Work In Progress

Some Misconceptions and Reconceptions of a Relational Approach

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Abstract

Several comments and questions have been raised about the relational approach to psychological development. This presentation discusses some of the most frequent topics. It also moves on to reframe some psychological and psychodynamic conceptions such as autonomy, the unconscious, and others.

This presentation was given in the Stone Center Colloquium Series on December 6, 1990.

Aren't you idealizing women?
Aren't you idealizing relationships?

Jean Baker Miller, M.D.

In recent years several groups of workers have been building a relational approach to understanding psychological development (for example, Belenky, Clinchy, Goldberger, & Tarule, 1986; Gilligan, 1982; Gilligan, Brown, & Rogers, 1990; Gilligan, Lyons, & Hanmer, 1989; Miller, 1976; Work in Progress, 1982-1990; and others). Many people have been involved in this work, and we certainly cannot speak for all of them tonight. We will try to discuss some questions as we each see them.

Over the years, those who have read or heard presentations of the relational approach have raised cogent comments or questions about it. We will cover some of the most frequent ones. We suspect that this discussion will lead to more questions, but that is what is valuable. An ongoing dialogue creates the best hope for further clarifying and enlarging everyone's work. We will each speak briefly on one or two topics. I will begin with perhaps the most general questions.

Several sub-topics come under the question about idealizing relationships, for example: You don't see the bad or destructive aspects of relationships or that turning to relationships is basically defensive. It is defensive because it results from fear of, or from inability to, develop or advance oneself. From the perspective of some feminists, focusing on relationships represents a continuation of the old condition of women serving men or serving the patriarchy as opposed to finding full self-hood and liberation through autonomy, independence, and the like. That is, doesn't this perspective lead to sending women back to their old place making relationships for others, especially men and children? Some clinicians comment that this relational approach means "being nice" as opposed to being analytical or therapeutic.

Idealizing women

First, about idealizing women — some of these comments may follow from our history. We concentrated in the first few years on working very hard to "depathologize" many aspects of women's behavior and characteristics, and to emphasize that what this culture and prevalent psychological theories

have seen as weaknesses or symptoms of pathology can be seen more accurately as strengths or the seeds of strengths. Examples are such features as "emotionality" or the centrality of relationships.

We believed it was important to try to shift this groundwork before talking about so-called "pathology." By contrast, all traditional models in the psychodynamic field have begun from a base in pathology or deficiency. Although we did talk about some problems earlier, only in the last four years or so have we turned to more concerted attempts to try to explain various kinds of psychological troubles.

I believe that more people should continue to work on emphasizing women's strengths and women's values because powerful forces still act upon us to lead us to ignore or diminish these valuable characteristics. While some changes have occurred, it still takes extra effort because most of us have internalized a deficiency model of women. Indeed, I believe that some of the comments may come from the fact that women, ourselves, still have trouble claiming our own strengths and values enough. We can still find it hard to believe that how we tend to think or feel, or what we tend to want or like is valuable and important — as compared to some of the things we supposedly should be striving for which often don't feel as congenial.

All of this, of course, doesn't mean that women are all good. And an empathic approach, by definition, does not mean idealizing. Idealizing is creating a falsity. Nor does an empathic approach mean being a "nice person." An empathic approach means the attempt to be with the truth of the other person's experience in all of its aspects. Thus, for all women — and all men — it has to mean to be with the difficult, conflictual, and destructive feelings and thoughts that we all experience. But it also means being with the strengths and potential strengths as well.

Idealizing relationships

One approach to this question is to say it concerns a basic belief system about the human condition. Once we examine women's lives without accepting prior assumptions if they do not apply, we

begin to see that certain generally accepted propositions are not necessarily true. They follow from certain beliefs. So, for example, the notion that the goal of human growth is to develop a separate, individuated, well-bounded self, as is said to be exemplified by white middle class men, follows from certain assumptions. From another perspective, we have proposed that the goal of development is to participate in increasingly empowering relationships. It is probably impossible to prove that either of these sweeping statements is "true." However, we can look at the social as well as the gender origins of each notion. We can also ask whose purposes each proposition serves? And what evidence can we bring to bear on each?

To deal with only the last point at this time, it seems apparent that the human condition is to grow and live in groups. That is, human beings can develop only within relationships with other people, more specifically, other people who can engage in relationships in a way which fosters the development of the people in them. However, once we have a societal system in which one group has made itself a dominant group, that group obviously cannot create a system of relationships based in fostering the full development of all people. By definition, a dominant group cannot build a system based in empathy for, and empowerment of, others. But all societies must provide such relationships to some extent, otherwise no one could develop at all. This whole realm of activity has been delegated to women to fill in for everyone. Once so delegated, it has not been truly valued, or even well recognized.

By contrast, we can look upon this growth fostering activity as the most valuable of human abilities, an activity in which everyone can participate. This form of activity differs from the models we've had so far. It seems increasingly obvious that our societal models inevitably cannot be models of what it is to be fully human but models of what you should be in order to be a member of a dominant group.

If we turn to thinking of a model based on the strengths women have demonstrated, we can begin to envision another model for all. Certainly we are not suggesting a model based on serving others from a subordinate position, but a model in which everyone learns to participate in relationships which are growth-fostering for all the people involved, that is, mutually empathic and mutually empowering relationships. The essential concepts are mutuality and movement in relationship. Growth fostering relationships have to be mutual, or more accurately, moving toward mutuality.

We are certainly aware of the problematic aspects of relationships, but we believe they can be understood in this context. No one has attained the ability to engage fully and well in mutually empathic and mutually empowering ways. We all have the potential, but we all have limitations because of the non-mutual background from which we all come and in which we still live.

To put all this another way, many people are trying to understand why they feel so miserable, or why relationships often can be so hurtful and destructive. Our obligation in the mental health field is to search for the origins of such problems and to try to discover what to do about them. In general, we are suggesting that all growth takes place within mutually empathic and mutually empowering relationships, and problems follow from the disconnections that occur in non-mutual relationships. Because our society's historical tradition and our formative relationships have been non-mutual, all of us are still caught — to varying degrees — in the problematic consequences of this non-mutuality and these disconnections.

At present, we're trying to describe more thoroughly what tends to go wrong in many relationships — between women, between women and men, in families as a whole, and in larger contexts. In all of these situations, we believe the important concept on which to focus is the "movement of relationship." That is, it is not a question of characterizing individuals as static entities but instead a focus on whether relationships are moving toward mutual empathy and mutual empowerment, and if not, what is preventing the movement.

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Do you believe that the concepts of self and autonomy are useful in understanding women?

Judith V. Jordan, Ph.D.

Or as a woman at our Cape Cod seminar asked, "What is the Self and where is it located?" In traditional psychology the concept of self has been heavily objectified, spatialized, and reified. Further, psychological theories have viewed the self as primarily agentic, that is, acting on its surround from a place of relative independence and as using supplies from others to support its well-being and growth. This conceptualization portrays the self as a bounded, separate, and self-sustaining entity organized around self-development. This paradigm emphasizes its abstract, de-contextualized, and molecular nature. In contrast, the relational perspective stresses "being in relation," an interactional, ongoing "process of being" rather than a static structure dedicated to increasing self-sufficient functioning. Instead of self-development, we stress the importance of relational development.

The prevailing concept of self is modelled on the now outdated Newtonian physics, a paradigm which posited separate objects posessing clear identities whose interactions were secondary to their atomistic and bounded structures. The philosophical, socio-political context, which supported the development of this notion of self in Western culture, celebrated the sanctity of the individual and the importance of individual rights and entitlements; the individual was seen as needing protection from the presumed aggressive self-interest of others and from the impinging community. In this worldview, a pessimistic expectation of individual selfishness led to overvaluing the separate self at the expense of connectedness and community. Self-sufficiency and self-control, then, constituted an important part of the definition of the "ideal man;" self-interest became equated with health, while interest in others' well-being became equated with self-sacrifice or the devalued work of caretakers, i.e. women.

Related to this traditional image of self as separate and relationships as impinging, was the emphasis on autonomy. "Autonomous" literally means "self-governing." In many models of separation and autonomy, there has been a heavy focus on freedom from restraint by others and from having to attend carefully to the effects of one's actions on others. But is such a state really desirable or possible in any but the most abstracted, non-mutual, non-empathic situations?

In a paradigm that recognizes the relational and interdependent nature of our lives, we might replace "autonomy" with the capacity to be clear in our thoughts, feelings, and actions; to act with intention; to be creative and effective, but always with awareness of the source of our energy in relationships and with recognition of the impact of our actions on others. The capacity to integrate individual and relational goals and to deal with conflict within relationship becomes essential. I have referred to this as "clarity in connection" (Jordan, 1987). An appreciation of relational responsibility and context does not impair our effectiveness in the world; rather, it can positively influence and support the direction that our creative and productive energies will take.

The notion that one achieves safety in bounded separation, and strength in "power over" others, contributes to, and derives from, a view of the self as territorial, in control, mastering nature, and guarding itself against what is thought to be an inevitably predatory and competitive spirit in others. The need to connect and to make contact becomes subjugated to, and distorted by, the need to defend oneself from others. "Boundaries," then, are defined as means of protection rather than as channels of meeting, exchange, and communication. In protecting itself from others, the bounded self is restricted in its openness, disclosure, and emotional responsiveness. Traditional theories have fostered an overemphasis on static and self-preserving structure, rather than on lively initiative and responsiveness in interactions. Given this emphasis, Jean Baker Miller's (1984) statement seems apt: "As we have inherited it, the notion of 'a self' does not appear to fit women's experience."

Where, then, are we on this question? Some of us first modified the isolation of "the self" with hyphens, hoping that the term "self-in-relation" would emphasize the primary connectedness of the individual. With this phrase we tried to convey the sense of a being always developing with, and in relation to, others. But even this term begins to feel

like a distortion, something too easily objectified, losing the fluidity and movement that we feel is essential to women's experience. Jean Baker Miller suggested an alternative term, "being in relation," which nicely captures the ambiguity of the noun/verb, structure/process quality of what I think we try to portray as women's sense of self.

Our perspective appreciates, along with traditional models of self, that people experience a sense of personal history, continuity, and coherence; that we demonstrate initiative and responsiveness; that we feel body sensations and limits; that we are aware of emotions and organize our experience in meaningful ways. We also view solitude, feeling effective in work, and relating to the whole non-human environment as essential human experiences. But our perspective stresses that we thrive in being in connection. We acknowledge intrapsychic reality, but we see the context, the ongoing relational interplay between self and other, as primary to real growth and vitality. We are suggesting a shift from a psychology of "entities" to a psychology of movement and dialogue. The goal of development is not the creation of a bounded entity with independent internal psychic structure that turns to the outside world only in a state of need or deficiency. On the contrary, in the ideal pattern of development, we move toward participation in relational growth rather than toward simple attainment of personal gratification.

The full realization of relational development depends on the flow of mutuality. An individual must be able to: represent her or his own experience in a relationship; to act in a way which is congruent with an "inner truth" and with the context; and to respond to and encourage authenticity in the other person. Participation with another person(s) leads to a jointly created "feeling-milieu" and contributes to effective action for both (or all) people. In an authentic and mutual relationship, one will not be too accomodating (i.e. self-sacrificing) or egocentric (other-sacrificing). Often what people refer to as difficulties in "self-function" (so-called co-dependence, "masochism," or "self-defeating behaviors") are really failures of mutuality in the relationship. Importantly, mutuality involves commitment to engage in the development and support of both people; it involves respectfully building a relationship together that both sustains and transcends the individuals engaged in it.

In fact, self, other, and the relationship are no longer clearly separated entities in this perspective but are seen as *mutually forming processes*. We are suggesting a profound rearrangement of traditional theories of "self-development" when we propose a model of "relational development" where, "the enhancement of the relationship may constitute a greater goal than individual gratification and ironically may lead to greater individual fulfillment" (Jordan, 1987).

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How can a group of white, heterosexual, privileged women claim to speak of "women's" experience?

Alexandra G. Kaplan, Ph.D.

Our work over the past 12 years has centered on ways that mutual relational processes enhance and empower women. We wanted to offer an alternative to the common tendency in developmental theory to define women's experience without identifying or exploring gender as one aspect that might profoundly affect the nature, course, and outcome of a developmental pathway. We therefore began by building on our own experiences, probing the interwoven nuances of our own lives, our clinical work, readings, our own group processes, and, implicitly, the different perspectives and frameworks we each brought to the encounter.

As a group of white, heterosexual, privileged women, or indeed as for any group of women, it is impossible to generalize from one's own work to assumptions about generic "women." Being conscious of these limits, we tried to use our own viewpoints as validly as we could as a basic frame, or template, from which to expand on the scope of women's development in range, nuance, breadth, and specificity. In doing so, we recognized that we were speaking, at different times and in different ways, about "some women," or "most women," leaving implicit room for the impact of diversity, but not addressing it directly.

At best, we might enlarge our understanding of women like ourselves, but should approach with great caution any attempt to represent the lives of a broader range of women. We needed in particular to focus on what was "experientially near," and to look to others to speak to their particular frame and perspective. Thus, in part, we turned to writings and presentations by women from a range of cultural, political, spiritual, or racial backgrounds. These women included Turner (1987), Gartrell (1984), Spelman (1988), MacIntosh (1988), Rich (1980), Heyward (1989), Cook-Nobles (1989), Mencher (1990), and others. Each, in her own way, pointed both to the ways that women's experiences are marginalized and devalued in patriarchal culture, and the ways that women find strength through connection and community, creating, in Lewis' words, "vital arenas of political survival and cultural resistance" (Lewis, 1981). In their consciousness of culture they reminded us that we all have a culture, even though, as Hooks (1981) notes, in a racist society, the dominant group has the freedom to include or dismiss racial or other cultural identities as a consideration. Importantly, they also reminded us that those who label themselves the so-called "mainstream" represent but one small segment of a broad and diverse melange, and in fact, as privileged women within the world community, constitute a decided minority.

As such, we as a group have some particular considerations to bear in mind. One of the most important is that each woman should have the right to determine the qualities by which she chooses to define herself. No one should presume to label for another what factors comprise her self-hood, or into which of a range of possible categories (just for example — working class, musician, student, parent, homeowner, athlete, Catholic — the list is endless) she would define herself. Patriarchal culture has provided us with deceptively convenient, and therefore, all the more dangerous and oppressive, structures for categorizing groups of people (usually by social class, race, ethnicity, religion, or sexual preference). This categorization, then, becomes a vehicle by which those who claim a dominant position can presume the right to determine which aspects of identities are core, and by which aspects others will be known. Further, as H. Sussman (personal communication, 1990) notes, such arbitrary labeling also belies the richness and diversity that resides within each of us. Instead, people are known only in terms of where they fit in an arbitrary hierarchy of worth as defined by the dominant culture. The phrase "person of difference," for example, is in fact a meaningless term. It implies that there exists a larger, homogeneous body of people, whom one would have to call "normal" or "standard" people from which to cull out those who would be called "people of difference." In reality however, we are all different — from one another. As Spelman (1988) makes clear, there is no "essence" of women that serves as a "core" which we can then "expand upon." There is only the particularity of each woman's life as she understands it, an experience that is fluid, complex, and multiply layered.

One aspect of oppression, then, is to label someone with an "identity" that belies her vision, or to treat someone as a part of a category, not as a unique individual. But there are many times when others claim the right to define our core being or identity in contradiction to our own sense of ourselves. A child from a wealthy family, for example, may be considered privileged by her poorer classmates, but herself feel shame and isolation because of her status and the material posessions which surround her life. While her classmates might consider her lucky, she herself might feel most poignantly the fact that she had never learned the games that the others played, and was not allowed to go home with friends after school. Her struggle involves not only isolation from her peers, but more importantly, being placed in a category and an identity which completely denied her authentic way of being. If she had had an opportunity to share her discomfort with others, and the means to act in a way more consistent with who she was, she could have created a process for engagement through difference, rather than an experience of isolation and shame. As Keller (1985) notes, acknowleged difference between self and other can create the opportunity for a deeper knowledge of self and other and a deeper sense of the capacity for growth through connection.

From this starting point one can build toward connection. In doing so, we each need to speak for ourselves and our own realities. This entails examining our beliefs and assumptions, so as to be aware of our particular pathways toward engagement and the potential fears or inhibitions that may curtail our openness to understanding and trust. It may also mean listening to others for areas of misunderstanding, or for common but unacknowledged threads that are discovered through dialogue. Movement toward mutual connection and mutual enrichment, then, provide an opportunity for evolving, changing, and growing understandings of one another in terms of the particular contexts that each bring to an encounter. Through openness to one anothers' experience, each can expand her awareness of the others' context, feeling a greater sense of engagement through both similarities and differences, valuing what feels familiar and what feels new and challenging. There is an appreciation of the power and the vulnerability that each contribute, and a growing awareness of what processes for each are empowering or diminishing. Through their shared engagement, each comes to feel more connected to the other, more able to appreciate and value the other's frame, more open to exposure and risk, and more motivated toward continued engagement.

Jordan (1989) notes the paradox of empathy — that by joining with another, self and other (and the relational process) are enhanced. In an empathically grounded relational process, difference becomes a source of enlargement if each person can expand the boundaries of her experiences and if each can speak where she might otherwise have been silenced by shame or uncertainty. In a Western culture which, despite many changes, still operates in hierarchies of power and control, one may well hesitate to engage with full honesty, or reveal aspects of oneself that may not coincide with the experience of the other. It is hard to openly and honestly engage if one has been taught to fear or dismiss the other. Sometimes, it is useful to simulate a cross-cultural engagement in the form of an exercise, or lead people through a guided fantasy in which people are asked to imagine that they are outsiders within a cohesive and more powerful group. Such exercises can alert those involved to potentially new feelings of fear and alienation, but also of empathy and compassion. From there, one can then begin to envision ways to engage across cultures such that everyone's experience is affirmed.

As noted above, women, whom the prevailing culture marginalizes or oppresses may need to suppress feelings or inhibit reactions to others, because of potential shame or alienation (Miller, 1988). They may also have internalized racism, sexism, or homophobia, thereby doubting the truth of their own perceptions, or feeling responsible for relational breaches. Further, women in the dominant group are all vulnerable to what Bernardez (1988) has called "cultural countertransference," the insidious ways that unconscious, culturally embedded assumptions about others distort one's ability to see others as they would like to be seen, to know them as they would want to be known. These layers of assumption or uncertainty can obscure paths to more open and honest interchange.

As a particular group of women engaged in the study of women's relational processes, we began by probing our own contexts as individuals and as a group, searching for greater clarity about the specifics of our own experiences. Simultaneously, we built on the particular realities brought to our work by women with a wider range of backgrounds, who enriched and challenged our own perceptions. Through these encounters, we could more clearly understand the processes by which differences serve as pathways toward a more complex and multi-layered engagement. Each of us here tonight can attend to the multiple realities to be discovered through trust in connection, and can gain the humility to recognize

that one's assumptions always need further examination.

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What is the role of transference and the unconscious in the relational model?

Irene P. Stiver, Ph.D.

I will begin with a question contained in a letter to me, after I presented a paper on "The Meaning of Care: Reframing Treatment Models" (1985). In that paper, I proposed that the traditional model of therapy which required that the therapist be relatively neutral and guard against more open expression of feelings toward the patient, was in fact not very therapeutic for women, for whom relational connections are so vital.

The writer asks: "Isn't it necessary to include in the treatment relationship, the transference relationship?" She is concerned that attention to the "real relationship," which she feels is important, results in leaving out the significance of transference phenomena. She writes: "Developing a model of treatment which is based on a caring relationship still requires attention to the transference relationship; otherwise treatment may not reach it's goal. Caring alone is not sufficient."

This question reflects a significant misunderstanding of the concepts of mutuality and empathy, and it assumes that attention to those aspects of therapy which have not been adequately addressed by traditional theories must necessarily preclude attention to other therapeutic phenomena, such as transference, countertransference, the role of the unconscious, dreams, and the like.

Transference

Indeed, we believe that if the therapist is authentic and caring, she creates a more fertile ground for the essentials of transference to occur. Because we are all replaying all signficant relational dynamics in our lives in all relationships, we cannot avoid doing at least that in the therapeutic relationship. So, we do attend to "transference phenomena," but we are also reframing our understanding of transference and countertransference and the ways we work with these processes in therapy.

In fact, transference is very much a relational phenomenon; memories of one's past relationships, with their connections and disconnections, are expressed in many ways, in "a playing out," often symbolically and without awareness. Contrary to the traditional notion that it is the "blank screen" of the therapist that allows the tranference to emerge and be "worked through," we believe that a genuine relational context provides *the safety* and conducive setting to attend to representations of old relational images in the transference, in a way that can be most helpful.

A short vignette will best illustrate the power of the transference in the setting of an ongoing "real" therapeutic relationship. I had had a minor accident which resulted in a bad foot sprain and could walk only in my Nike sports shoes. A client whom I had been seeing for more than three years, and with whom I felt comfortable and authentic, entered therapy the first day after my accident and saw me walk ahead of her with a decided limp. Clearly very angry, she sarcastically began the session, saying, "So, now in addition to everything else you do, you're out there running with your friends every morning." This reaction was perfectly meaningful to me. I understood it as her expression of the kinds of feelings of inadequacy and envy, which characterized her early relationship with her mother, who displayed enormous activity and energy and expected her daughter to perform and achieve for her.

Lack of neutrality, thus, does not seem to ward off the development of transference. Yet I was taught that it was both the therapist's neutrality and her/his "non-gratification" of the client which facilitated the emergence of the "negative tranference." That is, these conditions allowed for the release of angry feelings toward signficant early figures (mostly mothers) and their projection onto the therapist. But a large part of these angry outbursts toward the therapist may be more an artifact of this therapy model itself, rather than an expression of "negative" transference. The therapist's witholding and "non-gratifying" stance and the consequent lack of responsiveness may be enormously frustrating and alienating for the client, who responds with anger, despair, and other negative reactions.

We believe that focused attention to transference phenemona provides the central work of the therapy. By working with the relational images which emerge in the transference, client and therapist can gain

greater understanding of past relationships, which have resulted in disconnections and distancing from others. They can then explore together those disconnections in past relationships, which lead to distorted expectations of self and others and are projected onto new situations, such as the therapeutic relationship.

Let me share a brief vignette which illustrates the ways in which transference images can be addressed productively with a relational perspective. A therapist I supervise told me about a client she has been seeing for almost a year who expressed great difficulty in talking and is often mute. As we explored this problem, I learned: 1) that the client's ostensible reason for coming into therapy was that her mother didn't want her to, and 2) that over time the client has been able to state that she is afraid that if she does talk about herself, the therapist will tell her to leave. The transference issue that is most apparent is her replication in the therapy of her struggle with her mother, e.g., how to stay connected with her, but also how to be out of relationship with her and defy her because of past hurts and anger.

To come to therapy and not talk allows her to ward off her mother by defying her; but she also stays in connection with her by complying with her through not truly engaging in the therapy, i.e. not talking. With her therapist, she replays the same dilemma, and distances and disconnects from her. This seems to be an expression of her expectation that the therapist, like her mother, will not want to hear what she has to say, nor respect her need to talk about herself and find help. She can then feel as conflicted with her therapist as with her mother, and as isolated and disconnected. Her therapist can talk about this by beginning to name the dilemma, to see it *not as resistance,* but rather as the client's intense efforts to *maintain connection* with her mother while she tries to *protect* herself from being wounded again. When the therapist takes this perspective, which is also non-judgmental and uncritical of her mother, she empowers the client to see that she can be connected with both her mother and her therapist.

In reframing the understanding of transference phenomena and the ways of using these phenomena therapeutically, I would like to focus on two of the differences between the relational model and traditional approaches: One is the need for neutrality of the therapist in order for the transference to emerge, and the second is the usefulness of "interpreting" the transference as the major work of the therapy.

The first point about the neutrality of the

therapist, I have already addressed in part. That is, transference phenomena emerge in all relational settings, and it is important to know that and to recognize and respect their importance in the treatment. But, in addition, we believe that the very neutrality and distancing by the therapist impede the ways in which therapy can provide a "corrective relational experience" — i.e., a new and different relational experience. As long as the therapist remains "neutral" or relatively non-communicative, the client does not experience as effectively as she could the significant *differences* between the client's real relationship with the therapist and those relational images from the past which the client re-experiences in the therapy.

The next point is about the interpretation of the transference. I am not at all persuaded that the therapist offering formulations about the transference to the client is necessarily as effective as we were taught it would be. Clients can often experience these formulations as highly intellectualized, not very meaningful, and often as criticisms.

In the relational model, as two people struggle to establish a relationship of trust and mutuality, the therapist needs to be keenly aware of how she feels *she* may be misunderstood in the light of the transference projections. As she begins to understand more and more, she can become more aware of her own experience of difference, as well as some similarities, between her and these projections on her which she experiences from the client. She can then begin to modify her inner attitudes and overt behaviors in a way which will consistently and regularly highlight to the client the significant differences between her and those disconnecting relationships in the past. All of this need not necessarily be verbalized.

Perhaps in some instances it may be best not to verbalize about transference until enough trust and mutual participation in the therapeutic process has evolved. I do not mean that the therapist should role-play, nor behave in some contrived fashion to "look" different from past important people in the client's life; rather I mean that the therapist needs to become more aware of *who she is* and how she sincerely does want to relate to the client more constructively than the client experienced in the past.

If the interpretation occurs *without living out* this difference in the therapy, a client may experience it only cognitively — as an intellectual exercize, making little difference in reorganizing her experience. It may also be too threatening to call attention to the destructive aspects of past relationships before the

client has established a solid sense of connection and mutual understanding with the therapist.

Countertransference

A few words about countertransference as another vehicle for mutual growth and change: As the therapist attends to those countertransference reactions which help her understand more about the client's experience, she can more empathically engage with her; by sharing in carefully timed fashion her own reactions and their meanings, a newer level of connection will emerge in the relationship. There is not sufficient time to explore other complicated issues involved in the countertransference, but Janet Surrey will be taking up some of these issues in her discussion of mutuality.

The unconscious

Some brief comments about the unconscious: If the relational context develops so that the client feels safer and safer over time and experiences the therapist as real, accessible, and truly participating in the therapeutic work, then memories do begin to emerge which were previously "repressed," split off, or robbed of their meanings and importance. The notion that a "correct" interpretation with perfect timing lifts the repression, and the unconscious becomes conscious, and dramatic change occurs, has not been part of my clinical experience. Rather, as the sense of connection between therapist and client grows, the client becomes able to know and understand those parts of her experience which had been too painful to encompass.

In the same way, relational distortions and destructive relational experiences, which may have been too threatening to even look at before, can begin to emerge when the client can trust that the therapist will be able to tolerate these experiences, responding genuinely and affectively to them. As the person feels more accepted, she can bring more and more of her whole person into the relationship, which we believe is the way she will gain access to unconscious or previously split-off experiences.

Reference

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What do you mean by mutuality in therapy?

Janet L. Surrey, Ph.D.

Mutuality is the fundamental property of healthy, growth-enhancing connections. In these connections both or all participants are engaged in creating mutual, interactional growth, learning, and empowerment. In relationships based on the search for mutuality, each participant can represent increasingly her feelings, thoughts, and perceptions in the relationship, can have an impact on the other(s) and on the relationship, and can be moved by or move with the other(s). Mutual empathy and authenticity suggest a way of being "present" or joining together in which each person is emotionally available, attentive, and responsive to the other(s) and to the relationship. Mutuality describes a creative process, in which openness to change allows something new to happen, building on the different contributions of each person.

This forward movement toward enlarged connection, clarity, vitality, and awareness is the movement of mutual relationship. We believe that these qualities are fundamental to the therapy relationship, i.e., that the movement toward mutuality is central to healing and empowerment. We have just begun to try to articulate the specifics of these notions for the therapy relationship. We have described the capacity to engage in mutual relationships as the goal of psychological development, and we see the growth of mutuality and enlarged connection in the therapy relationship as the core of therapy, not the ground or context within which the real work occurs, e.g., interpretations or transmuting internalizations.

Clearly, the therapy relationship has unique properties. It has a specific purpose and primary focus on the growth and healing of the client through elucidation of the client's experience. The therapist brings herself and her experience to the relationship with this purpose and responsibility. The relationship has a relatively fixed structure, an economic basis, certain power inequities, and legal constraints that must be acknowledged. However, when the therapy relationship is working well, client and therapist come to a sense of shared purpose, a "working together" which implies commitment and emotional investment in the relationship as an arena for growth and change.

Initially, the therapist may assume more responsibility for the relationship, but as therapy proceeds, the client takes on an increasingly shared responsibility for the relationship.

For the therapist, mutuality refers to this way of being in relationship: empathically attuned, emotionally responsive, authentically present, and open to change. The therapist's growth in the relationship involves enhanced empathic possibilities, capacities to stay present with a range of complex and difficult feelings in herself and others, and greater freedom to "stay in" the process and bring more and more of herself *into* the relationship. With increasing clinical experience, I have developed much more trust in the process and feel far less concerned about following an externally defined standard of how to "be" or how to "do" therapy. I am also aware of the energy, investment, and vulnerability necessary for engaging well in the therapy; I have come to see my own limits of energy and openness. The complexity and creativity of this relational stance require much more attention and study.

It is essential to emphasize what we do *not* mean by mutuality in therapy. We certainly do not mean disclosing anything and everything with no sense of purpose, impact, timing, or responsibility, nor do we suggest inattention to the complex power dynamics of this relationship. Some clinicians have expressed concern about the notion of therapist's authentic engagement. They relate it to the loss of neutrality and therefore loss of opportunity for the patient's projection and transference. (Irene has just discussed the hardiness of transference!) The concern also appears to be that speaking about the involvement or growth of the therapist suggests a possible loss of boundaries, "gratification" of therapists' needs, or clients "taking care of therapists." This notion is based on a zero-sum model of gratification based on a separate-self paradigm of self-interest: If I get, you lose. In fact, standards of distance and detachment have *not* precluded gratification of inappropriate needs on the part of some therapists. An ethic of mutuality and authenticity is far more likely to keep the therapist empathically grounded in the realities of the client's experience and well-being.

It is striking that the traditional emphasis in our field has been on the potential negative impact of therapist involvement. It seems more likely that *lack* of authenticity, openness, and responsiveness paves the way for abuse and suggests whole new definitions of "relational abuse." I suggest we need to attend to both sides of the question in any clinical situation. What is the potential impact on the relationship of involvement of the therapist and what is the potential impact of therapist non-involvement, detachment, or neutrality? Jordan (1990) has discussed the negative impact of emotional neutrality and non-responsiveness in therapy with sexually abused women and incest survivors.

Mutuality does not mean equality, sameness, or a simplistic notion of mutual, personal disclosure. Since the therapist is always there and always participating to some degree in the relationship, it is odd to think that disclosure can be avoided. Our clients, in fact, know us very deeply in some ways, even if they don't know particular facts. (I remember one man I saw who actually sympathized with my vulnerability around disclosure. He came to my office, saw my messy desk and the like, and he could hide these physical realities of his life!) An ethic of mutuality does not mandate disclosing facts or answering questions. Therapists make decisions about disclosure depending on the situational, personal, and relational aspects of the therapy at any given time. Mutuality in therapy would suggest engaging with the client around such decisions, giving clear and honest explanations about why one may not be disclosing. Opening to an interchange around the decision may lead us to more possibilities for productive change.

When I think about the criteria I use to decide about verbal or conscious disclosure, they center around the potential impact on the client, myself, and the relationship. Will this help move the relationship toward expanded connection? Will it enhance the possibilities of empathic joining, either through my reaching out to join with the client, or, sometimes, by asking the client to stretch to encompass something difficult to hear from me? Also important are: my assessment of how well I know the person, how strong or fragile the relationship is, how much might the material effect the client's freedom to be spontaneous without fear of burdening me, or how much will *not* sharing something have a negative impact on my being present and responsive in the relationship.

Working within the relational model has moved me to be much more open about my own thinking and processing in the therapy relationship. Similarly, supervising therapists, I often suggest the value of

letting the client hear you think out loud about your own thought processes, almost as they occur — e.g., "I'm aware that it's very important for you to know X, but I'm also considering what opportunities we might lose for exploration if I told you now," or "I'm aware of how important this is for you because of your past experience with therapists, *and* I'm thinking about my own sense of comfort, too." The therapist can work to expand this process, thus building the sense of *We* — of working together, which we call relational empowerment — e.g., "Let's think about how *we* can work with this now."

The therapist's use of I and We language is very significant. I am here as therapist and I share (this word has such a different feeling than disclose!) my thoughts, perceptions, feelings, and insights about what is being discussed. I am also here as therapist with a personal history or current reality you may want or need to know about (e.g. I am pregnant). The therapist is here as part of the We of the relationship and she may also use the We to include herself in other aspects of the patient's experience, e.g., the We as women, or as lesbians, human beings, or cat lovers. I often find myself sharing very different aspects of my own life and experience with different clients, depending on what we're talking about, or where they feel most isolated or alone in their experience, or with what particular struggles they are grappling.

Indeed in reviewing my experience, I'm amazed at the very different parts of my life I have shared with particular clients. Sometimes it is these moments of sharing that feel most memorable or healing, yet it is likely the longer ongoing work in the relationship that makes these moments possible. Clients frequently recall the therapist's risking vulnerability and openness as deepening their sense of themselves as trustable and reliable relational beings and as enhancing their sense of the power and meaning of the therapy relationship.

In the classical sense, "countertransference" reactions come from the therapist's past unresolved experiences. Clearly, we would emphasize the importance of the therapist having a relational context which helps her to understand her own past and present life experiences. Especially when a particular therapy relationship is difficult or confusing, the therapist needs to make certain she has a growthful relational context for herself. We also emphasize the importance of an enlarged relational context for client and therapist together — through adding other therapists, groups, or consultation — not as signs of failure but often as necessary arenas for growth and relational movement.

In an ongoing therapy relationship, unusually strong or atypical responses of fear, anger, boredom, etc. in the therapist may signify countertransference phenomena in the relationship. They can be most relevant for expanding empathic connection when shared in a non-destructive way. The concept of countertransference to describe the emotional reactions of the therapist is only a small subset of what we mean by mutuality; mutuality involves the whole movement and development of the relationship.

To deepen our clinical work in a relational model, we all need an empowering community which facilitates our growth and confidence in the relational mode, helps us to heighten our sensitivity and articulateness about the nuances of relational phenomena, and helps us work with our own personal and professional mutuality.

I realize in saying this that I am still saying that the therapist is not totally spontaneous, that she is still taking major responsibility for the relationship and is making many one-sided decisions based on her view of what will further the relationship. As therapy proceeds, she should move into greater spontaneity and openness. Some of this process would be true in any relationship. We become more spontaneous, open, and trusting as we learn more about each other. The movement from major responsibility for the relationship to more mutual responsibility, however, is a characteristic more specific to the therapy relationship. We are still struggling with this issue. It is possible that we are still too caught in traditional views which arise in a non-relational framework and that we don't see the ways in which mutuality can occur earlier and more fully.

I hope we all will be working together to grow into an empowering community and to deepen our understanding of these central issues.

Reference
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Discussion Summary

A discussion is held after each colloquium presentation. Selected portions of the discussion are summarized here.

Question: There are some groups in society that are more dominant than others, and implicit in some relationships is the power differential. If there is a power differential, it would seem that mutual empathy and mutual empowerment cannot be achieved. Isn't there then a need for a sense of individual autonomy based on the old definition, because the more dominant individuals and groups do impinge upon other individuals (e.g. minority group members, women, and others)?

Jordan: That's an excellent and difficult question. There certainly are power differentials which interfere with the development of mutuality. Dominant groups do not want to hear the authentic experience of the subordinate group if it conflicts with their needs. They find all sorts of ways to silence that group. It is very difficult but very important for the less powerful groups or persons to try to gain clarity and to find a way to represent their truth in the relationship and to continue to function effectively outside the relationship. Some might call this autonomy. Where there is a power differential, there is a suppression of real conflict and of the authentic voice. That's an incredible problem. In such a situation, where a more powerful person is destructively impinging on you, you will often have to move out of connection. This takes a lot of courage and confidence, which is most often engendered and encouraged by having other connections.

Stiver: I would like to elaborate on that a little bit. I think, as Judy has said, the concept of autonomy can be translated in various ways, in terms of the relational model. Finding one's own voice, to use Gilligan's words, feels to me another way of talking about autonomy. I think we find our own voice only when we have a network of support. When faced with that power differential, the more we can find others who are also in subordinate positions, who are able to join together to validate our experiences, the stronger our voices become. In the face of power imbalances, we do feel in some degree of isolation, but it can be countered by a relationship to a network of support. That's how empowerment happens, which makes for the possibility of bringing about some changes in that imbalance.

Question: Another related question: Is, or how

is, mutuality possible in a relationship in which there is a gross power differential? For instance the therapeutic relationship and also in heterosexual couples?

Jordan: I find this very problematic and I have been struggling with it a lot lately. One thing I think is important in therapy is that there is the hope of empowering the client *and* the relationship. This is not a permanent power imbalance and the therapist should not use the power to exploit the client but to try to serve the client's needs.

Surrey: There are structural power factors in all of our relationships based on sex, class, race, age, and other factors. On another basis, we hear men say that women have so much power in relationships because that is how they often experience it. There are times when we can feel that our clients have power or that parents feel that their children have. In all situations, the search for mutuality is the emphasis.

Stiver: In therapy, the attempt to move toward mutuality is a goal that two people can try to reach together. Even if it is not yet all that we might wish, this is more true for the relational model than in the more traditional models where there is silence and prohibitions against therapists' emotional responsivity.

Miller: The oppressed or socially unequal person does have some kinds of power, as Jan suggests, but there is no question who has the structural power in the two situations you raise. So far, the best way that we've reached to talk about it is to think of moving toward more mutuality or engaging in the search for mutuality. In the woman-man relationship, there can be a search for mutuality. Some of it is happening in individual relationships but in society we still have a long way to go to bring about the structural changes in power.

Question: Where does creative activity or relationship to nature fit into all of this relational stuff?

Jordan: I think that often in solitude we are in active relationship with internal images of other people and memories that involve people. There are frequently internal dialogues with others. There is also something wonderfully important about being in relationship with nature and with the largeness of nature. We respond to it and are moved by it. These relationships can feel very expansive and sustaining. The openness and vulnerability we experience in being in some unspoiled and compelling place in nature are very important to our growth and well-being. This is different from trying to dominate or "conquer" nature.

Miller: We don't mean at all that people have to be with other people all the time. We are talking about developing psychologically within a sense of connection to others and with the world as opposed to a sense of isolation. Many people who are engaged in creative activities need the time and space to be alone; sometimes they need to move in and out of time spent with others in creative ways.

Surrey: I think the creative process is very much about the ability and freedom to move in new ways, to "move with," to receive "the new," to be spontaneously responsive. We're trying to suggest the kind of development which can lead to those possibilities.

Question: I am wondering whether you are now creating something of a deficiency model for men's experience. Men are also part of a patriarchal context, but it seems that we are creating a model that fits for women, but that negates the self-differentiated model that has been true for men.

Miller: I believe that a relational model is more true to the necessities of the human condition. Being forced to develop within a model that deprives you of that does leave you deficient. I really think that there are ways that men are forced to be deprived and distorted, as we discussed at our last colloquium. Women are too, but in different ways as we are saying tonight.

Kaplan: Building on Jean's comment, I believe that there are ways that men can grow in awareness of and attention to their experience, by building on the relational framework. Clearly men's and women's experiences differ in many basic ways, but the underlying process of discovery can be similar. We would strongly encourage, support, and applaud men who chose to really examine their experience in the long-term and probing way that we and others are doing with women's experience. This process may be harder for men, but therefore all the more necessary, because large numbers of men may not feel it as necessary to face the task of ferreting out their own authentic ways of being from the layers of assumptions and distortions placed on their realities. The question is whether and how men will choose to engage in the process; some have already done so. One of the problems that men face in this task is that Western patriarchal culture has created a false illusion of power and authority which can leave men with little motivation for change.

Question: While I agree with the revaluing, even reverencing, of relationship, there does seem to be something missing in terms of "exit" in the way

Carol Gilligan talks about "exit" and "voice." Isn't there a place for reverencing the breaking of relationships? Isn't exit also an empowering and valuable option?

   Miller: I think you're absolutely right. There has to be a place for exit. That is very different from the whole question of trying to build a separate self. There are certain relationships that are very destructive, and the best thing is that they be ended. Carolyn Swift's Working Paper on battered women, "Women and Violence: Breaking the Connection," brings evidence to show that the way to break connections is to make connections, that the women who have found a way out of very destructive relationships are the women who have been able to find new connections. They don't do it by becoming isolated and independent, but rather by finding valuable connections — in this instance, through the battered women's shelters.

   Stiver: For battered women in a shelter, for example, having the opportunity for validation of the destructive aspects of these relationships is what empowers women to move.

   Jordan: In the old theory, "exit" used to mean self-sufficiency and separation. We would suggest that optimal movement in "exit" is to move into a context where mutuality can be created. Mutuality is a goal that is clearly not always attainable at all times, but it is always the goal.

   Surrey: Growing into connection involves many forms of relationship, and time and space for solitude. The capacity for aloneness or solitude is very different from going into isolation. Isolation is a form of disconnection, not chosen — an outcome of unhealthy relationships.