A Relational Reframing of Therapy

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About the Authors

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Abstract

This paper explores the implications of a relational perspective for psychotherapy. It posits a basic paradox: People yearn for connections with others yet feel they have to keep large parts of themselves out of connection because of past experiences of being hurt, misunderstood, or violated. The theme of connection and disconnection becomes the central principle guiding the therapist. A safe, mutually empathic, and mutually empowering context is essential for this work. Transference, countertransference, the unconscious, and resistance are reframed in this relational context.

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Studying women’s lives can lead to a new understanding of all psychological development. We, along with the group working with Gilligan (Gilligan, 1982; Gilligan, Lyons, & Hanmer, 1990; Gilligan, Brown, & Rogers, 1990), have found that an inner sense of connection to others is a central organizing feature in women’s development. In this paper we will explore the implications of this perspective for psychotherapy.

It is interesting to note that in the history of psychotherapy there have been voices introducing a more relational component into psychotherapeutic approaches, such as Fairbairn (1952), Rogers (1951), Sullivan (1953), and others. However, the field in general has always resisted placing them in the center of interest.

Again, more recently, in the last 5 to 10 years there has been a resurgence of attention to therapy as a relational process, for example, in the work of Gill (1983), Havens (1986), and Modell (1984). In particular, a growing recognition of new levels of meaning of countertransference has led to a greater focus on the interactional dynamics between therapist and patient (Epstein & Feiner, 1983; Tansey & Burke, 1989; and others).

Kohut’s contributions initially encountered enormous resistance from the analytic establishment but have over the years gained a large following (1971). In self-psychology there has been more of a shift from the one directional “self-other” empathic conceptualization to a somewhat greater emphasis on two-way process in the therapeutic encounter (e.g., Wolf, 1983). The works of Stolorow and his colleagues (1987) best illustrate this trend. Here it is worth noting that even in those writings more attentive to relational dynamics, the language and the use of highly intellectualized concepts convey an attitude of objectification of all persons involved and a movement away from the powerful affective meanings of the ideas presented.
A number of papers on the relational approach have already made contributions to understanding the therapeutic process in a new way. For example, Kaplan (1984), Jordan (1991), Stiver (1990c), and Surrey (1987) have written about mutual empathy, mutual empowerment, and disclosure in the therapeutic encounter. From the work of Gilligan and her colleagues a very important paper by Steiner-Adair (1991) offers an innovative reframing of therapy and especially countertransference.

In a paper on “Connections, Disconnections and Violations,” one of us (Miller, 1988) focused on those relational, or more accurately, those “non-relational” settings in a family which lead to significant disconnections in all the people involved. More particularly, the child growing up in such settings experiences a deep sense of isolation and self-blame. Under these conditions a significant paradox emerges that is central to understanding relational development and analogously to understanding the therapeutic framework and process.

A Paradox

As Surrey has proposed (1987), we see the underlying processes of psychological growth as occurring in relationships which are mutually empathic and mutually empowering. Trying to spell out mutual empowerment more concretely, we’ve described it as composed of at least five beneficial components. These are: an increased sense of zest or well-being that comes with feeling connected to others; the motivation and ability to act right in the relationship as well as beyond it; an increased knowledge about oneself and the other person(s); an increased sense of self worth; and a desire for more connection beyond this particular one (Miller, 1988).

We would define the goal of therapy precisely as mutual empowerment that includes these five elements. These components are not only the goals in the sense of the endpoint of therapy, but also the features which occur at many steps along the way whenever patient and therapist engage in a growing connection. Of course, we don’t attain them at every moment, but we can keep trying for them.

However, therapist and patient have to struggle with the forces within them which stand in the way of creating mutual empathy and mutual empowerment. We all grapple with these forces. They follow from those experiences in childhood or in later life which occur whenever a relationship has been hurtful, disappointing, dangerous or violating — that is, disconnecting and not mutually empathic or mutually empowering. When this happens, we experience a reversal of these five “good things.” It is not a simple reversal, however, it is a compound and confusing mixture: We feel a decreased sense of vitality because of feeling less connected and more alone in the face of a difficult experience. Along with it we feel less able to act, but more than that, we have the sense that action out of our own feelings will lead to destructive or bad consequences. We have less knowledge about ourselves and others, that is more confusion and also a diminished sense of worth. As a result we turn away from others and toward isolation.

Most important, when this kind of disconnection or violation occurs, a person tends to feel the problem is all in her, especially, but not only, if she is a child. This perception occurs precisely because of the disconnection — because she cannot deal with what is happening in true engagement with the other people involved. The problem is “between them,” in the relationship. If, however, the other person(s) is not engaging with it, the child or adult begins to feel, not just alone with the problem, but that the problem is all in her. She has the problem. (Incidentally, by contrast with projective identification, this process is much more common and important. If we were to use similar terminology, we might call this phenomenon something like “introjective relational identification,” i.e., the individual taking into herself a problem which is relational — or which, in large part, originates in the other person, if the other person is an abuser or even unresponsive to what’s going on in the relationship. This process occurs especially when one person has more power to determine what can happen.)

In the face of repeated experiences of disconnection, we believe people yearn even more for relationships to help with the confused mixture of painful feelings. However, they also become so afraid of engaging with others about their experience, that they keep important parts of themselves out of relationship, i.e., they develop techniques for staying out of connection. Again, we all do this to varying degrees. Several people recently have described specific steps in this process, e.g., Stiver in alcoholic, incest, and Holocaust survivor families (1990b), and Steiner-Adair (1991) and Mirkin (1990) in anorexic and bulimic adolescents and their families.

Thus, we see the central problem as the paradox that in our deep desire to make connection, we keep large parts of ourselves out of connection. Precisely in the face of so needing connection, we develop a repertoire of methods, which we believe we must maintain, to keep us out of real engagement. As we have described elsewhere, some people may present a picture of seeming connection, for example, as they