

Work In Progress

Relational Images and Their Meanings in Psychotherapy

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Abstract

A relational approach to psychological development proposes that people create internal relational images built upon their experiences in relationships. Along with these images, they construct the meanings of the images, e.g., a child whose alcoholic parents often could not respond to her constructs the belief that she is not worthy of anyone's interest and concern. In psychotherapy people can come to understand their relational images and associated meanings and can alter them.

Introduction

As we have worked on our relational understanding of psychological development and psychological problems, we have found that we are led to premises different from those of traditional models. Over the last few years we have been trying to reframe psychotherapy in this light and have arrived at certain basic assumptions: 1) disconnections in relationships, especially when they are profound and chronic, are the source of psychological problems; 2) the major work of therapy is moving the relationship from disconnection to more and better connection; and 3) the paradox of connections/disconnections provides the central guide to the therapist's work (Miller, 1988; Stiver, 1990a; Stiver, 1990b; Miller & Stiver, 1991; Miller & Stiver, 1994).

This paradox refers to our observation that in the face of significant and repeated experiences of disconnection, all of us yearn even more for connections with others. But we become so fearful of engaging with others because of past neglects, humiliations, and violations in response to our yearnings that we begin to keep important parts of our experience out of connection. We do not feel safe enough to more fully represent ourselves in our relational encounters. This process proceeds within or outside of awareness. Thus, in our deep desire to make connections, we develop a repertoire of methods, what we call strategies of survival, which keep us out of authentic engagement.

In therapy it is essential that the therapist be continually aware of feelings of connection and disconnection and also that she remain empathic with both sides of the paradox—that is, the yearnings for connection and the methods used to stay out of connection.

Relational images

We would now like to add another basic feature in therapy (and in psychological development): relational images and their meanings. The strategies people develop to survive the pain of disconnection emerge out of layers of relational images which portray what has happened in their relationships through the years. These images are expressions of the central paradox, since they reflect a person's expectations and fears of how other people will respond to her longings for connection. It is the articulation and understanding of these different layers of relational images and the meanings they acquire that inform the therapist's communications and interventions in the course of therapy. In an earlier paper we referred to relational images in reframing transference (Miller & Stiver, 1991). Indeed, old relational images are "played out" in the transference, sometimes symbolically and without awareness and often in displaced and distorted forms. In this paper we will try to give more of a sense of how these notions guide us in our work.

Certainly many therapists would agree that talking about relationships is central to what they do in therapy. But their focus has largely been on the ways in which the significant relationships in a person's life have gratified or frustrated her important "needs" or how these relationships helped or hindered the formation of a cohesive sense of self, self-esteem, autonomy, and the like. Less explicitly stated, however, is the frequent assumption that it would be therapeutic to help the patient separate from those relationships which are seen as "pathological." The language used to talk about these relationships include words like "engulfing," "symbiotic," "enmeshed," or "intrusive." This perspective typically leads the therapist to help people recognize the ways in which these relationships are harmful and how much they impede development.

We believe, however, that relational awareness grows when we can acknowledge much more fully the power of people's yearnings for connection, even if with the very people whom they experience as hurtful, abusive, rejecting, undermining, and the like. Once said, this thought may seem obvious. Yet it is usually not discussed in the literature or in presentations of clinical material. This explicit acknowledgment helps people to feel that there is something understandable when they hold on to the very relationships that they

also know are hurtful. They know, too, that other people often judge them negatively for staying in such relationships, which is an additional source of bewilderment and shame.

This perspective moves both therapist and patient toward a greater understanding of the pain of disconnections in these non-mutual relationships. Thus, the therapist conveys her respect and understanding of the importance of her patient's longing for connection and at the same time validates and resonates with her patient's despair as well as rage toward those who have so wounded her. We believe this process does help people eventually to move out of destructive relationships and to find connections that are more mutual and empowering. The work of therapy can then move to more focused attention on what the patient expects of relationships and how these expectations were formed.

The relational images each person creates become the key inner concepts we use to order our experience. Since they determine our expectations about what will occur in relationships, they then guide our actions. They are the inner pictures we devise out of what's happened to us. Once created, we carry them in us. They become the framework by which we determine who we are, what we can do, and how worthwhile we are.

Other psychodynamic writers have talked about these inner creations mainly as introjects or internalized "objects." Thus, infants and children are said to introject the "good object" or "good mother," the "bad mother," and the "good breast" or the "bad breast." We think people form internal images of more complicated relational patternings. People have varying degrees of awareness of the patterns they have created. For example, a person may "believe"—although without full awareness—that as soon as she begins to reveal her feelings to another person, to count on another, or to feel close to another, then the other person will hurt her, attack her, or leave her.

But it is more complex than this. Relational images are probably built on very early images beginning in infancy. No one knows what really goes on in the mind of an infant, but Daniel Stern (1985) has suggested a description of likely patterns. For example, a young infant may begin to build a pattern that portrays, "This soft warm something feels good whenever it is near." As she goes on to have more difficult experience, this image begins to become more

complicated. She may alter the pattern to, "Everytime I try to get near the soft warm thing, something else gets in the way." Still later, "Whenever I get near the soft warm thing, I get angry because something is going to block me." As she gets older, "Whenever I get near a person who seems warm and loving, I get angry." Now a very different image has emerged, a condensation of complicated notions.

Relational images do not stop here. People can have many different kinds of experience, much of it inconsistent or contradictory. Thus, they may have confusing sets of images. Most important, people do not just take in these patterns passively; they also create ideas about what they can do about their experience. If they cannot engage with other people about the important events in their life, they are left to try to "figure out" what they can do—or must do—all on their own.

Thus, to continue the example, the child may "learn" that, "Whenever I get near a warm person and I get angry, the other person attacks me in response." She then tries to find ways never to want to get near a person who is warm and loving so that this chain of events will not occur. She may appear to be a person who remains distant and eschews close contact with another person, especially an emotionally giving person. Under it all she deeply longs for just that person, but she has moved a long way from knowing and acting on that longing. Or she may try to achieve this connection by never seeming to ask for it directly but by always taking care of other people. People devise a great many variations on such attempted "solutions."

Relational images comprise the individual's pictures of what she believes relationships must be and what she can possibly do in order to find some connection. If her available relationships were restrictive and hurtful, she has to do much of this creating alone. As she goes through life, if she does not have people who can engage with her well, her images become "confirmed." They can become quite fixed and difficult to alter. As a result, a person may have created a much more limited set of possibilities than is necessary. Even in a society that is not based on mutual relationships, there are sometimes more possibilities than a person has been able to construe on her own.

Meanings

To sketch in what we actually do in therapy, we must now add one more essential guiding feature: our notion about the constructions or meanings that we all create to explain our relational images. As we are developing these images, we are also creating a set of beliefs about *why* the relationships are the way they are. These constructions provide the *meanings* of the relational images and the implications of these meanings for each person and for her relationships.

Ruth, a woman seen in therapy, had a father who was alcoholic and a mother who was very preoccupied with her father's alcoholism and depressed herself. Neither parent was able to respond to Ruth's inner experience, her thoughts, and feelings. One of Ruth's relational images was the picture of herself trying to convey her experience and nobody wanting to hear her. Ruth's accompanying constructions then included her belief that she must not be worthy of connection since no one seemed to have an interest in what she thought and felt.

At the most basic and pervasive level, she had created constructions of herself as a deficient, defective, or blameworthy person. If the people most significant to her do not seem to want to be with her in her important experience or if they have repeatedly hurt her, it must be because she is at fault; she must be the cause of their disdain. *She* must be the problem.

Typically, a person creates meanings that assign blame to herself. As disconnections recur—and, most important, as a person cannot find a way to engage with the people close to her about them—her sense of condemnation intensifies. She believes that she is the bad and blameworthy person. Thus, she will "explain" all of the relational images that portray disconnections in any form by the construction that she is so deeply undesirable or even malevolent. In our experience, even a person who may be vociferous and adamant about her/his parents' or other people's faults harbors, at bottom, the devastating pain of believing that she is really the worthless one.

As each person creates these explanations of her relational images, she is constructing her sense of her whole being. These meanings, then, determine not only her expectations about relationships *per se*; they determine her total sense of herself—her sense of what she is and what she can do.

Many features feed into making these constructions so self-condemning. When people

experience serious disconnections or violations, it is so painful and frightening that they usually cannot bear to stay *right in the experience* fully and go through all of the pain and fear. Instead, they feel impelled to move immediately out of the experience—to quickly find a way to survive it. In this process they try to make any sort of desperate connection with the people available—even the people who are hurting them. Therefore, they do not have the chance to create complex multifaceted constructions about what is happening and why.

In the midst of hurtful disconnections, they cannot stay with the mixture of feelings and find ways to sort out, understand, clarify, and integrate the experience. At a time of disconnection, *by definition*, there is no one who can engage with them about what is occurring. They cannot figure out what is happening nor gain clarity about their experience. This experience of disconnection is *deeply confusing*.

As a result, people "leap" to some sort of construction that will explain their experience. Because the overriding motivation is to stay in connection, the explanation must be one that will allow them to fit in with the important people who are preventing an empathic and empowering connection.

Children, as well as adults, know when they feel connected or disconnected and when they feel violated, but they cannot always know the reasons why. At the time that children create many of these meanings, they are not yet mature enough to understand the complexities of family relationships; their constructions are likely to be more simple and absolute. Ruth's father struggled with an addiction, and her mother was often depressed. That did not mean that Ruth was an undesirable person, but she could not know that. As a child, she could not fathom what addictions or depressions do to people.

People construct these self-disparaging meanings when they do not have the possibility of mutual engagement within their families. Further, they may have no alternative sources of connection outside of their families to help them form a better picture of the reasons for their experience. Some families render children particularly isolated from other people (Stiver, 1990a; Stiver, 1990b). But all children are isolated to some degree.

The important point is that in the face of disconnections, people are creating relational images and their meanings *alone*. At the time they most need

it, they do not have the very engagement with other people that provides the only possibility of arriving at a more accurate understanding of what is happening to them.

Further, children create these constructions when they are the least powerful people in their relationships. They have the least possibility of altering the relationship in the ways that would allow them to form new relational images or the chance of constructing new meanings. Moreover, once anyone begins to feel unworthy, it becomes harder to move toward other possible relationships even if they may be available—that is, to find other sources of empowerment. Thus, these constructions become the source of profound and continuing "internalized oppression."

Of course, the child will create different constructions depending on her age. While the constructions created in childhood are powerful, adults also continue to create constructions. In times of major disconnections, adults too can create similar self-blaming meanings. For example, these kinds of constructions can form a part of the thinking of women who have been raped or battered. They blame themselves, and their shame further isolates them.

Even when it is not so obvious, many other women have created these kinds of self-denigrating constructions when involved in relationships with partners or others, such as bosses, who have not been able to respond to their experience. We want to emphasize the point that disconnections can lead to psychological troubles *at any time* of life.

While these meanings can become very deep-seated, they *can change* as we will illustrate. A person can come to understand her relational images differently and can give them different meanings. Finding these different meanings can change her convictions about herself and can enlarge her beliefs about the possibilities open to her.

While we are describing the constructions of self-deprecating meanings in order to explain problems, we want to emphasize that people also create other relational images and other constructions that provide a sense of worth. In relationships with "good enough" mutuality, in which people are responsive and can participate in each other's experience, more positive relational images inform each person's view of herself and others. Most people have constructed a mixture of relational images and their accompanying

meanings; often they may be contradictory and confusing.

Therapy is about patient and therapist finding the ways to "move in relationship"—to build a relationship that will enable them to move through the complex layers of relational images and constructions and achieve more clarity and understanding of their origins. Through this process the patient can begin to give up these constructions—those beliefs about herself which have silenced and isolated her in the past.

Illustrating relational therapy

We will now present a clinical illustration of how we work with relational images and their meanings. A 46-year-old woman, Joan, entered therapy because of panic attacks. She also was depressed and worried about her future, as she anticipated that her youngest daughter would be leaving home for college the following year.

Joan had grown up in a family of modest means. She had married young. When I started to see her, she had been divorced for many years. She had supported herself and her four children with very little help from her ex-husband. Although Joan had many acquaintances, neighbors, and colleagues at work, she had no good friends. Despite a pleasant social manner, she distanced herself from people and told me that she preferred to be by herself and with her children.

I soon learned that although respectful of her father, she had contempt for her mother, whom she saw as completely incompetent, unresponsive, and without any personality. She found it almost impossible to discuss anything with her mother because her mother was so silent. In all the years of raising her children, she never thought of calling her mother for advice, since her mother seemed so inadequate, so anxious, and "pathetic." In contrast to her description of her mother's incompetence, Joan had developed a "strategy" of self-sufficiency and independence.

I often felt moved by how hard the early years of the marriage had been for her. Her husband had been very withdrawn and rarely at home. She felt she had raised her children alone. She was very ashamed of not always knowing how to manage her children and was very fearful of revealing any sign of her self-doubt, lest people be contemptuous of her.

She expressed surprise that I somehow knew how hard it had been for her all those years and that I truly appreciated why it was so awful to be so isolated and alone. Slowly, Joan began to express much more sadness about these years, but this made her feel very uncomfortable. While I was very encouraged by her feeling and showing her sadness, she hated this self-image. It meant to her that she was weak and that no one would want to be with her. I told her that I thought her ability to know her feelings more and to risk bringing them into therapy marked an important shift, namely, that she was beginning to know and express more aspects of herself. My reframing the meaning and value of this expression of her sadness was perplexing to her, but it clearly also captured her interest.

I also wondered why she had not made friendships with her neighbors or the women at work. I did notice, however, that she was consistently contemptuous of them and dissociated herself from them. She was startled and even shocked when I asked her why she was so demeaning of other women, when she was a woman herself. She said she had truly not realized that she carried the unspoken assumption, "I'm not one of them!" when she was with other women. This turned out to be a big moment for her, and she returned to it periodically.

Only after talking about how hard it was to feel so isolated and alone for so long could we begin to articulate some of her relational images. I noted that she seemed to feel that if she ever needed any help, there would not be anyone there. I wondered with her, too, if that expectation didn't feel so awful that she did not even want to try to reach out to someone for help. This led to a series of memories and associations which she said were about her mother but were, in fact, about both parents. In one memory she saw herself at age seven, sitting in the back seat of her parents' car en route to the hospital where she was to have surgery. She recalls saying, "I'm not afraid to die." And no one said a word. She has no memory of being frightened, just the awfulness of the silence that followed. I was so moved by this image of Joan as a little girl and felt her terror. I shared this image with her, and I believe I conveyed my own sad feelings about her experience. Although this story about the hospital was an old memory, it was the first time she could articulate how scared she "must have been." Yet when she first told me about it, she could not feel the

terror nor could she experience any compassion for what it really had been like for her.

Joan brought many such poignant images into therapy but usually without the powerful feelings which probably had accompanied them. I told her that perhaps it had been too dangerous at the time to feel her longings and terror or to speak about them. Only later could she return to some of these early scenes and finally experience the deep pain that they originally caused her.

Other similar memories emerged, all showing how profoundly disconnected she felt from both parents and how she tried to protect herself from these painful disconnections through her strategies of keeping distant and "not needing anyone." These memories led us to talk about how whenever she tried to make a connection her attempts would "fall on the floor" and how much this was a central theme in all of her relationships. This "falling on the floor" image became an ongoing theme for us to identify the many moments in her past and current life when she expected that no one would "pick up" on her feelings; rather, her feelings would be ignored or dismissed. As we saw together how frequently these expectations emerged, we could name this pervasive relational image and begin to learn where it came from and what an impact it had on her life.

In her work with me, for example, she found herself not able to acknowledge my responsiveness to her experience. She could note it, on the one hand, and at the same time want to insist that my facial expression was blank, even though she also "knew" it was not. This was very perplexing to her, since she prided herself in being "rational" and fair and could not understand her apparent resistance to taking in how different I was from her expectations.

This led us to a new level of appreciation and respect for the power of her early relational images and how strongly she held on to them, even if they no longer fit her current situation. However, even as we were working on how she held on to these images, she also began to notice other features of her relational interactions and gradually began to shift her behavior. For example, as she became more attentive to interactions with women, she began to see that under her contempt for them was her fear that they would not like her and would exclude her. She saw that she was always on the verge of panic if she accepted an invitation to be with other women socially, for fear

that she would not look just right or not "be perfect." It was easier to make an excuse and not go at all. But now she saw that it was her terror of not being accepted rather than her contempt for these women that kept her at a distance. Here, as always, the important question is not what is "wrong" with Joan because she could not seem to get along with other women. Rather, the question we are asking is how do Joan's difficulties with women cover up her deeper yearnings for and fears of connection—which had been so threatening in the past.

A great deal of the work in therapy is this attention to the different relational images a person carries with her. But what really moves the therapy is the therapist's energetic participation with her patient in trying to articulate these images and how they feel, particularly as these images are played out in the therapy relationship. For example, as Joan and I were moving toward greater connection, she would express her anger toward me from time to time. But it confused her because her anger did not seem reasonable. In time, she was able to gain more clarity. What also became apparent to both of us over time was how readily her anger was aroused when she became more aware of the importance of a particular relationship. Her anger then would serve to distance her from me and others.

Just as the therapist tries to identify patterns of relational images which keep a person out of connection, the therapist also attends to the accompanying meanings, the constructions the person develops about these images. Joan expressed confusion as well as anger toward her mother for not being responsive to her. When I first asked her why she thought her mother was so unresponsive, she expressed bewilderment and frustration. As an adolescent, she had tried to ask her father why her mother was not responsive. But he said that it would be disloyal to talk about her mother, and beside, "She was a saint." These kinds of statements by her father powerfully reinforced her construction that something must really be wrong with her.

This was supported by a family story which was that when Joan was an infant, she suddenly stopped eating and had to be hospitalized for a week. In growing up she periodically had difficulty "eating," had upset stomachs, and had other kinds of intestinal distress, which were very upsetting to her mother.

This led her to the firm belief that she was a bad

child, a person who was unlovable because she could not accept love—could not show her mother that she loved her through expressing a desire and pleasure in being fed. She held on to this belief with great tenacity and was sure it was true. Yet at the same time she was also amazed to see how powerful this belief was and how she resisted changing it, despite her growing awareness in our work together that there were other ways to understand what had happened. One of her most poignant images was of herself sitting in the front seat of a car, her father driving, her mother next to him, and she, wedged between her mother and the window. She recalls imagining that there was a faucet over her heart which would carry love to her mother. She simply reported this, but had no memory of how she felt or what it conveyed. I asked her if the faucet also went the other way, her mother sending her love to her. She looked completely startled, became upset, and stated unequivocally that she never would have wanted that, not at all, and could not talk about this image further at that time.

What we learned over time together was that as a young child, Joan could not make sense out of her mother's lack of responsivity to her and how hard it was for her to find out how her mother felt about anything. I felt in touch with how awful it is not to understand the important people in our lives, how painful it was for Joan to feel her mother was inaccessible to her, and how alone she was in trying to make sense out of her relationships. I could readily resonate with her anguish when she was able to express how painfully perplexed she felt. She would say, with intense expressions of her frustration and exasperation, "I want to *know* what happened. *Why* was my mother so unable to say anything? Did something *happen* to her? Why couldn't she *respond* to me? What was the *matter* with her?" It was almost easier to have a concrete explanation of why things "fell on the floor" as a result of any expression of her feelings—i.e., that she was just so bad and unlovable—than to stay with the confusion and anxiety associated with "not understanding." We think Joan was expressing the terrible confusion all children must feel when they cannot understand why their parents and other adults are behaving in ways that feel so hurtful. This confusion is exquisitely painful for the child as she searches for some understanding to allay her terrors. As a child Joan could only reach very simple explanations, namely that she must have made her

mother angry because she could not eat and thus was an unlovable child.

The awfulness of her early years of feeling so alone and unworthy began to break through her guarded and nonemotional veneer. At such times, during a therapy session, she would begin to feel panicky and terrified that she was no longer in control of her feelings. I said that I thought she was making some important steps forward in her recognition of how awful it had been for her, feeling it probably more directly and intensely than she ever had before. I shared my notion that when she was a child, she must have felt too vulnerable to let this pain into awareness, since she had not the capabilities yet to tolerate these feelings, and she was so alone with them. I said that now that she was an adult, she was, in fact, more capable of bearing her pain. But most important, she also did not have to do so alone.

The next phase of our work was to address her constructions more directly, although we had been dealing with them all along. As an adult, she could begin to see the other people in her life in a broader context, to gain a new perspective on her mother's behavior. In the process Joan began, almost inadvertently it seemed, to bring in stories about her mother which allowed me to see her mother in a more complicated way. Instead of earlier descriptions of her as a passive, silent, pathetic, empty person, I began to hear remarks about her mother's humor and that others saw her as a "sweet" person.

When I pointed these observations out, Joan felt uncomfortable and told me she did not like me to notice them. While she knew she had a strong resistance to my raising questions about her one-dimensional, negative view of her mother, she was not sure why. As we puzzled about this together, she thought she wanted to hold on to her anger toward her mother because without that anger she was left with a horrible feeling of anguish. Anguish was the feeling she could most readily identify when she began to feel the pain of her deep sense of disconnection from her mother.

The reasons for this anguish became more clear as she moved first into her recognition of this disconnection and then into the realization that she could never have an impact on her mother and that she probably would never find out what happened between her and her mother. I was very moved by how awful it felt to come to the realization that she

could not get through to her mother, no matter how much she tried.

In this context she began to talk about her mother as old and frail and how she could not bear the thought that her mother might die before she could ever find out how her mother felt about her or why her mother could not love her.

It was her ability to identify this anguish and see how painful and powerful that feeling was, that led her to relate another image. This was the first time she directly revealed her longings for her mother. Her mother had told her about this event, and she had only a dim memory of it herself. When her mother came home after giving birth to her younger brother, Joan began to run excitedly around the bed, each time touching her mother's hand and running around again. She remembered she had been looking out of the window waiting for the car in which her mother was coming home. When I said, "I never heard that story before," she said, "I didn't want to tell you." When I wondered why, she said, "It would show 'a chink in my armor'; it's too humiliating. I cannot bear to be vulnerable. I cannot bear that you will see me that way and lose your respect for me." Joan then could actually articulate her construction that for her to reveal any yearning for her mother or anyone meant she was inadequate and not warranting respect.

This was a time of enormous movement in our work, which ultimately led to her recognition that to see her mother as a more complicated person might open up her own yearnings for closeness with her mother, which were still terrifying. It was the beginning of her facing her vulnerability and more fully representing herself.

This is often the *most difficult stage* and the most complicated part of the therapeutic process. We believe it is because patient and therapist have been moving toward increased mutuality and authenticity so that the patient can begin to imagine that a relationship can be different from those she had in the past. This very movement may fill the patient with terror; her old relational images will lead her to anticipate that once again she will be bitterly and painfully disappointed. She is also feeling increasingly vulnerable, since the therapeutic work has already helped her become more in touch with her feelings and she has begun to know more of the truth of her experience. For the first time, she begins to get glimmers of the original pain of disconnection that as

a child she so quickly aborted and split off because she was too young to bear it and because she felt so isolated and alone.

During this process, Joan periodically mobilized more strenuous strategies of disconnection. She had, however, the wonderful capacity to tell me that she knew she was "resisting" my influence and felt she was being unreasonable and "adolescent" but that she did not want to stop doing what she was doing. Her most familiar strategy of disconnection was to get angry at me, but without much substance. She would say that she did not know what she was angry about.

She clearly enjoyed acting up with me (canceling appointments at the last minute, coming late), although she also admitted that she was scared. I, in turn, truly enjoyed her increased sense of freedom and that she was not feeling so stuck in her old "well behaved" role. But she also let me know that if I were too easy going, I would become for her another incompetent woman like her mother. If I took a strong stand, she thought she would not be able to bear the humiliation. To call this a stage in the therapy is deceptive since, as we discussed earlier, this moving into connection and then retreating into even more off-putting strategies of disconnection represents the ongoing rhythm of the whole therapeutic process (Miller & Stiver, 1994).

My responsiveness to Joan's experiences, even when she was "rebellious," helped her to realize how much she had longed for a close relationship with someone who could be responsive to her. This led her to the realization that she had so wanted a mother to *show* her that she loved her. As she became more aware of how strong her yearnings were for a mother who would have been able to be there for her, she also became more intensely aware of her rage at her mother. She felt it deeply, experiencing her body engaging with her angry thoughts. She was terrified about feeling so angry, but what was even more frightening was how acutely she experienced all of her feelings. I was able to be empathic with her fury and how distressing it was to her, but I also let her see that I was not afraid. I told her that her anger was a very real feeling that came out of all her disappointments and out of her long history of frustration about her inability to feel that she could have an impact on her mother.

The expressions of her deep disappointment in her mother and her anger about that did move Joan some

distance from the construction that it must have been her fault that her mother was unable to love her. She also saw that her anger had been with her for a long time, buried under her more accommodating behaviors. This unexpressed anger had also added to her belief that she was a bad person.

Our engagement around her awareness of her anger toward me and others led Joan to gain more access to how powerfully she felt frustrated and wounded by her mother's inability to respond to her as a child. Now, through experiencing her early rage toward her mother for the first time, not alone, but in the context of an empathic relationship, she could begin to move in a new way, with more energy and confidence in her right to her feelings.

Once when we both shared the likelihood that her mother's own anxiety and feelings of incompetence interfered with her ability to be a responsive, affectionate mother, Joan expressed her despair and outrage. "She should have made that extra effort. She should have risen to the occasion. I was her child!" This was a powerful moment in which we both acknowledged how profoundly sad it felt that it did not happen that way. It is through this kind of process and exchange that constructions truly begin to change.

This "outburst" and my resonance with it moved us both to talk about her yearnings for connection in a new way. Joan had always resisted any possible suggestion from me that at some level she did long for a more positive relationship with her mother. This felt so foreign to Joan's experience, since any image of closeness with her mother had filled her, instead, with disgust, contempt, and revulsion. She could not imagine her mother responding in a way which would feel good. When Joan finally could express her outrage, she could recognize how much she longed for a mother who was responsive and attentive to her and the things that mattered to her. This was, of course, a very painful revelation, but it helped Joan to begin to value her longings for connection, not seeing these longings as a reflection of her weakness but rather as expressions of her strength. In light of seeing her mother in a different way, Joan could begin to give up her old constructions of her "badness."

Joan began to make more efforts to be with her mother. Only then did she realize how difficult it was to have access to her mother because her father was always there, apparently interceding, speaking for her mother, and telling her what he and her mother

thought of different things. She now saw that this had always been the case—thus, adding another enlightening aspect to the picture. From the many clues evident in Joan's recounting the story of her family, Joan's mother had very little voice in her marriage or in her own family of origin. Surprisingly, despite Joan's critical stance toward her mother, she also reported how upsetting it had been in growing up to observe her father demeaning and ridiculing her mother, reducing her often to silence—and at the same time calling her "a saint."

In Joan's increased awareness she saw how hard it was for her mother to engage in any relationship. Her mother's silence, which she had always experienced as her mother's active rejection of her, now made a different kind of sense. Her mother had difficulty expressing her ideas and was usually very vague. It was quite painful for Joan to face this new perception of her mother. Although it helped her see that her mother's "silence" was not due to Joan's inability to be a loving child, it did confront her with the probable truth of her mother's life history of being silenced and her resultant inability to engage with her mother in the ways in which she so longed.

Joan had moved an enormous distance in shifting from the compelling belief or construction that she was the bad child who could not love to a very sad child who was not given the kind of love that would have helped her feel worthwhile and able to develop good feelings about sincerely caring for her mother. For the first time, she could feel some self-empathy, as Jordan (1984) has described, and compassion for herself. Joan's constructions of the meanings of her relational images had shifted to more multi-faceted assessments of herself and other people; these assessments were much less harsh than before, but they also confronted her with people's limitations.

The next part of our work was to deal with the grief she began to experience in the face of her inability to gain access to her mother. She needed, over time, to come to terms with the limits in her relationship with her mother. Seeing her mother more in context certainly helped her let go of her contemptuous attitudes toward her and arrive at a more complex view of her mother's behavior. This perspective was very freeing for her and was especially evident in her interactions with her children. She had always tried to be responsive to her children and to be different from her mother, but she

realized that what she was often doing was attempting to please them and avoid conflict in order to make sure they would love her. She began to be much more forthright with her children, and they became much more responsive to her.

Joan's story as told here represents some important aspects of the therapeutic work but certainly not all. Many other themes were explored, including some significant work around her problematic relationships with the men in her family, her ex-husband, her father, and in other areas of her life.

We have focused on Joan's struggles with her mother to illustrate many of the points we wanted to make. At the same time we do not see Joan's mother as the "core" basis of Joan's difficulties. Rather, the relationship between Joan and her mother needs to be seen in the context of her family and the larger culture. The need for connection is so profound that its lack produces deep pain and distress. Everyone is encouraged to look to her/his mother for this connection rather than to the total societal and familial context. An African proverb says, "It takes a whole village to raise a child." But when the rest of "the village," as it were, is not there truly raising the child, the child—and the rest of society—see only the mother.

We have described the work with Joan in order to convey a more concrete sense of what we actually do in trying to work in a relational way and specifically how our notions of relational images and their meanings inform our work.

Many of the things we said in this example might be called "interpretations" in traditional therapy, but we do not think of them in that sense. We see our communications as the therapist's part of the ongoing dialogue or *relational movement*. They are the therapist's questions, hunches, feelings—responses. They are important if they help to create the flow, the ongoing interaction that leads to the kind of connection in which therapist and patient together come to deeper understanding and to change. The therapist does not lend the patient understanding; she brings the *responsiveness* of her thoughts and feelings. This responsiveness leads to the movement toward greater connection. It is this *increased connection* that makes it possible for the patient to experience more fully and deeply the profoundly important aspects of her experience that she had had to keep out of connection.

To summarize, we believe that the creation of a *new relationship* is the centerpiece of psychotherapy—a relationship in which the patient can include more of herself—that is, her experience and her feelings about that experience, the parts of her experience that she had to keep out of relationship.

As we have suggested, through the course of therapy the therapist must continually focus on how connected or disconnected she feels with each person, and she must also remain empathic with both sides of the central paradox, that is, the part desiring connection and the strategies for disconnection.

Only as she does this can she and the patient begin to perceive the relational images and their meanings that have guided the patient's life. Many images, their meanings, and the feelings they contain are extremely painful—too painful to explore without another person who can resonate with them and respond to them.

As patient and therapist unpeel the layers of relational images and their meanings, the patient can begin to glimpse the possibilities of different meanings. These possibilities open up the path to the creation of different relationships and to a different image of herself. She can move out of repetitive, constricting strategies of disconnection and into new connections that are mutually empathic and mutually empowering.

Discussion Summary

A discussion is held after each Colloquium presentation. Selected portions are summarized here. At this session, Drs. Judith Jordan, Wendy Rosen, and Maureen Walker joined Drs. Miller and Stiver in leading the discussion.

Question: You use the phrase, "keeping parts of oneself out of the relationship." Do you have other words for that?

Jordan: Another way to think about it is a lack of full responsiveness. It's the sense that you can't bring yourself fully into the experience.

Walker: Jean and Irene started out talking about strategies for survival and saying that people early on figure out what works and what doesn't in their circumstances, whether they are able to articulate it verbally or not. For example, it doesn't work if I show my anger; so I'll be nice and sweet. That may feel really bad, but to risk what might happen if I show everything I'm experiencing is going to be even worse.

To survive, to fit in may mean to show only partially what I'm experiencing or to not show it at all.

Miller: Joan illustrates this point in many ways. For example, she remembered some things but didn't remember the strong feelings that went with the memory. That's one common way that people keep part of their experience out of relationship.

Question: Is this conscious?

Miller: No. Usually, the person is not fully aware of this process.

Stiver: Mostly, people are not aware of the relational images they have created. For example, the image, "When I'm angry, people will hurt me." In therapy, the person and the therapist come to articulate the images. The person is rarely aware of them in that form.

Rosen: In the lesbian experience, it's very powerfully exemplified in how long it takes people to come out. It's about keeping an aspect of oneself so hidden from oneself as well as from other people.

Question: How do you address disconnections that occur initially not necessarily in the family but from the larger society?

Jordan: I think it's related to what Wendy was saying. Any "ism," whether it's racism, heterosexism, or sexism is about objectification and oppression. These forces make it unsafe to show yourself wholly. The message from society is to not respond fully and wholly to how you are treated and to go into some kind of disconnection.

I often refer to the work of Beverly Greene, an African-American psychologist, because I think it's so wonderful. She talks of the African-American family's teaching about the societal forces of disconnection so that children can go into the world understanding these forces and therefore armored to deal with them in a way they don't have to take so personally.

Walker: I think the question is really significant. We still do too much personalizing when much of what happens is done by the larger society. When the agent of disconnection is the dominant society, we have to be aware of how families internalize that. So even as the family works to raise their resistance, we have to ask what young people are internalizing. When they are taught to expect disconnection, what part is still getting internalized about "who I am"?

I'm not sure that all of the strategies that people develop are wholly different from those that Irene and Jean described, but we have to be very intentional

about naming things that have been and still are unnamable. Clearly, most of the oppressions in our society are those around which there is such shame that we don't even talk about them. Then in the therapeutic relationship, too, these issues go underground. A part of the full representation of people is to start to name that which has been unnamable.

Stiver: Closely related to that point is that it is not always the issue of disconnection in itself. It's a question of how much the people in one's life can stay with the experience and engage with it. If the family is affected by the horrible things that are happening, they are not as able to be with the children's experience. But when they can be, the disconnection can take on another meaning.

Question: In the work with Joan, how did you deal with the times she disconnected from you?

Stiver: It varied at different points, but I'll give one example. One day she was saying something, and I said I'd just been looking at a book that seemed very relevant and I thought she'd find interesting. A few minutes later, she told me she had the thought that I suggested the book because I was saying, in effect, "It can solve all your problems, and then you won't come to therapy, and I can get rid of you." I quickly realized that this probably wasn't so at all. I thought she had seen my offer for what it was—a genuine reaching out to her. Then she had to create a distance and turn it into something that fit with her expectation of what anyone would do if she began to feel closer to them. I said I really think something else just happened and explained.

But I could say that because we had a language for it by that time. It came out of the work about women when we had recognized that she would have a thought such as, "I like this person," or "Maybe I could be her friend." But then she would find herself being contemptuous of the woman.

Jordan: We talk of being in connection or disconnection, but really we're talking about turning towards being more connected or disconnected. What happens as we work with people is that we catch that turning toward connection or disconnection earlier as we get attuned.

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