

Work In Progress

The Meaning of Mutuality

Judith V. Jordan, Ph.D.

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Work in Progress

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Abstract

This paper explores relationships characterized by mutual intersubjectivity, in which individuals relate to one another based on an interest in each other as whole, complex people. Traditional psychoanalytic theory and object relations theory have emphasized a line of development marked by increasing internal structure, boundedness and use of the other as a need-gratifying "object." Today, many women are concerned with growth through relationships founded on mutuality. Imbalances in mutuality both in primary relationships and in work settings lead to significant psychological pain and often motivate people to seek psychotherapy.

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There are few psychological or clinical theories that do not acknowledge in some way the importance of relationships to individual development. Most theories, however, reserve the relational emphasis for the earliest years of life, particularly the mother-infant bond, and view autonomy, separation and independence as hallmarks of maturity. The individual is separated out from context, studied as a self-contained being and internalization of structure which renders the individual more independent is seen as the desired endpoint of development.

As the limitations of this model are being examined (Miller, 1976; Gilligan, 1982), especially as it constrains our understanding of female development, new areas of interest are emerging. Rather than a study of development as movement away from and out of relationship, this approach posits growth through and toward relationship. Delineation of different kinds of relationships becomes important as a way of understanding what people are seeking in relationships and why certain relationships are a source of joy and meaning, while others become deadening and destructive. People often speak of the search for mutuality in relationship as a goal in their lives, particularly in dyadic love relationships. Its absence is a frequent complaint bringing people to therapy. Relational mutuality can provide purpose and meaning in people's lives, while lack of mutuality can adversely affect self-esteem. The traditional therapy model of looking at intrapsychic factors, the "I," the one-person system provides important insights, but acknowledging the importance of the relationship, context, the quality of interaction, and the deeply intersubjective nature of human lives greatly expands our understanding of the people with whom we work.

Mutual intersubjectivity

What does a mutual relationship mean?

Dictionary definitions indicate that mutuality involves being “possessed, entertained, or performed by each toward or with regard to the other; reciprocal” (Oxford English Dictionary, 1971) or “having the same feelings one for the other; characterized by intimacy” (Webster’s Ninth New Collegiate Dictionary, 1984). In a mutual exchange one is both affecting the other and being affected by the other; one extends oneself out to the other and is also receptive to the impact of the other. There is openness to influence, emotional availability, and a constantly changing pattern of responding to and affecting the other’s state. There is both receptivity and active initiative toward the other.

Crucial to a mature sense of mutuality is an appreciation of the wholeness of the other person with a special awareness of the other’s subjective experience. Thus, the other person is not there merely to take care of one’s needs, to become a vessel for one’s projections or transferences, nor to be the object of discharge of instinctual impulses. Through empathy, and an active interest in the other as a different, complex person, one develops the capacity at first to allow the other’s differentness and ultimately to value and encourage those qualities which make that person different and unique.

When empathy and concern flow both ways, there is an intense affirmation of the self and paradoxically a transcendence of the self, a sense of the self as part of a larger relational unit. The interaction allows for a relaxation of the sense of separateness; the other’s well-being becomes as important as one’s own. This does not imply merging which suggests a blurring or a loss of distinctness of self.

In the broadest sense, this topic might be called mutual intersubjectivity; by that I mean an interest in, attunement to and responsiveness to the subjective, inner experience of the other, both at a cognitive and affective level. The primary channel for this kind of mutuality is empathic attunement, the capacity to share in and comprehend the momentary psychological state of another person (Schafer, 1959). It is a process during which one’s self-boundaries undergo momentary alteration, which in itself allows the possibility for change in the self. Empathy, in this sense then, always contains the opportunity for mutual growth and impact.

While relying on mutual empathy (Surrey, 1984), in the sense that one finds knowledge of the inner state of the other through empathy, mutual

intersubjectivity encompasses other aspects of relationship. Empathy is the affective-cognitive experience of understanding another person. Intersubjectivity carries with it some notion of motivation to understand another’s meaning system from his/her frame of reference and ongoing and sustained interest in the inner world of the other. Intersubjectivity could be thought of as a relational frame of reference within which empathy is most likely to occur. It is a “holding” of the other’s subjectivity as central to the interaction with that individual. Surrey (1984) has pointed to the centrality of mutual empathy in psychological development and of intersubjectivity in relationship. The concept of intersubjectivity stresses understanding the other from her/his subjective frame of reference. What is developed here is the notion of the importance of an “intersubjective attitude” on the part of each member of the relationship (hence “mutual intersubjectivity”).

A model of mutual intersubjectivity, then, suggests the following for each person in a relationship: 1) an interest in and cognitive-emotional awareness of and responsiveness to the subjectivity of the other person through empathy (Surrey, 1984; Atwood and Stolorow, 1984); 2) a willingness and ability to reveal one’s own inner states to the other person, to make one’s needs known, to share one’s thoughts and feelings, giving the other access to one’s subjective world (self-disclosure, “opening” to the other); 3) the capacity to acknowledge one’s needs without consciously or unconsciously manipulating the other to gain gratification while overlooking the other’s experience; 4) valuing the process of knowing, respecting, and enhancing the growth of the other; 5) establishing an interacting pattern in which both people are open to change in the interaction. It is not merely a balancing, an “I’ll scratch your back if you scratch mine,” but a kind of matching of intensity of involvement and interest, an investment in the exchange that is for both the self and the other. The process of relating is seen as having intrinsic value.

Existing theory

Few psychological theories have explicitly addressed mutuality, likely in part because there has been a bias toward viewing development as a progression away from initial dependence toward greater autonomy. Emphasis on innate instinctual forces, increasing internal structure, separation and individuation have characterized most Western psychological theory. Mutuality suggests an ongoing interdependence that many theorists disregard or

sometimes even view as pathological. Classical Freudian theory sees relationships as secondary to or deriving from the satisfaction of primary drives (like hunger or sex); thus, the initially unrelated, narcissistically-bound infant develops a cathexis (attachment) toward the mother who satisfies its primary drives (Freud, 1959).

Sullivan moved away from the instinct/drive model and explicitly noted, "A personality can never be isolated from the complex of interpersonal relations in which the person lives and has his being" (1953, p. 10). He nevertheless tended to perpetuate a picture of unidirectional influence, conceiving of the self as made up of "reflected appraisals" (1953, p. 22), but not considering the other side, that is, what the self contributes to others.

The object relations theorists of Britain greatly enlarged our appreciation of the importance of relationships in psychological development, but continued the Freudian-inspired model which made the other an "object" of the drive; hence, the very language used to describe this theory honors the biologically-determined and one-directional model which it sought to modify. Melanie Klein, whose work predated the object relations theorists, contended that "object relations are at the center of the emotional life" (1952, p. 3). Her notion of reparation to the loved one suggests at least the beginning of a kind of mutuality as she notes that "the attempt to save the love object, to repair and restore it, attempts which in the state of depression are coupled with despair, since the ego doubts its capacity to achieve this restoration, are determining factors for all sublimations, and the whole of ego development" (1934, p. 290). She stated that "feelings of love and gratitude arise directly and spontaneously in the baby in response to the love and care of his mother" (1953, p. 65). And there is Winnicott's now much-quoted statement, "The infant and the maternal care together form a unit; there is no such thing as an infant" (1960, p. 39).

Winnicott's paper "The Development of the Capacity for Concern" traces the infant's path from viewing the mother as a "part-object," there to satisfy needs, to seeing this part as fused with the "environment mother," or affection-giving mother; "It was the opportunity to contribute that enabled concern to be within the child's capacity" (1963, p. 171). This description indicates the importance of an active, concerned, attitude on the part of the infant-child rather than only the neediness of the baby for the mother and the one-directional flow of caring. But both Klein's and Winnicott's theories are still anchored

in an aggressive-libidinal impulse model, in which guilt over destructiveness and aggression, or pleasure from need satisfaction, form the basis of relationship.

Fairbairn presents development entirely as relational growth. He states "It is impossible to gain any adequate conception of the nature of an individual organism if it is considered apart from its relationships to its natural objects, for it is only in its relationships to these objects that its true nature is displayed" (1946, p. 39). He notes that we move not from dependence to independence, but from "infantile dependence" to "mature dependence." "In mature dependence the emphasis shifts from taking to giving and exchange;" it is characterized "by a capacity on the part of the differentiated individual for cooperative relationships with differentiated objects" (1946, p. 145). Guntrip most explicitly acknowledges mutuality. He writes, "But personal object relations are essentially two-sided, mutual by reason of being personal, and not a matter of mutual adaptation merely, but of mutual appreciation, communication, sharing, and of each being for the other" (1973, p. 111).

Recently, Kohut (1984) in his recognition of the importance of empathy and of the ongoing need for self-objects, has pointed to the lifelong centrality of relationships. But the self-object relationship is hardly characterized by mutuality, at least as presented so far; it serves the narcissistic needs of the individual and it is presumably under the fantasied control of the self. The self-object operates in lieu of structure of the self to regulate self-esteem and to ensure cohesion of the self. While this formulation marks an important departure from traditional psychoanalytic thinking in that it does not emphasize independence and autonomy from objects as the primary endpoint of development, it remains one-directional; the self-object is used by the self for self-maintaining functions.

Interest in the other as a separate, subjective, being is not a part of this model. Kohut does not consider the possibility of intersubjective relating of two or more people; nor does he address the experience of being a self-object for another. In self-object relations, both members are affecting and being affected by the interaction; by limiting our understanding only to the "self" who is receiving self-object functions from another, a great deal of the process is lost. Perhaps Kohut's retention of the term self-object for this lifelong turning to another for empathic resonance also does the theory a disservice. It is possible that what Kohut acknowledges in the ongoing need for self-objects is the more general need for empathic relationships throughout life. This need

should be differentiated from the need for archaic self-objects. The latter derives from more serious failures of early empathic figures.

Daniel Stern specifically rejects the energetic assumptions in the term "object." In his studies of the early mother-infant relationship he creatively delineates several modes of "being with the other." They are: 1) "self-other complementarity" in which "each member's actions are the complement of the partner's; one person performs the action, another receives it" (e.g. mother-infant cuddling, babbling and alternate listening, 1983, p. 73); 2) "mental state sharing and tuning" in which "there is some sense of commonality of experience or sharing of similar external or internal experience" (vocalizing together, simultaneous imitative events, affect contagion, empathy); 3) "state transforming" events which are "the experiences that originally and traditionally preoccupied psychoanalysis, namely gratifying the hungry infant and causing the shift in state from hunger to sleep" (1983, p. 78).

Recent infant research suggests that patterns of differentiation of self and other exist almost from birth; the notion of primitive merging may not provide an accurate description of this early phase. There are also early forms of relatedness and ways in which the infant actively participates in mutual regulation with the mother, for instance initiating and terminating contact through gaze aversion. Sander's research (1964) notes both the mother and the infant's participation in "regulation of reciprocal exchange" by 3-6 months. Self with other, according to Stern is also "an active mental act of construction. . . not a passive failure of differentiation" (1986).

Precursors to empathy, necessary to the development of mutual intersubjectivity have been studied in infants as young as three days, and there are numerous studies of empathy in children. While noting that the infant is probably quite unable to appreciate fully the subjective experience of the other, Kagan suggests that as early as two years children are "capable of inferring a psychological state in another person based on their prior experience" (1981, p. 132). The self, however, is not spoken of as a subject until the third year; an appreciation of the other's subjectivity as a totality is unlikely before then.

The Relational self

Internalization of the caretaker's (typically the mother's) empathic attitude and development of mutual empathic responsiveness with the mother contributes to the capacity for later relational

mutuality. An evolving theory of self in women, tentatively called self-in-relation, and developed by Miller, Surrey, Jordan, Stiver, and Kaplan (1984) at the Stone Center at Wellesley College, suggests that for women the experience of self is intimately bound to relationship. Development proceeds through relational differentiation (Surrey, 1984) and elaboration rather than through disengagement and separation. Emergence from and integration in a relational context form an ongoing dialectic in women's lives. A nurturing figure of the same gender strengthens the young girl's sense of relatedness and connection; the nature of the mother-daughter identification and the formation of flexible self-boundaries enhances empathic sensitivity in females (Jordan, Surrey, and Kaplan, 1982; Jordan, 1984, Surrey, 1984). While there appear to be clear sex differences, with women demonstrating more investment in connection and "we-ness," more empathic attunement and identity anchored in relationship, it is likely that the emphasis on relationship and interaction in this theory will be useful for understanding male development as well. Lack of cultural investment in relationship as a primary value, however, has led to neglect of study of this line of development in both males and females. This is part of the highly individualistic, agentic ethic of American culture typified by the Lone Ranger legend.

The need to receive, to be given to, to depend on, to be loved, are well covered in the psychological literature. Much relational exchange and growth, however, is overlooked in this one-sided model. Because the model of the needy infant is so compelling in our most prominent theories, the less mutual relationship, the relationship based on need gratification, has been the keystone in developmental theory. The model of genital primacy with orgasm as its goal rests on a similar bias of "state transforming" need fulfillment as the bottom line in relationships.

Trevarthen (1979) has suggested that there is a "primary intersubjectivity" which is innate and unfolding. I would like to suggest that in addition there is intrinsic pleasure in mutuality in relationships. This pleasure may grow from the early spontaneity and joy that exists in the mother-child interactions characterized by cuddling, hugging, babbling, smiling, "oohs," and "aahs." Both participants in these early exchanges often seek to extend these engagements and there is true pleasure and growth for both people in the back and forth interplay. While there is clear asymmetry in the mother-infant pair,

particularly with regard to regulation, there are almost from birth, episodes of mutual regulation (for example, in gaze aversion or sucking). In the early days one sees the empathic attunement flowing largely from mother to infant but as Sullivan notes, there is early empathic responsiveness of the infant to the mother (1953). I remember vividly when I was doing mother-child observational research an incident that convinced me of early empathy. A mother inadvertently jammed her hand in the door of the playroom and was in obvious pain. Her 18-month-old daughter immediately picked up a soft, cuddly, toy with which the child had been comforting herself earlier and took it to the mother, standing close to her, looking worried and rubbing it against her mother's cheek. When the mother smiled and said she was all right, the child's face lit up.

Even in a relationship which is mutual overall, every interaction will not be mutual. But there will need to be sufficient mutuality in important areas so that all members feel that their need for mutuality is met. Something we might call mutual relational responsibility (Surrey (1984) refers to taking "care of the relationship") is crucial to the maintenance of such a relationship; both (or all) partners must put attention and energy into caring for the relationship as well as the individuals in it.

Female-Male differences in mutuality

A central aspect of mutuality is having an impact on the other, seeing that our actions, feelings or thoughts affect the other, and opening to the influence of others on us. Emotional reaction is one clear way that this impact is conveyed. We feel moved. Change in behavior or thought is another way impact occurs. It may be that, in general, males and females tend to differ in the cues they attend to regarding these changes. Women may be more attuned to shifts in feelings while men may be more alert to behavior or ideational changes in the other. This difference often becomes a source of conflict in female-male relationships. An example occurs in the differing ways of dealing with painful affect. Women often want the man's presence and acknowledgment, the witnessing of their feelings, while the man often seems propelled into action to change or remove the "offending feelings." (I'm reminded here of Haim Ginott's advice to parents of adolescents: "Don't just do something, stand there").

For men there may be more attentiveness to actual physical outward movement or change in positions vis à vis ideas, while women may be focused

more on inner action, if you will, a change in feelings conveyed either subtly or through verbalization. Zella Luria's (1981) research on play behavior of latency-age children supports this point. Little boys engage in active, structured, often competitive games with rules and goals. Little girls, on the other hand, form groups, "simply talk," attend to each other's feelings. In organized sports, boys are literally trained over and over again to move something from one place to another, usually a ball or a person. When this goal is achieved, often in a competitive, aggressive context, they experience pleasure; they believe something has been attained. One can see how coming together in mutual exchange can become quite problematic for many men and women, as they actually meet using different channels of communication or meaning. Women often attune to and want sensitivity to feeling, while men tend to focus more on action. Goals for couples might then include articulating, expanding, and differentiating ways of "being with the other." Too often when these differences are not recognized they become part of a power or control struggle. People become locked into feeling misunderstood or feeling that their particular needs are devalued or overlooked. Because male-female relationships are so laden with stereotyped expectations, particularly around dominance and submission, it is often difficult to establish mutuality even though both partners deeply long for it. Often mutuality comes more easily for women in woman-to-woman relationships which can provide wonderfully sustaining mutual empathy and care.

Mutual empathy occurs when two people relate to one another in a context of interest in the other, emotional availability and responsiveness, cognitive appreciation of the wholeness of the other; the intent is to understand. While some mutual empathy involves an acknowledgment of sameness in the other, an appreciation of the differentness of the other's experience is also vital. The movement toward the other's differentness is actually central to growth in relationships and also can provide a powerful sense of validation for both self and other. Growth occurs because as I stretch to match or understand your experience, something new is acknowledged or grows in me. In Piaget's terms, I accommodate to your experience and therefore am changed by our interaction. I am *touched* by your experience. The validation occurs because the person being empathized with feels her differentness or uniqueness can be accepted. It is not simply a static mirroring process but an expansive growth process for both. In

the excitement of exploration, getting to know one another . . . Who are you? Who am I? Who are we? . . . There is the opportunity for new self-definition; new aspects of self are expressed and each provides that opportunity for the other. This is growth through relationships.

In sexuality the significance as well as failure of mutuality can be experienced keenly. To see sexuality as a process of discharge, a pressure of impulse toward gratification, is to take an extraordinarily limited view. If this were the primary motive for sexuality, surely masturbation would be the preferred modality. But in fact it is the intersubjective, mutual quality of sexual involvement which gives it its intensity, depth, richness, and human meaning. In the interplay of bodies and heightened feelings, and finding interest in the response of the other, coming to know the impact of one's own action on the other and opening to the other's affecting us, there is opportunity for such intensity, pleasure, and growth. When sexuality becomes mechanical meeting directed toward orgasmic discharge only, a performance of the ego or narcissistic exercise of the self, a conquest of one by another, it becomes one of the most profoundly lonely and limiting experiences. Part of the awful aloneness in such a case occurs because in sexual engagement there is such a rich potential for expression of exquisite attunement and the possibility to give one's attention in equivalence to self and other. There can be mutual surrender to a shared reality. It is the interaction, the exchange, the sensitivity to the other's inner experience, the wish to please and to be pleased, the showing of one's pleasure and the vulnerability that that implies which distinguish the mature, full, sexual interaction from the simple release of sexual tension.

A patient who by all superficial standards enjoys an active sexuality (that is, she and her husband have frequent, orgasmic sex) reports a powerful sense of alienation in the relationship. She sees her husband as mechanically "a skilled lover." She says he pays attention only to her physical arousal, and she feels he is interested in her orgasm as proof of his sexual prowess. While she appreciates the fact that he does not attend only to his own pleasure, she does not experience a sense of his interest in her inner state, in her full experience of their exchanges. She feels like an object to him. She also feels he treats himself like an object and feels both of them are thereby diminished. It makes her sad. Thus, despite physiological excitement and discharge for both, she feels a core longing for intersubjective attunement and mutuality,

for a better sense of wholeness in the interaction.

Imbalances in mutuality

Imbalances in mutuality stem from many different sources and, if they occur in primary relationships, create significant pain. Boundary rigidity (discomfort with self-disclosure and difficulty allowing another to have an emotional impact) is a major impediment to relational mutuality. In this case, one member of a dyad may be "walled off," inaccessible, or disconnected. In couples, this is a frequent complaint of the woman; the man does not feel emotionally present or available to her, does not talk about his deepest hopes and fears, does not reveal that about which he feels most vulnerable, and expresses little interest in his inner world as well as hers. At the core, the man often feels deep fear of strong feelings and great anxiety about being in what he may define as a more passive or exposed position vis à vis his own feelings and the other person. This position is not at all passive in a model of mutuality.

The narcissistic individual who uses others to shore up his self-esteem also fails to engage in mutual relationships. The other does not exist as a whole person about whom he feels concern and caring. The goal of this kind of narcissistic relating is, in fact, ultimately to be free of the need of the other, to achieve a grandiose state of self-sufficiency and encapsulation. Developmentally, one would expect that this individual suffered early injuries not just to self-esteem, but in the formation of mutual relationships and failed to acknowledge the deeply interdependent nature of peoples' lives. (The Don Juan who compulsively uses others to reassure himself about his sexual and masculine adequacy is such a person).

Depression also impairs the capacity for mutuality. Withdrawal into the self to repair and heal, as well as frequent feelings of helplessness, lead to a regressive wish for nurturance and ministrations from others. While all relationships must develop the means for tolerating increased needs at times, such intensified needs interfere with an ongoing mutuality. Depressed people suffer from a diminished interest in the inner world of the other and little ability to attend to, let alone minister to, the needs of the others. In many angry depressions there is also difficulty receiving from others.

For the person who becomes depressed there is often deep pain in seeing oneself as incapable of transcending self-interest. Self-blame for "selfish preoccupation" augments the depressive feelings.

Very often the old advice of “you need to get out of yourself and think of someone else” actually has some validity. However, to someone paralyzed with depression, this admonition often sounds like condemnation, one more obligation s/he can't fulfill. Often becoming interested in another, giving of oneself, moving toward another does help lessen the depressed feelings -- not when it follows from a moral imperative but when it derives from (and ultimately strengthens) a tentative sense that one has something of worth to offer another. Development of a time perspective in which the person can see that this period of depressive self-preoccupation can lead eventually to re-engagement in a more mutual relationship can be of great help. This help can work to ameliorate the fear of remaining stuck in a relationship of infantile dependency and helplessness, in which one does not feel capable of giving to others.

Mutuality will also suffer from imbalances of a different sort. These occur when one individual in a couple begins to do most of the accommodating and giving, expecting less and less in return. While it takes two to create this pattern, societal pressures foster these tendencies. One individual might be characterized as self-sacrificing and the other as self-preoccupied. The inevitable consequences of a self-sacrificing position are a devaluing of the self and resentment of the other who comes to be seen as powerful and more worthy.

A clinical example offers some sense of this problem: a young artist came to treatment because of depression, a sense of discomfort with people because she had “nothing to say,” and increasing difficulty leaving her home to go to work. She commented in the first session that the only thing she did not need to examine in therapy was her marriage which was “terrific.” As she described her relationship with her husband, however, it became clear that there were imbalances that were quite destructive for her. She expended large efforts taking care of his every need, often sensitively anticipating them. She completely adjusted her work schedule to match her husband's, and gave up an important evening course because it prevented preparing his dinner every night. In social situations she stood quietly by his side, feeling invisible and finding ways to draw him out about his successes so that he would appear in a favorable light to others. When alone with him, she spent much time helping him sort out his inner world. At the same time, she felt he rarely expressed interest in her feelings, tended not to notice her presence in social situations, and sexually rarely stopped to find out

whether or not she was interested in making love, but acted on his own arousal only. The level of mutuality in this relationship was clearly low, and this woman's self-esteem was linked to the ways in which she did not feel attended to, empathized with or acknowledged. She did not feel respected by her husband. She felt increasingly worthless; before her marriage she had considered herself a rather competent and assertive individual. In the course of therapy, as she began to notice her own longings for mutuality, she began to challenge the existing patterns. She and her husband went to couples treatment to see if they could move out of what finally felt to her to be an intolerable lack of mutuality, a state in which she felt cut off and unseen.

Another client, a warm and expressive woman in her fifties, said of a love relationship that was ending: “It seems like I was always trying to tune in to what he wanted, how much intimacy he could tolerate, whether I was crowding him emotionally and physically. It never occurred to him to pay attention to my needs that way. Then when I'd try to tell him what I wanted, he seemed bothered. If I persisted or said it louder, he'd say I was harping and bitching. I don't regret all the tuning in and giving I did. I want to do that. It feels good. But when it doesn't flow back, it starts to gnaw at you. I started to feel less valuable, like I needed him too much. He seemed more important . . . very powerful to me.”

Often women accept an imbalance of this sort and move into a one-sided nurturing which can lead to a sense of being used and devalued. Too often, clinicians viewing this pattern diagnose it as “masochism” in women, a diagnosis which most dramatically points to the limitations of a psychology which does not attend to relational context. Clearly both partners contribute to this problem. This woman did not enjoy the pain she experienced in this relationship but she felt herself to be the “keeper of the relationship.” As such, she felt she had to make more of an effort to sustain the sense of connection. Her husband felt no such need. As a result, she made many accommodations, often at the expense of her own self-esteem. Only in the process of therapy could she begin to acknowledge that she could expect more interest in her inner world from a partner.

Power dynamics, where there is an investment in personal ascendancy or dominance of one person over another, clearly interfere with mutuality. In fact, a motivation for personal power and ascendancy directly contradicts the notion of mutuality presented here. If one is primarily concerned with the

establishment of a position of dominance vis à vis another, that motive eliminates the possibility of a real interest in the subjective experience of the other. Rather, one's own interests are felt as uppermost. Manipulation of others to achieve ends that are unilaterally defined becomes the focus of the interaction. Whenever an individual's own needs become so primary that they obscure the perception of another's needs, mutual concern and empathy cannot exist. Furthermore, when the emphasis is on instrumentality or striving to maintain power, often through competition, self-disclosure decreases. Disconnection and inequality are basic to a power model, along with a prevailing sense of competing subjectivities. Models of mutuality depend on interaction, a capacity for empathy, and reciprocally enhancing subjectivities. The two ways of approaching relationship really stand at odds with one another.

Problems in the workplace

For women in the workplace, particularly at high levels in business or professions, relating with others on the basis of roles, for instrumental ends can bring significant stress. A lawyer in treatment commented that a colleague told her she could be a terrific lawyer if only she didn't get so involved with her clients' problems. She accepted his criticism, feeling perhaps she "cared too much" for the people with whom she worked. Her colleague further advised her that the client "needed her" and that meant she didn't need to "put herself out" so much. If she did, the client might even lose respect for her. Expressing a concern for the subjective well-being of the client, engaging in a relationship with some mutuality, was seen as threatening an important power base. He added gratuitously that the problem with women lawyers was that they didn't understand how to use power and weren't politically savvy enough. Instead of feeling validated for the particular way she was practicing law, which included caring and mutuality, she was left feeling as if she had to keep those more "female" characteristics out of the office.

Another client, a businesswoman who is also warm and caring, placed a high value on relationships with others in her department. These daily personal contacts gave her pleasure. She felt confused when a senior colleague suggested she was "squandering" her resources and should think long and hard about who would be "of use" to her in climbing the corporate ladder and should put her energy in that direction. These examples represent small indications of the kind

of invalidation that occurs almost daily when one expects relational values to prevail in the workplace; the very notion of mutuality or interdependence is seen as threatening to "the job at hand." Often women feel quite betrayed when they discover that relationships they thought were of intrinsic value are part of another's Machiavellian plans for power and success.

At present, most work settings are not structured to attend to, let alone foster, mutuality or relational bonding. Rather, there is a strong emphasis on productivity and in our society that is seen as enhanced by competition and highly developed individualism. In such a system, hierarchy and lines of individual power and dominance are developed as incentives to individual achievement, but the inevitable interdependence that underlies any institutional power structure is devalued.

The Therapy relationship

The therapy relationship is a complex dialogue which superficially seems to have clear roles and boundaries between participants. In conceptualizing the science/art of therapy, we have used natural science models (no longer applicable even in the natural sciences) which posit discrete, separate selves and others, honoring the Cartesian distinctions of observer and observed and the old notion from physics of separate, static entities causing objectively measurable changes in other bodies. But if we really look closely at the therapy relationship we begin to ask important questions. In therapy there are two (in some forms, more than two) active members who are both (all) open to change through their interaction. The relationship is central to the process, whether we talk about transference, corrective emotional experience or empathic attunement. As Fairbairn (and others) note, "The relationship existing between patient and analyst is more important than details of technique" (1957, p. 59). Kohut in his last book, *How Does Analysis Cure?*, states that the aim and result of cure is "the establishment of empathic in-tuneness between self and self-object on mature adult levels" (1984, p. 66).

Rather than independence from others, therapy leads to an enhanced ability to engage in relationships. Similarly, Kohut sees analysis as helping the patient realize that "the sustaining echo of empathic resonance is indeed available in the world" (1984, p. 78). The relationship with the therapist engenders and sustains this change. Further, in good therapy I think both people are affected. Both client and therapist

grow and in that sense are involved in a relationship of mutuality. This is a dialogue. But in several ways it is not a fully mutual relationship and awareness of both of these dimensions is useful. In therapy, one individual discloses more, comes expressly to be helped by the other, to be listened to and understood. The client's self-disclosure and expression of disavowed or split off experiences, in a context of nonjudgmental listening and understanding, forms a powerful part of the process. In order to facilitate this process there is a contract which puts the client's subjective experience at the center and there is an agreement to attend to the therapist's subjective experience only insofar as it may be helpful to the client. The therapist offers her/himself to be used for the healing. But within this context there can occur real caring which goes both ways. There is an important feeling of mutuality, with mutual respect, emotional availability, and openness to change on both sides. And the experience of relationship, of mutuality often grows with the therapy.

In summary, while some theorists have questioned the line of development from helpless infant to autonomous, self-reliant, independent, adult, this goal has remained a psychological ideal, certainly in western culture. As we learn more about early development, we see that the infant begins life with many capacities for relatedness, that there is far more organization and differentiation suggestive of an early "sense of self" despite the absence of language and formal representation. Infants also demonstrate early recognition of organized patterns in the environment, especially in the human environment, indicating early appreciation of and relatedness to others. These data alter our old notion of the merged, undifferentiated, disorganized infant. At the adult end of the developmental line we are beginning to appreciate the healthy adaptiveness of ongoing connection, identity within relationship, a sense of "I" that is rarely separate from some sense of "we," and a need for mutuality. Views of identity are changing toward concepts of a process involving interaction and interpenetration of self and other, rather than a static structure with fixed boundaries. The development lines of relatedness and mutuality clearly need further study. In the meantime, clinicians can pay particular attention to the quality of interaction and to clients' desires for mutuality. (Unfortunately, the language used to describe this relational model at times becomes cumbersome and inexact; we are working toward finding words that better capture this process.)

Mutual relationships in which one feels heard,

seen, understood and known, as well as listening, seeing, understanding, and emotionally available are vitally important to most people's psychological well-being. In many ways we know ourselves through relationship. While we have the capacity to stand back and observe ourselves to some extent (the observing ego, if you will), our deepest sense of our inner reality often occurs in relationship. In intersubjective mutuality, then, we not only find the opportunity of extending our understanding of the other, we also enhance awareness of ourselves. We provide for the other, and also receive the gift of, what Kohut calls, "the accepting, confirming and understanding human echo" (1978, p. 705).

Discussion Summary

After each colloquium lecture, a discussion is held. Selected portions are summarized here. In this session, Dr. Miller and Dr. Surrey joined Dr. Jordan in leading the discussion.

Question: When dealing with an angry depression as you describe it, how does one begin to re-establish mutuality?

Jordan: It has to begin with acknowledging that when people are depressed, their capacity for mutuality is impaired and that you can't expect the same kind of exchange with them. You have to give them some room to be in a more "taking" position. Clearly, if someone is getting stuck in that, you often have to turn to professional help. If the person is terribly depressed it's hard to address the issue of "I really want to help you and I care about you and you're shutting me out." Professional intervention can often help get through that impasse.

Miller: I was thinking about seeing depression in a relational way. Often the nondepressed person feels terrible, in part because of not being able to have an impact on the other person. People feel they give and give and try and try and there is not a response. It's the epitome of a nonmutual situation. The nondepressed person can become very angry from trying to be helpful and finding that it doesn't work.

Surrey: Sometimes when a depressed person begins to feel someone else has "used them well"-- that begins a spark of recovery, too.

Jordan: In group therapy we often see that when someone who has been depressed and immobilized begins to be able to give to someone else in the group. It contributes to good feelings about oneself and about the group.

Comment: As you were talking about Kohut

and the idea of needing a self-object for mirroring as being different from mutuality, I was thinking of the other side, the therapist's activity in terms of sense of empathic attunement to and appreciation of the other.

Jordan: Yes, the therapist is interested in the subjective experience and well-being of the other and attunes to it. In mirroring as it is usually described, there is a "self" and a "mirror." In the typical therapeutic paradigm this translates into a self (client/subject) and mirror/self-object (therapist). The person "needing" the self-object is caught in a unidirectional model; in Kohut's model s/he is not seen as being interested in what is going on inside the self-object. The other, then, continues to be a "need-gratifying object" in some way, not a whole, other "subject." In mutual relationships there are two "subjects" and there is an oscillation of self-other impact and activity.

Question: In a relationship, what happens if two people are too different from one another? Does that impair mutuality?

Jordan: If there is some difference of experience, the people have to stretch to understand and engage mutually. This leads to growth in relationships. If the differences are too great, it becomes hard to empathize, and identify with the experience of the other and hard to grow toward it. But difference is inevitable and actually contributes to personal growth; there can be an exciting "back and forth," a mutual enhancement and enlargement of each other and of the relational field. Empathy is never perfect attunement; it is in the approximations and reaching toward "feeling-understanding" of the other's experience that we develop and expand. Both people are enhanced by these interactions.

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