care that differs from the natural or ethical care described by Noddings. In examining the differences between these forms of care, it becomes apparent that while the SAFE Line volunteers both consciously and purposefully established care for their callers, they also maintained some of the emotional sentimentality that characterizes the models of care promoted by Noddings.

Empathy as a concept seems to exist as a cornerstone of care. For anthropologists, the concept is problematic as there seems to exist no universal definition or understanding of empathy. This, in and of itself, is not unusual, as cultural differences affect individual understandings and interpretations. However, considering how important empathy seems to be for social work and caring professions, defining empathy takes on new meaning. According to anthropologists Hollan and Throop, “in actual ethnographic practice, it is often quite difficult to distinguish empathy from other attitudes and behaviors, both caring ones such as “sympathy,” “compassion,” and “pity,” and more hurtful, aggressive styles of interaction.”⁵⁴ Additionally, there is debate within anthropology on what empathy even is. According to Throop and Zahavi, “empathy does not involve any striving toward identification. To suggest that it does is to conflate empathy with emotional contagion or to mistakenly see it as a question of putting oneself in the shoes of the other.”⁵⁵ Throughout my research, I define empathy as a type

⁵⁴ Douglas W. Hollan and Jason Throop, “Introduction,” in *The Anthropology of Empathy: Experiencing the Lives of Others in Pacific Societies*, ed. Douglas W. Hollan and Jason Throop (New York: Berghahn Books, 2011.) 7.

⁵⁵ Jason Throop and Dan Zahavi, “Dark and Bright Empathy,” *Current Anthropology* 61, no. 3 (2020): 289.

of social cognition in which individuals work to understand the other through experimental association. Although the SAFE Line was seemingly united under one front and one definition, in reality it often suffered from fragmented understandings of empathy. These definitions not only influenced the listeners' experiences with the SAFE Line, but also influenced their understanding of the calls they received.

According to the SAFE volunteer manual, empathy is “defined as an awareness of the feelings and perspectives of other people.”⁵⁶ The manual then goes on to claim that “empathy is not to be confused with sympathy. While empathy is based on developing a constructive point of view (‘feeling with’), sympathy can involve pity and feelings of sorrow for another person’s misfortune (‘feeling for’).”⁵⁷ Although these categories are strictly separated in the SAFE definition, in practice their definitions often became muddled. This same issue of definition has been similarly observed in many other cultures. When writing about the Anutan culture, anthropologist Richard Feinberg writes that empathy is used to express *aropa*, which can be roughly translated to compassion. According to Feinberg, while *aropa* is highly valued by the Anutan people, it is important not to be inappropriately generous.⁵⁸ Empathy, in this case, is essential in determining how much generosity is too much and in maintaining social cohesion. Compassion and empathy are therefore impossible to truly separate in the Anutan culture. Similarly, in her work regarding the Banabans, anthropologist Elfriede Hermann writes that for the Banabans, “empathy therefore relates causally to how they act

⁵⁶ *Volunteer Manual*, 2022, 15.

⁵⁷ *Volunteer Manual*, 2022, 15.

⁵⁸ Richard Feinberg, “Do Anutans Empathize? Morality, Compassion, and Opacity of Other Minds,” in *The Anthropology of Empathy*, eds. Douglas Hollan and Jason Throop (New York: Berghahn Books, 2011)

socially toward others. Here, compassion or pity embraces both understanding and fellow feeling.”⁵⁹ This mixing of compassion, pity, and empathy can be found throughout the interviews conducted with the SAFE listeners. Even when discussing what empathy is, listeners were careful to define what it was not. According to Lillian, “empathy is the ability to feel with someone, not for them. That’s more like pity. It’s different from compassion, which is to feel passionately about someone. Empathy is a little different.” In this way, the definition of empathy employed by listeners fit neatly within the definition provided by the SAFE Line. According to Throop and Zahavi, this is not unusual, as “forms of empathy arising in the context of complex forms of interpersonal understanding must be understood as processual phenomena that are not only temporally arrayed and intersubjectively constituted but also patterned by deeply inscribed cultural assumptions, values, habits, and dispositions.”⁶⁰

In addition to the basic definition of empathy, the volunteer manual establishes three additional categories of empathy: cognitive, emotional, and compassionate. These forms of empathy are described as existing along a spectrum, with cognitive and emotional empathy on either end. According to the manual, cognitive empathy is “not usually what most of us would think of as empathy. Cognitive empathy is being able to put yourself into someone else’s place and see their perspective from a *thought-focused* point of view.”⁶¹ (emphasis added.) While the manual claims that there is nothing wrong

⁵⁹ Elfriede Hermann, “Empathy, Ethnicity, and the Self among the Banabans in Fiji,” in *The Anthropology of Empathy*, ed. Douglas Hollan and Jason Throop, (New York: Berghahn Books, 2011): 31.

⁶⁰ Jason Throop and Dan Zahavi, “Dark and Bright Empathy,” *Current Anthropology* 61, no. 3 (2020): 290.

⁶¹ *Volunteer Manual*, 2022, 16.

with cognitive empathy, it can be perceived as “under-emotional and unsupportive.”⁶² This form of empathy is most similar to the empathy described in anthropological writings, particularly when mental opacity is also characteristic of the culture.

In contrast, emotional empathy is described as “when you quite literally feel the other person’s emotions alongside them ... in other words, it is a way of ‘catching’ another person’s emotions, as you are now effectively feeling and experiencing them, even if you have not directly experienced their situation.”⁶³ While this definition of empathy emphasizes emotional connection, it is interesting to note that it also rejects the concept of mental opacity. Emotional empathy, as defined by the SAFE manual, assumes that the listener will not only be able to understand the caller completely, but that they will therefore be able to accurately adopt the emotional state of the other. Unfortunately, it seems that this assumption is unfounded, as listeners often expressed difficulty understanding the experience of callers.

The third type of empathy as defined by SAFE is compassionate empathy, defined as “the meeting place between cognitive and emotional empathy.”⁶⁴ During the training it was emphasized that this sort of empathy was preferred and considered a balanced approach. According to one of the PowerPoint slides used during the 2022 training session, “callers don’t just need someone who understands, nor do they just need someone to feel their pain. Instead, callers need someone who can validate their emotional experience while allowing them to sort through their thoughts.”⁶⁵

⁶² *Volunteer Manual*, 2022, 16.

⁶³ *Volunteer Manual*, 2022, 16-17.

⁶⁴ *Volunteer Manual*, 2022, 17.

⁶⁵ “Awareness of Emotions, Values & Personal Bias.” SAFE Volunteer Training, August 26, 2022.

Compassionate empathy, then, was a way of relating to someone emotionally without losing track of the logical basis of the emotional state. The emphasis of the training therefore seemed to be on alternating feeling and thinking statements with callers in an attempt to acknowledge both their cognitive and emotional states. Interestingly, this definition of empathy as both intellectual and emotional has been used by several anthropologists to understand empathy in different contexts. According to Hollan and Throop, empathy is “a type of understanding that is neither purely cognitive and imaginative nor purely emotional, but a combination of both.”⁶⁶ In this way, the SAFE Line’s preferred understanding of empathy fits well within the established anthropological framework of empathy.

Returning to Noddings’ ethical framework, the similarities between the SAFE Line’s empathy and Noddings’ theory of engrossment seem obvious. In particular, the understanding of compassionate empathy seems to mesh remarkably well with Noddings’ definition of engrossment, which she defines as a receptive state. “I set aside my temptation to analyze and to plan. I do not project; I receive the other into myself, and I see and feel with the other. I become a duality.”⁶⁷ However, Noddings also explicitly rejects the concept of empathy. She writes that it is a “peculiarly rational, western, masculine way of looking at ‘feeling with.’”⁶⁸ In Noddings’ view, empathy is plagued with rationalism and problem solving; it avoids the emotional engrossment that she views as necessary for a true caring relationship. Noddings’ definition of empathy, however, does not seem to completely encompass all three types of empathy as

⁶⁶ Douglas Hollan and Jason Throop, “Introduction,” in *The Anthropology of Empathy*, ed. Douglas Hollan and Jason Throop (New York: Berghahn Books, 2011), 2.

⁶⁷ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 30.

⁶⁸ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 30.

defined by SAFE. It is possible that by including such varying descriptions, the SAFE Line understanding of empathy transcends Noddings' understanding of rational empathy—if only because of the wide range of behaviors associated with the SAFE model of empathy.

Perhaps unsurprisingly, it was difficult to gain a single definition of empathy from the interviewed listeners. Each listener not only had their own understanding of what empathy is, but each connected it in their own way to other concepts of feeling—pity, compassion, et cetera. This again reflects the theoretical problem of separating empathy from other forms of social cognition. Perhaps the most academic definition of empathy came from Jim, who told me that for him, empathy is “the feeling with someone, as opposed to pity, which is feeling for.” He continued explaining that “of course there’s two types of empathy, intellectual and emotional empathy. You can empathize with someone intellectually, but to use words attached to emotions is more emotional empathy.” Of all the listeners interviewed, this view on empathy most closely fit with the SAFE manual’s definition, both in its separation of emotional and cognitive empathy, but also with the rejection of pity and the concept of “feeling for.”

In contrast with Jim, a listener named Rebecca defined empathy in much more emotional terms. Rebecca told me that “empathy is the ability to understand how somebody else is feeling. It’s a prediction of how you’d feel in those circumstances. Empathy is showing compassion or feeling for them.” Rebecca’s statement that empathy is a prediction reflects the common cultural use of empathy as a form of social understanding, particularly when facing mental opacity. However, in many observed cultures, empathy exists more to protect oneself than to potentially care for another. An

example of this can be found in Kevin Groark's writing on the Tzotzil Maya people, where empathy is used to predict which individuals may be practicing witchcraft. He writes that, "in a moral economy structured around the threat and exercise of covert supernatural aggression ... lack of attention to the subtle undercurrents of power, motive, and character structuring social interactions represents a serious breach of self defense."⁶⁹ Although potentially practicing the same type of empathic understanding as the Tzotzil Maya, Rebecca's focus on compassionate response differentiates her. Of all the listeners interviewed, Rebecca had perhaps the most emotional response to callers. Even in her definition of empathy, she alluded to a type of engrossment that was rejected by Jim. In Rebecca's definition, it is impossible to empathize with someone without also having an emotional connection to them. An intellectual (or cognitive) empathy would not be a true expression, *because* it excludes an emotional component. This is similar to Noddings' arguments regarding engrossment, in which the emotional component is necessary for care.

When considering the personal and professional backgrounds of the interviewed listeners it became evident that all had some connection to psychology or mental health services. Jim had a long connection to crisis hotlines and had worked with NAMI, Lillian was a former chaplain at a hospital, Rebecca was a former case worker and taught psychology, and Susan was a former school counselor. In addition, Jim, Rebecca, and Lillian all had dealt with their own mental health complications over the years. According to Rebecca, one of the reasons she became involved with SAFE was because of her own experiences with mental illness. "I have my own extensive experience with mental

⁶⁹ Kevin Groark, "Social Opacity and the Dynamics of Empathic In-Sight among the Tzotzil Maya of Chiapas, Mexico," *Ethos* 36, no. 4 (2008): 433.

health issues, and I enjoyed using my 'lived experience' to support [the callers.] It gave me a sense of purpose for my own experiences.”

Despite their similar backgrounds with the mental health field, each of the interviewed listeners brought their own understandings of empathy and of the work they were doing at the hotline. An example of this can be found in Susan's interview. According to Susan, “my experience [as a counselor] helped me in being present, being a good listener, reflecting back to the client, helping them to clarify, supporting them. Those are all things I used to do.” Susan's use of the word client when referring to the callers makes clear her continued understanding of the SAFE Line through the lens of professional counseling. Similarly, Lillian referenced her chaplain education in an interview. She explained to me that, “there's a lot of overlap between being a chaplain and my work with SAFE. Mostly listening skills. ... We were taught to listen and reflect back, which is the biggest thing with SAFE, too.” While both Susan and Lillian discussed the ability to reflect back as being part of their professional background, their emphasis on professional distance seemed also to influence their understandings of empathy.

Although each of the listeners had different personal experiences and professional backgrounds, each of us were required to go through the same SAFE Line training. This training was a two day experience, taught and moderated by Tiffany, the director of the SAFE Line. Throughout the training we were encouraged to roleplay different call scenarios, discuss our backgrounds, and learn the official SAFE guidelines and procedures, including the three definitions of empathy officially promoted by the SAFE Line. Although only Jim defined empathy in cognitive/emotional terms, it was clear in the interviews that all of the listeners (myself included) had adopted empathy as

one of the cornerstones of work at SAFE. This importance is not only evident throughout the interviews, but could be seen in the everyday lingo of the SAFE Line. It was not uncommon, when discussing callers with Tiffany, for her to encourage us to do our best to empathize—to truly put ourselves “in their shoes.” While Tiffany did not discourage us from expressing our frustrations, the importance of empathizing with callers—even difficult ones—was never diminished. In one instance, we gained a new repeat caller we referred to as Matilda. Matilda was a difficult person to speak to on the phone, as she was difficult to understand and would often scream during the phone calls. During one call I took from her, Matilda told me that she was being held captive and that her family, who she claimed lived in New York, wouldn’t come and save her. Many of her claims did not make sense, and I was confused after the call concluded. Tiffany had been listening to my side of the conversation, however, and encouraged me to think about how difficult it would be to feel abandoned by my family—even though there was no way to know if Matilda actually had been. In this case, and others like it, empathy was not only relied on but was seemingly the only way to maintain composure when on a difficult call.

Although this practice of empathy felt like playing into Matilda’s delusions, it is similar to forms of empathy observed in other cultural contexts. According to Hollan, empathy inherently involves imaginative work when it comes to understanding the experiences of the other. He writes that, “one cannot just rely on one’s own store of memories, images, and experiences to imagine the plight of another, especially one from another society or culture.”⁷⁰ Although Matilda did not live in a different city, country,

⁷⁰ Douglas Hollan, “Being there: On the Imaginative Aspects of Understanding Others and Being Understood,” *Ethos* 46, no. 4 (2008), 480.

or continent than I did, I had to think of her as coming from a different societal or cultural background. It was only by appreciating this difference that I was able to use strategic care to continue providing care to her. While Matilda never became an easy caller for me, she became far more sympathetic when I imagined myself in her shoes.

Interestingly, none of the definitions of empathy provided by listeners or the volunteer manual involved any mandate to provide care. Empathy was widely valued, but it was seemingly understood that you could feel empathy without providing care. This understanding can be loosely compared to Noddings' definitions of *caring for* versus *caring about*. While caring for involves engrossment, caring about is more distant. Noddings argues that "Caring about' always involves a certain benign neglect. One is attentive just so far. ... One might say that we should, occasionally, care about, but we should not suppose that in doing so we are caring for."⁷¹ She uses the example of starving children in Cambodia. According to Noddings, someone in another country cannot truly care for all the starving children, because they cannot become engrossed in them. However, one can care *about* them. This is similar to the definitions of empathy in the SAFE volunteer manual, which assume a one-on-one interaction and involvement.

However, aspects of Noddings' *caring about* do seem to reflect the listeners' understanding of empathy as conscious, optional, and not necessarily associated with a caring action. This separation of action and empathetic response does not mean that the listeners did not feel an urge to care. After the ending of the SAFE Line, Tiffany held a Zoom meeting for volunteers to discuss their experiences. Only five other volunteers were present besides me, so the meeting became quite informal and conversational.

⁷¹ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 112.

Tiffany had created a list of five questions to prompt discussion, the first being “what has been most impactful to you in volunteering for the SAFE Line?” In response, one of the volunteers got quite emotional, stating that “you want to do more than just listen—you can’t, but you’re at least doing that much.” This was echoed in my interviews with Jim, when he told me that “I made a difference. That was my main goal, just to make a difference in one person’s life at a time.” This practice of using empathy to inform action is not unique to the SAFE Line, nor is the practice of primarily empathizing with uncomfortable experiences. According to Alan Rumsey, “the feelings, emotions, and thoughts that we and our ethnographic subjects are said to empathize with are typically painful ones.”⁷² Rumsey goes on to state that “insofar as the empathizer’s quasi-first-person knowledge about the other informs his or her actions ... it is typically used to benevolent ends rather than malevolent ones.”⁷³ In this way, while it seems obvious to point out that the volunteers aimed for positive outcomes, their benevolent intentions while empathizing fit in with the wider conversation regarding empathy.

The listeners’ reliance on empathy, as well as their emotional connection with the SAFE Line work, differentiates their care for callers from that of performative caregiving. As discussed earlier, anthropological studies of caregiving often focus on the physical acts of care. Kleinman writes that “caregiving, I learned, was not only about triage and tinkering with medication, but also being taken up in the mundane, burdensome, yet meaning-infused practices of assisting with activities of daily living ... mundane

⁷² Alan Rumsey, “Empathy and Anthropology: an Afterword,” in *The Anthropology of Empathy*, eds. Douglas Hollan and Jason Throop, (New York: Berghahn Books, 2011), 217.

⁷³ Alan Rumsey, “Empathy and Anthropology: An Afterword,” in *The Anthropology of Empathy*, eds. Douglas Hollan and Jason Throop, (New York: Berghahn Books, 2011), 218.

practices created and sustained meaning, not the other way around.”⁷⁴ Similarly, Felicity Aulino writes that, “what I see emerging from the everyday realities of long-term caregiving is the fully embodied nature of care and care work, with bodies learning and performing the mundane activities of maintaining other bodies.”⁷⁵ Although both Kleinman and Aulino argue that there is meaning in the physical act of caregiving, neither identifies emotional investment as the motivational force. In Kleinman’s view, the mundane act of caregiving gives rise to meaning, and in Aulino’s writing caregiving is established through ritual and physical action. In both, it is the mundane action that is important, not the motivational feelings.

In contrast, the listeners at the safe line only practiced the mundane act of care because of their emotional investment. This may partially be traced to the lack of personal involvement with the callers, as listeners did not feel any obligation to care for the strangers who called. It is also characteristic, though, of the care outlined by Noddings. In her ethic of care, Noddings distinguishes emotion from engrossment or feelings. She writes that “engrossment is not completely characterized as *emotional* feeling.”⁷⁶ However, engrossment, or the ability to feel with the other, is necessary for care. “In caring, a permanent or untimely move from feeling and affective engrossment to abstract problem solving would be a ‘degradation,’ a movement from the appropriate to something qualitatively different and less appropriate.”⁷⁷

⁷⁴ Arthur Kleinman, “From Illness as Culture to Caregiving as Moral Experience,” *The New England Journal of Medicine* 368 no. 15 (2013), 1377.

⁷⁵ Felicity Aulino, “Rituals of Care for the Elderly in Northern Thailand,” *American Ethnologist* 43, no. 1 (2016), 96.

⁷⁶ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 33.

⁷⁷ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 35.

Again, as I have already discussed, Noddings' concept of engrossment is remarkably similar to the SAFE Line's definition of compassionate empathy, which involves both emotional and cognitive processes. To move away from this empathic response, to abandon an emotional connection with a caller, would be similar to the degradation described by Noddings. This can be seen most clearly in discussion within the volunteer manual on problem solving and advice. According to the manual, "if we attempt to problem solve with callers without identifying if they want this, we may experience some resistance and lack of readiness from the caller, who in their mind, simply called the line to voice their feelings and concerns."⁷⁸ At the SAFE Line, problem solving was most often associated with cognitive empathy, or a lack of emotional reaction. To focus on problem solving when it was not asked for, then, would mean not providing the emotional support desired by the caller. This was echoed in my interview with Jim, who told me that he would "never as a volunteer give somebody advice," and that he would "encourage even a professional to never give advice, because advice doesn't empower." Lillian reflected this same opinion, stating that "I'm not an advice person, or an answer person, but I'll join you in the journey. It feels presumptuous to think that I know someone better than they do." This resistance to problem solving and advice giving was characteristic of the SAFE Line, where the emphasis was placed on emotional connection. To provide care without emotional investment would have been seen as performative. Instead, listeners established their own form of care that was reliant on emotional investment.

⁷⁸ *Volunteer Manual*, 2022, 35.

Beyond the definitions of empathy, it is important to understand the form of care practiced by the SAFE Line listeners. In *Caring*, Noddings clearly outlines two different types of caring: the *natural care* and the *ethical care*. Although Noddings' framework does not perfectly fit the SAFE Line, it does provide a starting point for analysis. According to Noddings, "in situations where we act on behalf of the other because we want to do so, we are acting in accord with natural caring."⁷⁹ This primarily includes relationships where the subject of care is already important to the one-caring. Ethical caring, in contrast, is not born of a natural urge or response. Noddings argues that ethical caring is more intellectual, more based upon a memory of "those moments in which I was cared for and in which I cared."⁸⁰ In this case, the carer remembers what it was like to care for someone, and attempts to replicate that care. The concern is less for the subject of care as it is for the carer's ethical self.

Noddings' theory of care places preference on natural care over ethical care, arguing that "the most intimate situations of caring are, thus, natural," while ethical care "arises from an evaluation of the caring relation as good, as better than, superior to, other forms of relatedness."⁸¹ However, neither ethical nor natural care seem to fully fit the experiences of the SAFE Line listeners. As stated previously, while the listeners did not see caring as an obligation connected to empathy, they did feel a desire to care for their callers that is not characteristic of ethical care. One of the listeners, Lillian, told me that the reason she continued volunteering for SAFE was so that she could continue being "a supportive, listening person. That I could give back and have a sense of

⁷⁹ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 79.

⁸⁰ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 80.

⁸¹ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 83.

purpose from that.” However, listeners did not have a natural association with the callers, and therefore could not practice natural care. In order to resolve these seemingly conflicting positions, I suggest the use of the term *strategic care*.

Similarly to Noddings’ framework of care, strategic care begins with transforming strangers into the subjects of care. Noddings refers to these subjects as the proximate other. According to her, the proximate other is “the one who must be brought into proximity if I would transform my caring about into caring for. ... Brought into proximity, so that his gaze falls upon me, he is my proximate other and must be met as cared-for by me, one-caring.”⁸² In a similar way, SAFE listeners were called on to transform strangers into the subject of care. However, unlike Noddings’ proximate other, the SAFE callers did not naturally become the ones cared-for, but were transformed through the active work of listeners. This is due to several factors, including the anonymous nature of the line and the difficult behavior of the callers themselves.

Unlike Noddings’ ideal of care, the SAFE Line was, in theory, a fully anonymous support line. Listeners were instructed to withhold their names, ages, genders, and other personal details. Ideally, we were told, callers would not even be able to tell the different listeners apart. Of course, in practice this was not achievable, and in my experience callers were able to tell us apart quite easily. This was often seen through callers referring back to previous calls. However, the SAFE guidelines did, in theory, prevent listeners from forming personal relationships with the callers, something that Noddings views as necessary for a caring relationship. How can one be engrossed with the life of the other when key details are being left out? However, listeners not only saw

⁸² Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 113.

this anonymity as necessary, they perceived it as beneficial. In one instance, Lillian described a call in which the caller's mother was threatening to complete suicide. This call was particularly impactful for Lillian, as her own mother had completed suicide years earlier. However, Lillian told me that "bringing my own experience up would have gotten the focus away from the caller's issue. The issue was not my mother's death, and if I had brought it up they may have said, 'oh I'm so sorry,' and felt bad." She further explained that some callers may "feel like they need to become the caregiver; if you share your own story, people may feel that they need to take care of you." The potential role switch in this instance was not only undesirable, it was considered completely inappropriate in the context of the line. Unlike Noddings' concept of care, there can be no fluidity in caring roles.⁸³ Because of the inability for listeners and callers to switch caring roles, anonymity provided a framework through which listeners could exclusively focus on the callers' experiences.

In addition to the anonymity of the SAFE Line, there were also many occasions where callers were deemed difficult, frustrating, or ungrateful. The reason for these designations could vary greatly, from Matilda's screaming to another caller's mumbling. The most frustrating callers, however, seemed to be those whose complaints remained the same from week to week. Many of these callers were regulars, individuals who would call every day, if not multiple times a day, and who would want to discuss the same issues every time. Rebecca recalled one caller who ended up being blocked from the line because of this very issue. "He would just rehash the same stuff with his ex-wife every time, and wouldn't consider doing things any differently, like, 'this is the only path

⁸³ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 71.

I'm going to take,' so that was frustrating because you could see that his life could be better if he could just move on or put his energy in other things." In Noddings' framework, this frustration would be evidence that the caller, the one cared-for, was not expressing the reciprocity necessary for a caring relationship. Noddings writes that "if the demands of the cared-for become too great or if they are delivered ungraciously, the one-caring may become resentful and, pushed hard enough, may withdraw her caring."⁸⁴ It seems that in this particular instance, care had been withdrawn as the caller was prevented from calling the SAFE Line. However, blocking a caller was an exceptional move. More often, callers would simply continue to call and discuss the same issues every day. Another example of this came from Susan, who described a difficult caller, stating that "you know you'd be like, 'oh it's him again,' and that gets a little bit hard, when nothing seems to be changing on their end. They're not willing to look at themselves as part of the problem."

In order to deal with this frustration, listeners practiced strategic care by developing their own strategies to understand and empathize with those callers. This strategic care is clearest in Susan's interview. When asked about repeat callers, Susan told me that there were sometimes people who would call and "tell the same story every time." In particular, there was one caller who was dealing with an intense court case. "He would call and talk about how his lawyer wouldn't take his case. ... In the end he really just needed someone to listen to him and understand that it just sucks." By attempting to empathize with the caller's situation, Susan was able to express frustration with the caller while still maintaining a caring relationship. Her rationalization

⁸⁴ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 48.

of the caller's behavior not only makes the difficult behavior legible, but it allows her to continue caring. This use of empathy is characteristic of the strategic care utilized by the SAFE Line listeners.

In addition to rationalizing the behavior of callers, there were occasionally times when listeners felt that they themselves were gaining something from the calls. According to Susan, "when you're volunteering you're giving something but you're getting something back. So I felt appreciated and I felt like I was getting that." This is characteristic of the reciprocity outlined by Noddings. In discussing caregiving, Noddings writes that "I could just caretake, but in caring the responsive behavior of the cared-for adds something to me as one-caring that it cannot give to the perfunctory caretaker."⁸⁵ This reception of care is what makes the caring relation reciprocal. In the case of the SAFE Line, it consisted of gratitude and receptiveness by the callers. Jim recounted one situation to me, saying that "there was one conversation I had where the caller said 'I realize I'm just a voice on the phone,' and I said 'I'm just a voice too!' and that dual empathy made a difference." Similarly, Lillian told me that she felt a feeling of "great satisfaction" whenever calls went well for her. She told me that on one call, "it was nothing out of the ordinary, but I felt like I was in the groove, I was able to reflect back to the caller and she said 'you've helped me to clarify this, you really made a difference.'" In my own experience, calls where the caller was receptive were particularly gratifying. In one instance, I took a call from a named caller who was known to be difficult to talk to. She began to talk to me about taking care of her husband, who had Parkinson's, and it became very emotional. In my notes, I wrote that "It was a very

⁸⁵ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 160.

emotional call, hearing this woman who—in my experience—was afraid of nothing, talk about how alone she felt. She was back to her usual self by the end of the 15 minutes, but I felt like I had really made a difference in helping her realize that there was someone (even an anonymous call center volunteer) who was there to give her some sympathy and support.” Even though my time at the SAFE Line was brief, calls like these stuck with me; not only because they were intense, but because I felt I was able to make a difference. Again, focusing on this reciprocity helped to establish strategic care for these callers. The next time I took a call from that caller, I was able to empathize with her much more easily, despite the fact that she was a difficult caller.

In discussing the strategic care established at the SAFE Line, it becomes clear that it is unlike the ideal of care highlighted by Noddings. Instead of naturally becoming engrossed with the callers, listeners used empathy and active listening to establish emotional investment in the callers. By strategically using these skills to promote emotional investment, the listeners participated in a more rationalistic ideal of care than Noddings would likely be comfortable with. However, considering the occasionally difficult calls, it was necessary for the SAFE Line listeners to be able to artificially construct care where it may not naturally exist otherwise. One of the primary skills used by listeners of the SAFE Line to create emotional investment is what is referred to as *active listening*.

The SAFE volunteer handbook defines active listening as “the diligent work of trying to actively draw content, tone and meaning from another person’s words. ... active listening tunes into the nuances of communication, not just the facts and content.”⁸⁶

⁸⁶ *Volunteer Handbook*, 2022, 14.

Although described as a separate practice from empathy, active listening was often connected with empathetic responses by the interviewed listeners. In my interview with Lillian, she described the process of learning active listening, saying "you learn to listen beyond what people are saying, and offer that back. Someone will say something like 'I'm in the hospital and my mother is on life support,' and I'd say 'That must be really hard, I know sometimes people might feel overwhelmed,' and they'll say 'I do feel overwhelmed!'" In Lillian's hypothetical case, active listening is not only a tool to promote understanding between caller and listener, but it is a way to express empathy. The implication here is that one cannot practice active listening and not empathize with the caller. This connection is even present in the SAFE volunteer manual, where different active listening techniques are discussed.

According to the manual, there are seven active listening techniques. These techniques are Acknowledging, Encouraging, Clarifying, Affirming, Reflecting, Summarizing, and Paraphrasing. Each of these strategies is designed to help listeners better understand and communicate with their callers. Although referred to as active listening strategies, they also seem to promote empathy. For example, the description of affirming states that its purpose is to "acknowledge the worthiness of the person, to validate their perspectives and concerns, and to recognize caller's strengths."⁸⁷ Built into this active listening technique is an emphasis on using empathy to continue the conversation and promote listener-caller understanding. A more concrete example of active listening was provided by Jim, who told me that "another example of active listening would be empathy statements—never say 'I know how you feel,' because you

⁸⁷ *Volunteer Manual*, 2022, 19.

don't. Never ask, 'why did you do that?' because that's judgmental. 'That's horrible,' is more empathetic." By reflecting on the caller's emotional state and empathizing with them, listeners not only were able to provide surface level care, but establish an emotional investment with difficult callers.

Taken at face value, this practice of active listening seems to go against common anthropological understandings of empathy and mental opacity. However, strategic uses of empathy are perhaps most visible in cultures where mental opacity is recognized. In his writing on the Tzotzil Maya, Groark writes that "tension between the visible and hidden in social life is mediated by a number of complex imaginal and empathic processes that serve to restore a degree of transparency to everyday social interactions."⁸⁸ As this demonstrates, the Tzotzil Maya strategically use empathy to illuminate the inner states of others. While in the Mayan culture this leads to ambivalence towards empathic understanding, at the SAFE Line it gave listeners a way to appreciate the experiences of callers.

The success of strategic care can best be found in one of Susan's interviews. She described a frequent caller to me, saying that "the one guy kept talking about the same thing, blaming his ex-wife for everything. 'Oh she left me, I never wanted the divorce, she broke her vows,' that sort of thing. These old cliches he was saying. In that case you've got the timer, you're like 'I've got twelve minutes left, this is going to be a long twelve minutes.' ... I just tried really hard to stay present and have empathy." Despite her stated frustration, Susan was able to continue focusing on the goal of empathy. Whether or not she was able to act on that empathetic response, the fact that

⁸⁸ Kevin Groark, "Social Opacity and the Dynamics of Empathic In-Sight Among the Tzotzil Maya of Chiapas, Mexico," *Ethos* 36, no. 4 (2008), 428-429.

it remained a goal implies that the caring relation was being maintained in some way. Similarly, during the post-SAFE Line Zoom meeting, one of the volunteers stated that she was thankful for the line for helping her empathize with “people you never think of relating to,” and that the line exposed her to people outside her “little world.”

In addition to revealing the emotional involvement present between callers and listeners, the quote from the Zoom meeting reveals the ways in which differences were highlighted through the process of empathic understanding. According to Throop and Zahavi, “empathy targets foreign experiences without eliminating their alterity. ... to that extent, empathy might indeed be said to be more a question of appreciating difference than of achieving similarity.”⁸⁹ While listeners strategically employed empathy to understand callers, they simultaneously noticed and made visible the differences between themselves and the callers. Fortunately, these differences were more often appreciated than not, with listeners expressing gratitude for being exposed to other experiences.

A further, lasting effect of the strategic care can be seen in the lingering attachment listeners felt to their callers. When I asked Lillian how she felt about the end of the SAFE Line, she told me that, “many of the same callers from 2007 still called when I volunteered more recently. I’m worried about them, I’m not convinced they’ll find a healthy way to cope.” This emotional attachment to the callers is evidence of the lasting effects of strategic care. While the listener was not able to establish an individual, personal connection with the caller, the fact that she was able to maintain a caring relationship led to a naturally occurring worry. In Noddings’ framework, this would

⁸⁹ Jason Throop and Dan Zahavi, “Dark and Bright Empathy,” *Current Anthropology* 61, no. 3 (2020), 289-290.

be indicative of engrossment. Similarly, Susan stated that “I think about the regular callers, and I hope they find something to fill in the gaps. ... They kind of got to know you, even though they didn’t know you, they got to know your voice. Hopefully they’re okay.”

Ultimately, although callers were encouraged not to form individual relationships with the listeners, it seems clear that a caring relationship of some kind was formed. This relationship seems especially reliant on the strategic care and empathy practiced by the SAFE Line listeners. The lasting concern that these listeners have for the regular callers is one sign that the listeners were fully able to create emotional investment in the lives of the callers.

Limitations of Empathy and Care

While listeners seemed generally successful at forming caring relationships and establishing emotional involvement with callers, not all callers were easy to interact with. Among the difficult callers, there were certainly some that listeners struggled to empathize with. Jim described these callers as, “people who are playing games.” This difficulty to empathize often seemed to be linked with the listener’s inability to understand the point of view of the caller. Anthropologist Laurence Kirmayer writes that, “if emotions are narrative constructions anchored in personal history and social position, then empathy requires understanding that narrative that, in turn, depends on a shared fund of social and cultural knowledge and experience.”⁹⁰ The lack of shared knowledge leads to a type of mental opacity which makes empathy, and therefore care, difficult. This difficulty goes against common cultural assumptions of the universality of emotions. Within the United States, there is an assumption that everybody can have similar emotions. According to Catherine Lutz, this assumption is “in part the result of the belief that natural processes are more invariant than cultural ones and, therefore, that emotions are both more uniform cross-culturally, and less culturally malleable, than thought.”⁹¹

Although Lutz is generally discussing the difference between Western, American culture and that of the Ifaluk, the same concept can be applied to the SAFE Line. Different personal backgrounds, whether it be ethnic, religious, or class-based, led to

⁹⁰ Laurence Kirmayer, “Empathy and Alterity in Cultural Psychiatry,” *Ethos* 36, no. 4 (2008), 460.

⁹¹ Catherine A. Lutz, *Unnatural Emotions* (Chicago: The University of Chicago Press, 1988), 69.

potential difficulties on the SAFE Line. This is in direct contrast to Noddings' framework, in which it seems to be assumed that both the one-caring and cared-for belong to the same cultural background. In this case, using an anthropological framework becomes more helpful in understanding the use and limitations of empathy. This method of understanding is particularly helpful in understanding potential problems surrounding the communication of emotions.

Many cultures seem to regard empathy with ambivalence if not outright mistrust. In his writings on the culture of Yap, Throop argues that much of the language and culture can be linked with a desire to conceal one's emotional state. Due to this, "a communicative context is often created within which individuals are left second-guessing the veracity, adequacy, or completeness of what has been told to them."⁹² Although in a different cultural context, and with different aims in mind, this same concern over accurate communication was found at the SAFE Line. In one interview, Lillian told me about a repeat caller who often claimed to be suicidal. "Every call she said she wanted to kill herself. 'Oh my life is over, I'm going to end it.' and if I'd known that, I wouldn't have taken it as seriously." She continued on to tell me that while all suicidal ideation should be taken seriously, the question she had was on how seriously to take it. Since Tiffany was a mandated reporter, the stakes were high when reporting a suicidal caller to staff. However, the stakes were also high if the caller truly was suicidal and a report was not made.

⁹² Jason Throop, "Suffering, Empathy, and Ethical Modalities of being in Yap." in *The Anthropology of Empathy*, eds. Douglas Hollan and Jason Throop, (New York: Berghahn Books, 2011), 129.

In this sort of situation, there was a heavy reliance on the accurate self-reporting of the caller. This again reflects Lutz's work on emotions. She writes that, "feelings, it is thought, cannot truly or absolutely be known except through self-revelation, that is, except through a decision on the part of the individual who experiences the emotion to discuss it. It is not possible to ascertain conclusively what someone else is feeling solely on the basis of observation."⁹³ In the case of Lillian's caller, it was impossible for her to truly know whether the caller was suicidal or not, because they may not have accurately been revealing their emotional state.

To combat this uncertainty, many listeners developed a habit of reading the call logs during breaks between callers. The call logs were a digital record of calls with notes entered by the listener who had taken the call. The quality of notes varied based on the listener on shift, but they often included basic information of what the call was about and what the outcome of the call was. An example of call notes is given in the volunteer manual. In this example, the call notes are as follow:

"Caller mentioned their fear of losing their housing; listener provided empathy and reflections and asked questions to assess the reasons for their fears. Caller realized the fear was coming from a concern they would no longer be able to care for themselves and may need to enter a nursing home. Caller did not desire any resources but appreciated the listener's time and support."⁹⁴

According to the volunteer manual, the call log was kept to collect data on the callers, which in turn "informs current stakeholders and funders of who we serve. ... our efforts on call reports to capture demographic and caller information is vital to the

⁹³ Catherine A. Lutz, *Unnatural Emotions* (Chicago: The University of Chicago Press, 1988), 71.

⁹⁴ *Volunteer Manual*, 2022, 107.

ongoing survival of the SAFE Line.”⁹⁵ Because of this, the explicit point of the call log was to collect demographics, which included age group, gender, and ethnicity. These demographics were so important that we were explicitly trained on when and how to ask for them. The three questions we were prompted to ask were:

1. Have you called the SAFE Line before?
2. Do you remember how you heard about us?
3. The last three things we ask is what your age, gender, and race are.

We were instructed to combine the last three questions (age, gender, and race) into one statement, in order to put callers at ease. In addition, it was assumed that callers would be more willing to give us their information if they understood the questions as basic demographic inquiry.

Beyond the necessary demographics however, we were encouraged to keep notes on the calls concise. “Even though a variety of content can be discussed during calls with Named Callers, there is no need to provide a full record ... we don’t need to know the latest information on a Named Caller to prepare to take future calls from them.”⁹⁶ Despite this, some volunteers, myself included, did keep detailed notes on the call contents, including updates for the named callers. This was partially to assist in future calls, and partially to stay focused on the current call. Lillian told me that, “the log does help you keep focused on the here and now, not getting caught up in details. ... it helps to not be so inquisitional.” In my experience, taking notes on the call helped to organize my own thoughts and help callers find their own solutions.

⁹⁵ *Volunteer Manual*, 2022, 100.

⁹⁶ *Volunteer Manual*, 2022, 107.

In addition, Tiffany compiled short biographies about the named callers to help listeners develop strategies for how to help them. Many listeners found these entries helpful, as they allowed the listener to gain more insight into what the caller may bring up or how to best connect with them. According to Rebecca, “when there was a new named caller, I’d read their profile. When I was newer, I’d spend time reading profiles to familiarize myself with the callers. It was helpful. I learned techniques that worked best for people. It saved me.” There were occasionally concerns regarding confidentiality in the call log, with Lillian telling me that, “we say it’s totally anonymous, but you’re sharing intimate information about them with others. It’s taking somebody’s story and writing it down, it’s a responsibility.” However, most listeners rationalized the log as a necessity and a tool. According to Rebecca, “it helped so they could track issues for funding, and it was also helpful in knowing how to approach people. Some people got frustrated if you offered sympathy, or vice versa.” In this way, the institutional requirement of call logs allowed listeners a way to understand their callers and bridge the gap of mental opacity.

Mental opacity, however, is not limited to potentially inaccurate communications and untrustworthy communications. Sometimes, the caller’s experiences became so alien that the listener was unable to truly understand them. Kirmayer discusses these limits of empathy, stating that, “it takes substantial effort and experience to build up social contexts to make certain complex sentiments intelligible. Even then we may doubt whether we truly understand what something feels like enough to be confident that we can empathize.”⁹⁷ This difficulty to empathize with the other sometimes led to a

⁹⁷ Laurence Kirmayer, “Empathy and Alterity in Cultural Psychiatry,” *Ethos* 36, no. 4 (2008), 462.

breakdown of empathy and a reliance on different forms of social cognition. According to Throop and Zahavi, “we might understand others in terms of their individual history or personality traits, we might employ typifications, we might predict from inductive generalization, or, if we know little about the others in question, we might simply predict from our self-experience, expecting them to act as we would.”⁹⁸ Although the inability to empathize, and the reliance on generalizations in the context of SAFE feels cruel or neglectful, my own experience taking calls taught me that it was occasionally unavoidable.

Several months into my time at SAFE, we began to receive repeat calls from an unknown caller. I was told ahead of time that she was difficult to talk to, and that her story was very sad. This was not unusual for callers of the SAFE Line, and I felt confident that I would be able to handle the call. However, when I did eventually receive a call from her, I was not at all prepared for it. The caller was a woman suffering from homelessness and who was currently living in her car. In addition, she had suffered from a number of physical and sexual assaults at the hand of her ex boyfriend, who was, at the time, her only support system. The more that she confided in me, the more I knew I could not understand her experiences. They were so alien to me, and so outside of my own lived experience, that although I was able to feel a great amount of sympathy for her, I could not honestly say I could empathize. Ultimately she stopped calling the line, but I never stopped wondering about where she ended up. In these sorts of interactions, it was occasionally difficult—or impossible—for listeners to feel empathy for their callers, no matter how much they may have wanted to.

⁹⁸ Jason Throop and Dan Zahavi, “Dark and Light Empathy,” *Current Anthropology* 61, no. 3 (2020), 286-287.

In contrast with my experience, however, there were also callers who were difficult to empathize with due to extreme mental illness or psychopathology. Kirmayer writes that “difficulties of empathy and understanding may occur because of altered logic, thought disorder, different affective logic, or psychic organization.”⁹⁹ This is not to say that all callers with mental illness were difficult to empathize with. Many of the callers discussed their diagnoses with us, especially if they were explaining their point of view. One named caller often apologized on his calls, saying that his schizophrenia was not well managed. His calls were often easy to take, as he was open about potential inaccuracies in his reporting. This again reflects Lutz’s theory of self-revelation, and the necessary reliance on accurate self-reporting. While the callers suffering from mental illness may have been more difficult to understand than others, I never heard any other listeners complain about not being able to empathize with them. There was one extremely difficult caller, however, who both Rebecca and Lillian discussed in their interviews. This caller was located somewhere on the West Coast, suffered from some form of psychopathy, and was impossible to empathize with. According to Lillian, the caller was “some kind of terrible human who would call and manipulate the line. He was a real sick man, a truly dark human being.” Rebecca echoed this in her interview, stating that “there was one guy, a couple of times, who seemed to have some form of psychopathy, he almost gave me the chills.” According to Rebecca, this caller did not seem to be seeking support in any way. Instead, “he would talk about really dark stuff, describing murders and stuff.”

⁹⁹ Laurence Kirmayer, “Empathy and Alterity in Cultural Psychiatry,” *Ethos* 36, no. 4 (2008), 463.

Due to the shocking nature of the calls, neither Lillian nor Rebecca were able to empathize with the caller. Lillian told me that “I could not identify with him at all. I had a hard time having an emotional connection with him. He was awful. He was someone who shouldn’t have been calling help lines, and help lines should probably never have taken his calls. He was just so alien to my experience.” Ultimately, I was told this caller was blocked from the line due to making the listeners so uncomfortable.

Although these situations may seem extreme, the inability to empathize with, or comprehend, the alien other has been studied by a number of anthropologists. In a famous example, anthropologists Renato and Michelle Rosaldo struggled with understanding certain elements of the Ilongot culture. In particular, the Rosaldos struggled to empathize with the practice of headhunting, during which an Ilongot man would kill others after a personal loss in order to “throw away the anger of his bereavement.”¹⁰⁰ Because of how alien this practice seemed, neither Renato nor Michelle were able to fully grasp its importance. However, after Michelle passed away, Renato’s understanding of the practice was transformed, and he was more able to empathize with the Ilongot headhunters. Rosaldo writes that, “I began to fathom the force of what Ilongots had been telling me about their losses through my own loss, and not through any systematic preparation for field research.”¹⁰¹ Ultimately, Renato argues that the anthropologist “occupies a position or structural location and observes with a

¹⁰⁰ Renato Rosaldo, *Culture and Truth: The Remaking of Social Analysis* (Boston: Beacon Press, 1993), 1.

¹⁰¹ Renato Rosaldo, *Culture and Truth: The Remaking of Social Analysis* (Boston: Beacon Press, 1993), 8.

particular angle of vision. ... the notion of position also refers to how life experiences both enable and inhibit particular kinds of insight.”¹⁰²

In my interactions with the homeless caller, as well as Lillian and Rebecca’s interactions with the West Coast caller, we as listeners were unable to comprehend or make sense of the experience of the other. Whether that is due to mental illness, psychopathy, or just different lived experiences, it highlights the limitations of empathy in the SAFE Line. These limitations of empathy were seen as problematic, and listeners consistently attempted to overcome those by reading the call log, discussing the calls with Tiffany, and attempting to rationalize the behavior of the callers. According to the volunteer manual, “as a listener, it is not necessary to like the callers’ point-of-view—nor is it helpful to show them pity—instead we must strive to understand and accept the thoughts and feelings involved in their point-of-view.”¹⁰³ The failure to empathize, then, was painted as a direct failure of the listener, and not something outside of their control.

Beyond the occasionally difficult task of empathizing with callers, listeners sometimes struggled to provide meaningful care. We were instructed to primarily practice active listening and provide affirming statements, but there were times when that did not satisfy the caller. As an example, there was one caller, referred to here as Martha, who liked to practice coping skills. These coping skills were basic therapeutic practices that included breath work and other grounding techniques. Martha’s favorite was the “Alphabet Game,” where the listener would choose a topic—such as types of

¹⁰² Renato Rosaldo, *Culture and Truth: The Remaking of Social Analysis* (Boston: Beacon Press, 1993), 19.

¹⁰³ *Volunteer Manual*, 2022, 15.

food—and the caller would list an item in that category for each letter of the alphabet. In the case of food, the caller could list apples, bananas, carrots, et cetera.

According to Tiffany, Martha was abusing the line by consistently asking to practice multiple grounding techniques and not talking through her emotional state. She would briefly mention feeling anxious, and then ask the listener to go through the Alphabet Game with her. Once she had gone through the grounding techniques, she would then end the call without discussing what had been making her anxious. This seemed to go against the purpose of the SAFE Line, which was to provide emotional support and a listening ear.

Near the beginning of my time at SAFE, I was told by Tiffany that should Martha call during my shift, I was allowed to do one grounding technique with her but no more. Anything beyond that would be enabling her not to care for herself. Susan also recalled this woman, and told me that “she always wanted to do grounding techniques. Tiffany told me ‘you can do one, but that’s all.’ It was hard, I would usually do more than one with her. Usually two, because it felt like that was the thing that got her off the edge.” While both Tiffany and Susan wanted to provide care for Martha, it was clear that they had very different ideas of what would be best for her. In this case, the SAFE Line, as personified by Tiffany, was concerned that Martha was taking advantage of our time and preventing herself from practicing self-care. Her concern is understandable and acceptable when considering the role that emotions play in decision making. According to Lutz, “the centrality of affect to morality derives from the role of feelings in indexing the true self. If one’s heart is in the right place, one’s behavior (however damaging to

others) can be portrayed as justifiable and moral.”¹⁰⁴ Similarly, Noddings writes that, “we must explain why, in the interest of caring for ourselves as ethical selves or in the interest of others for whom we care, we may behave as ones-not-caring toward this particular other. ... we must justify doing what this other would not have us do to him as part of our genuine effort to care for him.”¹⁰⁵ Because Tiffany was able to frame the limitation of grounding techniques in terms of care, her decision could be seen as moral. Martha certainly would not have asked us to limit the amount of grounding techniques she was allowed to perform, but doing so was considered in her best interest and the listeners went along with Tiffany’s judgment.

In a similar way, there was a named caller referred to here as Tyler, who suffered from a number of mental health concerns and who was under the care and supervision of professionals. He would often call SAFE in order to complain about the care he was receiving from his providers. We were instructed to provide a listening ear but not to encourage this dissatisfaction as it may lead to conflicting directions and slow his treatment. Near the end of my volunteer time at SAFE, a memo from Tiffany was sent out informing all the listeners that Tyler was no longer welcome to call the SAFE Line. Tiffany spoke to me about the decision during one of my last shifts, telling me that she did not feel comfortable with us providing care to Tyler, as she felt it prevented him from following the instructions of his care team. Although the decision was difficult, she had spoken to him and explained the decision. His number had then been blocked, and we were instructed to report his calls to Tiffany if he used a different number.

¹⁰⁴ Catherine A. Lutz, *Unnatural Emotions* (Chicago: The University of Chicago Press, 1988), 77.

¹⁰⁵ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 95.

Considering the situations with Tyler and Martha, it is clear that there were definite limits to care provided by the SAFE Line. This is not to say that Tiffany or the listeners were careless or unkind, but there were situations where providing care was considered inappropriate or even harmful. Callers must be allowed to either care for themselves, such as in the case with Martha, or should be encouraged to rely on their personal care team, like Tyler. While the SAFE listeners were there to support, it was generally accepted that callers must be allowed to develop their own sense of agency. According to Jim, “any individual has the ultimate responsibility for their actions, even if they got wrong advice. No one can force someone to do something, it’s ultimately their choice how they behave.” Similarly, during the post-line processing session, one listener stated that “this phone call is just planting a seed. You don’t know if they’ll follow through with some stuff you discussed on the phone or if they won’t follow through.”

In order to encourage agency among the callers, there was a heavy reliance in SAFE on call limits. As stated previously, each caller was allowed three, fifteen minute calls per day. We were told that we could go over the limit if there was a crisis, but otherwise to end the call promptly at the fifteen minute mark. It was also clearly stated that these limits were not dependent on the caller’s behavior. According to the volunteer manual, “callers are allowed 3 calls per day. Callers will not have calls increased (as a favor granted) or decreased (as a behavior deterrent/punishment) from this maximum.”¹⁰⁶ These limits were explained to us during the SAFE Line training as being an issue of fairness and consistency, and most listeners seemed happy to follow them. According to Susan, “I thought the call limits were good. At first I thought it was a little

¹⁰⁶ *Volunteer Manual, 2022, 6.*

random, but I think it was good. Sometimes I was just really grateful because some of the people could have talked forever just kind of repeating the same thing.” This sentiment was echoed by Rebecca, who told me that “for certain people I wouldn’t have minded talking to them more, but for others it was kind of exhausting. If they’d call back, especially at the beginning when they could call back immediately, I’d end up talking to them for 45 minutes and it was a little draining. Especially when it’s the same thing.”

As Rebecca alluded to, these call limits were relatively new to the SAFE Line. Tiffany told me she had implemented them only a year or two before I began volunteering, as a way to combat favoritism shown to callers. According to her, certain callers used to be allowed more calls than others, there were no clear time limits, and callers could call back immediately to talk longer. By the time I began volunteering, the call limits were well established and we were instructed not to take multiple calls from the same caller during our shift. If a caller called more than once and we were the only volunteer present, we were to allow their call to go to voicemail.

Although many of the call limits were framed as a fairness issue, they also supported listener anonymity. As stated earlier, anonymity was a cornerstone of the SAFE Line. According to the volunteer manual, “just as our callers remain anonymous ... we also must remain anonymous and not disclose any portion of our identity to our callers. ... Just as you are to refrain from sharing identifying information about yourself, you are also required not to share any identifying characteristics of staff and other volunteers.”¹⁰⁷ This was again echoed in the SAFE Line volunteer expectations, where one requirement was to “observe rules of confidentiality and anonymity.”¹⁰⁸ At the end of

¹⁰⁷ *Volunteer Manual, 2022, 7.*

¹⁰⁸ *Volunteer Manual, 2022, 123.*

the training, each volunteer listener had to sign a waiver agreeing to follow these guidelines—including those of anonymity. In SAFE, the only time that anonymity should be broken is if a caller was suicidal. In that case, Tiffany, who was a mandated reporter, would ask for the caller's identifying information and contact the authorities. In all other cases, however, both the listener and the caller were to remain strictly anonymous. Although not explicitly stated, it was well known by listeners that if callers were allowed to call back immediately, or speak to a listener for an extended period of time, they were more likely to recognize the listener's voice and develop a familiarity with them. If there was recognition, we were again instructed to limit our care of that caller, going so far as to cease taking their calls.

Unfortunately, I did experience this difficult situation during my time at SAFE. There was a named caller, referred to here as Tony, who spoke with me often and began to recognize my voice. He called every week while I volunteered, and after three or four weeks of calling, he began to say things to me like "remember what I told you last week?" and "I know you know what I mean because I told you before." This caller had made several distasteful jokes previously, and it made me uncomfortable that he recognized my voice, as I did not want him to feel familiar with me. Because of this, I decided to inform Tiffany of the situation. She encouraged me not to take his calls anymore and to let them go to voicemail if I was the only volunteer present. This decision was rationalized by the fact that Tony was not often in crisis, and thus his calls were not deemed to be critical.

I felt guilty about letting Tony's calls ring through to voicemail, but ultimately decided to follow Tiffany's advice. In this situation, the familiarity that was developing

was reason enough to end the caring relationship, for my own comfort, and because Tony was seen as developing a reliance on me as an individual. This went directly against the anonymous quality of the SAFE Line, where we were told not to form relationships. According to the volunteer manual, listeners were “not here to form relationships with callers, nor do we provide case management services.”¹⁰⁹ Forming familiarity was seen as a quality of case work, or professional mental health care, which the SAFE Line explicitly did not provide. This emphasis on anonymity not only contradicts Noddings’ framework of care, in which familiarity is essential, but it goes against many common understandings of empathy and care throughout cultures. Most often, familiarity is essential to provide accurate and meaningful attention, much less meaningful care.

In an article written about pain and healing in Yap, Throop writes about a local healer named Lani. According to Throop, “to ensure therapeutic efficacy, Lani needed to know what the person she was treating was like. ... Lani had to know when to push harder or when to pull back so that she did not further injure her patients or make them wish to discontinue their treatment.”¹¹⁰ Although the SAFE Line call log can be linked to this value of familiarity, it is a one-sided familiarity, and not a familiarity based on mutual knowing. As mentioned earlier, the stated goal of the SAFE Line was to create the illusion of one, collective listener. Listeners were not to be acknowledged as individuals. If a caller did ask if they had previously spoken to the individual listener, we were instructed to reply with something to the effect of, “it’s possible, I speak to many people.”

¹⁰⁹ *Volunteer Manual*, 2022, 63.

¹¹⁰ Jason Throop, “On the Varieties of Empathetic Experience: Tactility, Mental Opacity, and Pain in Yap,” *Medical Anthropology Quarterly* 26, no. 3 (2012), 417.

Any sign that a relationship, particularly an external relationship, was forming, was cause for the volunteer's position to be ended. According to the volunteer manual, "fraternizing with callers" was part of the zero tolerance policy.¹¹¹ This included "offering personal phone number to contact outside the SAFE Line, volunteer calls a caller on own time, makes plans to meet a caller in person, provides own address, 'friends' the caller on social media, or engages in any other behavior that is indicative of an outside relationship developing."¹¹² In the SAFE Line, then, the question becomes whether or not an unequal familiarity is sufficient for a caring relationship, or if a relationship truly is necessary for care to take place.

According to Noddings, the relationship between the one caring and the subject of care is a relation, "a set of ordered pairs generated by some rule."¹¹³ The caring relation requires "engrossment and motivational displacement on the part of the one-caring and a form of responsiveness or reciprocity on the part of the cared-for."¹¹⁴ It is easy to see the listener and caller as this type of caring relation, as the caller expresses emotional investment and the listener responds in kind. However, considering listeners were told not to form relationships with the callers, Noddings' relation does not quite fit. According to the manual, we were to treat each call like a new call, especially when dealing with named callers. "If you were the last listener who spoke with them, refrain from bringing up any content you recall from an earlier conversation."¹¹⁵ Noddings does also write about the relationship between strangers,

¹¹¹ *Volunteer Manual*, 2022, 123.

¹¹² *Volunteer Manual*, 2022, 123.

¹¹³ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 150.

¹¹⁴ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 150.

¹¹⁵ *Volunteer Manual*, 2022, 45.

stating that “when we care for a stranger in immediate need, we care for the interval of need and, afterward, forget. ... There is no demand in these cases that we care either intensely or for a prolonged period of time.”¹¹⁶ This, also, does not quite fit with the experience of the listeners, who did form familiarity through the process of taking calls and reading the call log, and who maintained emotional investment long after the line ended. Because of this duality of familiarity and anonymity, the SAFE Line listener/caller relationships do not fit neatly within Noddings’ framework of care. In particular, the listeners’ ongoing concern for the callers becomes problematic. According to Rebecca, “I guess I got attached to the callers, and I’m wondering how they’re doing, how they’re dealing.”

The strange balancing act between familiarity and anonymity is also reflected in the desire of some listeners to share their experiences with callers. This is most clearly seen in Lillian’s interviews regarding suicidal callers, but was expressed by other listeners as well. According to Rebecca, “I’ve had struggles of my own, so there’s an impulse to share my experience. Doing so without revealing more about myself was hard.” This, again, reflects the one-sided familiarity that developed between the caller and listener, and the discomfort that was sometimes felt regarding it. Listeners wanted to share their experiences with the callers, and, occasionally, the callers asked about the listeners. According to Susan, “there was one lady who would always call me ‘lady,’ and ‘you don’t know what it’s like,’ and stuff like that. I’d redirect, say ‘we’re based in this county, but a lot of us don’t live here and we have things going on, and it’s really about you.’ I felt weird about that, I wanted to tell her more, like ‘you don’t know anything

¹¹⁶ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 39-40.

about me personally or the other people here!” Similarly, Rebecca told me that “some people were kinda sneaky about getting information. They’d say ‘you’re just a 24 year old girl!’ and I couldn’t respond with ‘no, I’m 44!’ Or if they asked ‘what is your name? Are you married?’ and I couldn’t answer.” Rebecca was particularly concerned about anonymity, as she taught psychology at a local school. She told me that “I talked to somebody just about every week, and they mentioned going back to school—they actually mentioned the school I teach at. I’d hate for them to end up in my class and recognize my voice! I wouldn’t want them to be embarrassed.”

While Rebecca’s experience was unique in that there was a real possibility of running into a caller outside of the SAFE Line, it does highlight the wider issue of being recognized as an individual. As alluded to earlier, the goal at the SAFE Line was to be perceived as a collective listener. We, as listeners, were not to engage with callers as individuals, but as part of a larger group. This, again, complicates the use of Noddings’ ethic of care, as she relies heavily on relationships between individuals. According to Noddings, “organizations cannot be ethical. They demand loyalty, insist on the affirmation of certain beliefs, and separate members from nonmembers on principle.”¹¹⁷ Furthermore, “they also establish the lines along which the ethical ideal may fade off asymptotically.”¹¹⁸ As can be seen in these quotes, Noddings would not care for the “collective listener” model employed by the SAFE Line. In her ethic of care, the individual must care for another individual directly, without the interference or moderation of an organization; the SAFE Line would be seen as interfering in true care.

¹¹⁷ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 117.

¹¹⁸ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 117.

In this way, the SAFE Line can be seen as ambivalent to care, as it both enabled listeners to care for strangers, while preventing them from forming true relationships.

The tension between the SAFE Line and Noddings' view of organizations can also be found in the limitation of care. As I discussed earlier, care was occasionally limited by the SAFE Line in order to promote caller independence. This was not always, however, followed by the listeners. In the case of Martha, for instance, while the SAFE Line's official policy was to limit her to one grounding technique, Susan regularly broke that rule and practiced several. Lillian also admitted to stretching the rules, saying that "I'm not always great at time enforcement. I don't believe in short term therapy, so I tend to let people go on." This highlights the contrast between individual and organizational care when considering callers. While the SAFE Line, as an organization, was consistent and constant with their standards of care, care from different listeners differed greatly. In this way, while the SAFE Line had a goal of one, collective listener, the reality was much more fragmented. Jim told me that, "people called us because they formed a connection. We never encouraged people to call the same operator, because then they'd form a dependency. But it shows that people did form attachments and familiarity with the volunteers." Unfortunately this individuality also meant that listeners, individuals with their own emotional states, occasionally struggled with providing consistent, supportive care.

In my experience, while most calls were easy to take, their success did depend on the mental state of the listener. Lillian recounted one call, telling me that, "there was one person who called, and I was not in a good place. I was incapable of real empathy at that moment, and instead of responding to his feelings I was detached and tried to

intellectualize. He kept saying, ‘no, that’s not right! You don’t get it!’ And I got a little angry. It just went from bad to worse. Afterwards, I felt like roadkill. Just really bad.” In this situation, because Lillian was not feeling well mentally, she was not able to provide the care and empathy that she wanted to. In my own experience, I found that if I forced myself to take calls I knew would be difficult, or to work on a day where I did not feel equipped to care, the calls I took would often fail to produce a positive outcome. According to Noddings, this is characteristic of times when we are not as receptive as we possibly should be. She writes that, “all of us have had experiences of this type in which, afterward, we know that we should have sensed what the other was feeling. The cared-for should have ‘filled the firmament’ but did not. We were, perhaps, preoccupied or in an assimilative mode, hearing and sensing selectively.”¹¹⁹ This sentiment was echoed in the SAFE Line, particularly in the volunteer manual. According to the volunteer manual, “when you are feeling good, it is generally easy to support callers. When you’re not feeling so good, it can be possibly stressful to take calls.”¹²⁰ To combat this, the SAFE Line encouraged listeners to “recognize their current emotional state before they begin taking calls during their shift.”¹²¹

The occasional difficulty in taking calls was often compounded by callers who were deemed ungrateful or oppositional. According to Lillian, for some callers “you could practically lay down your life for them and nothing.” This attitude was echoed by Rebecca, who recounted one specific caller. According to her, “if I showed emotional empathy he’d argue. It was hard because he didn’t seem to want to feel better. When

¹¹⁹ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 114.

¹²⁰ *Volunteer Manual*, 2022, 98.

¹²¹ *Volunteer Manual*, 2022, 9.

that happened I'd take a deep breath and tread carefully. I'd let him talk, and only reply if he asked for advice or feedback." When callers were difficult, and particularly when callers were ungrateful, calls would become frustrating. According to Noddings, receptivity by the cared-for is necessary for caring to take place. "Something, not necessarily identical to my engrossment as one-caring, is required of my Thou, the cared-for. ... What the cared-for gives in the relation either in direct response to the one-caring or in personal delight or in happy growth before her eyes is genuine reciprocity."¹²² In situations where the caller was not grateful, or did not respond positively to the listener's care, it was likely that the listener would become discouraged and frustrated with the call. According to Jim, it was particularly difficult "when we spend twenty minutes talking about their problems and they hang up. It makes me feel used, or like they're using our services for their own gratification in an inappropriate way." In these situations where there was no reciprocity in the call, listeners often struggled to empathize with the callers and to feel an emotional investment. "This was despite the acknowledgement that some callers would not be grateful. According to Rebecca, "not everybody was in a place to be grateful."

Although it was acknowledged at the SAFE Line that some callers would be difficult, there was a hard line drawn between difficult and abusive behavior. According to the volunteer manual, "on the line, you may hear obscenities from callers or efforts to discuss inappropriate topics on the phone. However, you should not continue a call when a caller becomes profane and swears *at* you. Calls should also be ended when callers bring up sensitive topics such as sexual encounters or fantasies."¹²³ Similarly,

¹²² Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 74.

¹²³ *Volunteer Manual*, 2022, 41.

one of the training PowerPoints states that “we must have boundaries in place to handle challenging callers.”¹²⁴ Not only were these limits, or boundaries, important at the SAFE Line, their importance can be found throughout most person-centric work. According to anthropologist Chelce Carter, “as applied anthropologists, we must be careful to know our limits and not expect too much of ourselves. We must collaborate with others to ensure we are providing the best possible solutions for the populations we serve but also to reduce compassion fatigue for ourselves and others.”¹²⁵

The term *compassion fatigue* in Carter’s framework refers to “a response to the trauma [workers] experience secondhand, including stress, depression, anxiety, lack of sleep, workplace problems, and relationship issues with friends and family.”¹²⁶ Although I would argue that the SAFE listeners did not generally experience trauma from the SAFE Line, it seems clear from the interviews that many of the listeners did experience some uncomfortable emotions from taking certain calls, and that finding distance between daily life and the SAFE Line was a necessity. According to Rebecca, “it’s pretty easy to worry about people and wonder how they’re doing sometimes, especially if you had an upsetting call or someone who had really been through some stuff. I’m just working on reminding myself that I can only do so much, and I also have to take care of myself or I won’t be able to have the energy to put into trying to help other people.” For listeners on the SAFE Line, it was occasionally necessary to limit exposure to certain callers, or to take a step back from difficult calls. In one interview, Lillian told me that “I

¹²⁴ “Caller Challenges.” SAFE Volunteer Training, August 26, 2022.

¹²⁵ Chelce Carter, “Compassion Fatigue and Applied Anthropology,” *Practicing Anthropology* 39, no. 4 (2017): 43.

¹²⁶ Chelce Carter, “Compassion Fatigue and Applied Anthropology,” *Practicing Anthropology* 39, no.4 (2017): 42.

never deliberately ignored a call, but I did consciously ignore a call, yes. One time in my first years a call came in. I didn't know who it was, but I'd been in a hard call again." This practice of consciously allowing a call to go to voicemail was discouraged on the SAFE Line, but was not uncommon. Sometimes, after a particularly difficult call, a listener would need a couple minutes to recover, and thus had to limit care for other callers. Although Noddings' framework of care also discusses the possibility of limiting or removing a caring relation, it does not match with the experiences felt by the listeners.

According to Noddings, "an ethic of caring strives to maintain the caring attitude. ... To go on sacrificing bitterly, grudgingly, is not to be one-caring and, when she finds this happening, she properly but considerately withdraws for repairs."¹²⁷ Furthermore, Noddings writes that the one-caring "properly pays heed to her own condition."¹²⁸ In the context of the SAFE Line, this process was generally referred to or understood as *self-care*. The volunteer manual addresses self-care in listeners, stating that "self-care is also important for you in your volunteer role on the SAFE Line. ... Just as it can be useful to check in with callers regarding their self-care, it's just as important to practice good self-care while listening on the SAFE Line, both during and following calls."¹²⁹ The manual then lists six different self-care techniques:

1. Take breaks as needed
2. Debrief calls
3. Notice your emotions

¹²⁷ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 105.

¹²⁸ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 105.

¹²⁹ *Volunteer Manual*, 2022, 98.

4. Note your energy level
5. Ask for feedback
6. Plan for self care at home

All six of these self-care techniques echo common understandings of emotional self-care, in that they primarily focus on identifying and managing emotions. The manual states that “when we recognize and affirm our feelings, we become more equipped and empowered to process them.”¹³⁰ Furthermore, the manual encourages volunteers to examine their emotional availability and potential for burnout. “Those with stronger emotional empathy may feel more easily affected by what callers share, and over time, this can lead to an ongoing emotional drain, or feelings of burnout.”¹³¹ The implication is that, by practicing self-care, listeners could manage this emotional burnout and continue providing care for callers. In this way, the practice of self-care seems to fit neatly with Noddings’ definition of rejuvenation and a return to the caring relation. However, basic self-care techniques, like those listed in the SAFE manual, did not seem to be highly valued by the SAFE Line listeners.

Rebecca defined self-care as “a really trendy buzzword on social media and stuff,” but that certain practices, like “taking time to rest and take breaks, take care of ourselves, and have some boundaries in place,” can help alleviate stress and allow the listener to have more energy to continue caring. Similarly, Susan described self-care as “putting the life jacket on yourself before you put it on your child or the person next to you.” In all interviews, however, the understanding of self care did not reflect the same theme of rejuvenation that is present in either *Caring* or the volunteer manual. Instead,

¹³⁰ *Volunteer Manual, 2022, 98.*

¹³¹ *Volunteer Manual, 2022, 99.*

the form of self-care volunteers focused on involved distancing themselves from their volunteer work at SAFE. While Noddings views this distancing as necessary at times, it is seen as a diminution of the ethical ideal. Nor, according to Noddings, does caring often lead to the need to distance oneself. She writes that, “an ethic of caring has its source in natural human caring, and it seeks the maintenance and enhancement of that caring. ... Even though its source and focus are the other, it is not a dour, dutiful, or cowardly ethic. It finds joy as well as obligation in its relation to the other.”¹³² This joy, the joy that “arises out of an awareness of the caring relation,” is what allows the one-caring to continue the caring relation.¹³³ However, listeners at the SAFE Line did not often seem to experience this motivational joy. Instead, they maintained their ability to care by distancing themselves from the SAFE Line and limiting their continuing investment in call outcomes.

When asked about distancing himself from his work at the SAFE Line, Jim stated that “we often talked about self-care and trying to dissociate yourself from the phone calls afterwards—you can’t control what they’re going to do.” Similarly, Lillian told me that “I didn’t want to carry it around with me for the rest of the day. I’d tell myself, ‘that call is over,’ and consciously say ‘I don’t want to carry this around.’ Later in the day, if I was still thinking about it, and it was still bothering me, I might journal or process it. It was hard to find people who could understand, if they didn’t do that kind of work.” My own experience with the SAFE Line often mirrored Lillian’s frustration of lingering emotions. There are still calls that I think about, even after the end of the SAFE Line and my time volunteering there. The inability to confide in an outside person about a difficult call

¹³² Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 108.

¹³³ Nel Noddings, *Caring* (Berkeley: University of California Press, 2013), 138.

made it even more difficult. According to Rebecca, “confidentiality was hard sometimes, I’d want to tell my husband or my mom that this or that happened, so not being able to talk about it was hard.”

Although many volunteers seemed to value the ability to distance themselves from the SAFE Line, there was a difficulty in separating themselves from the work consistently. According to several listeners, the transition from the rest of their day was particularly important. Susan, who was retired from her career, told me that she was only able to separate her work at SAFE from the rest of her day because of her retiree status. “If I hadn’t been retired it would have been really hard, because my job before had no time to stop. Otherwise I wouldn’t have done it. I wouldn’t have been any good for myself.” Lillian also experienced this sort of frustration, stating that “you know when you’re signed up for a shift, and you have to go in, but you’re not feeling up to it? What do you do? It took me a long time to realize you had to have a transitional moment into your shifts.”

While listeners occasionally struggled to distance themselves from the line, the organizational structure of SAFE helped to enable separation. Each listener was assigned at least one shift a week, but shifts were a maximum of two hours, and listeners were not asked to come in on days off. According to Rebecca, “I think the shift length was just right, actually. I think an hour maybe wouldn’t have been enough time to be worth going in, but I think two hours was just right.” Lillian echoed this, telling me that “two hours is just about right if you’re busy, and if you’re slow you don’t want to be there longer, anyway!” Through limiting the shifts that listeners were asked to work, the organization of SAFE enforced boundaries that listeners may not otherwise have

constructed. In this way, the SAFE Line again promoted the limitation of care in a way that directly protected listeners.

Ultimately, the SAFE Line, while it claimed to promote constant care for callers, limited care in a variety of ways. However, the limitation of care was often seen as a last resort, and was never a decision I perceived as having been taken lightly. In most cases, such as those of Martha and Tyler, the limitation of care was seen as a way to enable callers to care for themselves and practice independence. Whether or not that was the outcome, Tiffany, as director of the line, was able to justify her decisions as being part of the greater good.

Conclusion

What is outlined in the previous chapters is the complicated way in which hotline volunteers use empathy to establish emotional investment and care for their callers. When I began my research, I did not realize how important empathy would become in my analysis. Fortunately, empathy has become an important topic in anthropological literature, and while there may be few anthropological studies on crisis hotlines, the amount of writing on empathy and caregiving makes up for it. In Chapter 2, then, I provided a summary of some of the foundational literature of this ethnography.

In Chapter 3, I provided a brief history of hotlines in the United States, as well as outlining my methods. In order to understand the experiences of individual volunteers, the ethnographic research primarily consisted of interviews. The four listeners who I interviewed each participated in three interview sessions. Questions covered a variety of topics, but throughout each interview the focus remained on empathy and active listening. The emphasis within interviews on empathy led to Chapter 4, in which the different forms of empathy are outlined and discussed. In addition, Chapter 4 includes an analysis of strategic care, in contrast to Noddings' concepts of ethical and natural care. Meanwhile, Chapter 5 discusses the limitations of empathy and care within the SAFE Line, and the ways in which those limits led to sustained care.

Throughout my ethnography, I primarily focus on themes of empathy and care. Although I suspected that these topics would arise during research, I did not know to what extent they would become the cornerstone of this project. I argue throughout the

ethnography that individual understandings of empathy and care proceed from institutional definitions and procedures, but do not necessarily match with them. The institutional emphasis on enforced anonymity, for example, was strategically used by listeners to promote care through focus on the callers.

During the interview process, it also became apparent that, while Noddings' work provides an excellent starting vocabulary and framework, a new term must be established to describe the care practiced at the SAFE Line. This led to my suggestion that the term strategic care be used to describe the work done by SAFE Line volunteers. Strategic care combines elements from natural and ethical care, but in a way that distinguishes it from both. I argue that listeners at the SAFE Line strategically used empathy to establish emotional investment with their callers, which naturally led to a caring relation. This caring relation is particularly evident in the long-lasting concern for callers that was expressed by interview subjects.

In addition to discussing how listeners used empathy to provide strategic care, my research analysis also focuses on the limitations of both care and empathy. The SAFE Line as an organization was consistent in promoting empathic understandings, but as I showed in Chapter 5, listeners were not always capable of feeling empathy for callers. Situations where individuals had drastically different life experiences, for example, could lead to sympathy rather than empathy. There were also certain callers whose mental state made them difficult or impossible to empathize with. Callers like the individual from the West Coast challenged the listeners' ability to comprehend and empathize. Handling situations like that of the West Coast caller occasionally meant

blocking a caller from the line, or limiting care, in order to protect the mental state of the listener.

The listeners at the SAFE Line walked a fine line between mental opacity and empathy; while listeners accepted that they may never truly understand a caller, it was simultaneously assumed that if they practiced active listening skills they could gain a glimpse into the caller's experience. This position is remarkably similar to other cultural understandings of empathy, in which empathic understanding is practiced to gain insight into the otherwise unknowable minds of others. What distinguishes the SAFE Line from other anthropological works, however, is the essential focus on promoting care, not on promoting social cohesion or on self preservation.

Within my research I intentionally situate the listeners' understanding of empathy within a wider anthropological context. It is easy, as a white, American anthropologist, to assume a Western definition of empathy as inherently positive, natural, and unconscious. By problematizing this within my work, however, a more nuanced understanding of empathic understanding develops. The empathy practiced by SAFE Line listeners emerges as a cognitive and emotional tool, used to know the unknowable and to establish emotional investment in others. The assumption at the SAFE Line may have been that empathy exists as a way to put oneself in another's shoes, but my research shows that it was used as a far more experimental and imaginative tool of social cognition. In addition, situating the SAFE Line within a larger anthropological context helps to establish it as a unique cultural construction, worthy of anthropological research.

It seems clear that, regardless of the anthropological or philosophical reasoning behind it, the SAFE Line listeners truly found their work with callers to be meaningful and impactful. When asked what they would like to share with others, interviewed listeners overwhelmingly told me to encourage others to pursue this sort of work. Susan encapsulated this, saying that “if you have any ability to communicate with your research, communicate that this is a valuable resource, and that hopefully we can have another, one day. I think all of our experiences change us somewhat, and I was really glad I was able to do it.” In addition, Lillian told me that “The thing about SAFE is that it gave me such a wonderful way to help. It gave me a lot of joy, which is where the world’s needs and our talents come to meet. It was an honor, and a privilege.” Ultimately, it seems that the SAFE Line, while designed to support callers, also had a profound influence on the volunteers who worked there.

While I believe my research has demonstrated the ways in which individuals use strategic care through empathy, it is important to outline and acknowledge the limitations of my data. By acknowledging these limitations, my hope is that future projects can fill in possible holes and create a more complete understanding.

Most obviously, the data in my research came primarily from myself and four other individuals. My data did include notes from the post-line Zoom meeting, but this data was used minimally. Because of this, interviewing a larger number of volunteers would likely lead to yet more nuanced understandings of concepts like empathy, and would be beneficial for future studies. However, considering the turmoil surrounding the end of the SAFE Line, I am pleased with the number of people willing to give me their time for an interview.

In addition, my work would likely have benefited from interviewing Tiffany, or another staff member, as well as the interns at the SAFE Line. Considering my interview subjects were all volunteer listeners, they each had a similar understanding of SAFE Line procedures, policies, and rules. If I had been able to interview a staff member, I would likely have received more information regarding Stella Recovery, the reasoning behind policies, and a unique perspective that I feel is lacking in my data. Interviewing an intern would likely have provided yet another viewpoint and would have allowed for a larger age range in interview subjects. However, it was not possible to interview staff due to policies in place, and no interns were interested in the project.

Finally, I believe my data was limited by the time that I was able to spend with SAFE. Had I been able to spend a full year volunteering, or (preferably) longer, I believe I would have had more experience on which to draw, as well as the time to become more familiar with other volunteers. Had I known the line was ending in advance, I likely would have volunteered more frequently, and would have reached out to volunteers earlier in the process. However, since the end of the SAFE Line was unexpected, there was little I could do to prepare. The end of the line likely also affected the interview responses I received, as interview subjects had a difficult time recounting specific calls, and were quite sentimental regarding the line.

Moving forward, I hope to see more ethnographic research surrounding structures of care, particularly structures like the SAFE Line. While caregiving itself is a highly researched topic in anthropology, I have found that research surrounding sites of structural, anonymous care (like hotlines) is almost nonexistent. It is possible that this

lack of research is due to the overlap with sociology and social work, but there is no way to know for sure.

In addition, I would be interested to see research concerning the power dynamics at play in settings like the SAFE Line. While I did include questions in my interviews that concerned power dynamics, it did not ultimately become the focus of my research. However, it is obvious that listeners, with their access to call logs and organizational policies, have significantly more control over calls than the callers do. It is my hope that my own research on the SAFE Line can provide one more piece of literature to be used in the next research work on this subject. Although the SAFE Line as a unique structure is gone, it is possible that my experiences, as well as those of the other listeners, may lead to better and more detailed accounts in the future.

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