Work in Progress

How Therapy Helps
When the Culture Hurts

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About the Author

Maureen Walker, Ph.D., is a psychologist with a practice in psychotherapy and anti-racism consultation. Her clinical practice and research projects involve developing links between racial identity development and relational theories to support the growth potential of persons who experience disconnections stemming from marginalization and devaluation within the dominant society. She works at Harvard Business School and is on the faculty of the Jean Baker Miller Training Institute.

Abstract

The purpose of psychotherapy is movement toward relational healing. However, the practice itself is embedded in a culture where relational disconnection and power-over arrangements are normative. The purpose of this paper is to examine the impact of cultural disconnections on the therapy relationship. Because they embody multiple social identities within a power-over paradigm, both client and therapist are "carriers" of cultural disconnections. The paper examines the shifting vulnerabilities associated with those identities that may lead to impasse and violation or contribute to possibilities for growth. Scenarios from clinical practice illustrate how conflict becomes a pathway to deeper connection when embraced with such processes as empathic attunement, authentic responsiveness, and mutuality.

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It is impossible to think about movement and healing in the therapy relationship without considering the culture in which the relationship is embedded. To begin engaging the question of how therapy helps when the culture hurts, I will recount a conversation with a dear friend and colleague of mine whom I will call Claire.

Not too many years ago, Claire and I strolled the sidewalks of Santa Fe talking about where our careers had taken us since our days in graduate school together. She had recently become installed as director of a small university counseling service in the Southwest, and I was on the counseling staff of a large professional school in the East. However different our respective venues, we agreed that we had both traveled some distance from the days of videotaped supervisions and mandatory process groups—certainly memorable if not endearing parts of our graduate school experience. As somewhat newly-minted therapists are prone to do, we were discussing some of our more frustrating cases, and were once again enjoying the comfort and familiarity of informal supervision together.

Claire, who is a white woman, told me about her work with another white woman, a young student who had come to the counseling center in acute distress after a breakup with a boyfriend. During the course of their short time together, Claire learned that woman had a long history of abuse at the hands of men and boys. Again as newly-minted *feminist* therapists are wont to do, Claire had elaborate visions of journeying with this woman on the path to empowerment, when one day the woman came into session and abruptly announced that she planned to leave the therapy. She said to Claire, "I have strong suspicions that you are a lesbian. And I don't think it would be good to work with someone like you."

I am not at all certain about the content of the conversation that followed, but I am certain of its

nature. No doubt we commiserated grandly about living in a culture rife with destructive disconnections: a heterosexist culture that at its best colludes with the willful ignorance that often underlies homophobia, and at its worst rewards outright violence against lesbian, gay, transgendered, and bisexual people.

It is important to note that my friend Claire would often describe herself as bisexual—as someone who was "mostly out with some people most of the time." No doubt as she told her story, we were both self-righteously indignant I as her straight sister-colleague who not only grieved my friend's pain, but also as a straight friend who needed to bolster my credentials as an ally. Claire, for her part was strongly identified with feminist politics and had more than a passing interest in interrupting everyday gay oppression. It is probably the case that our conversation eventually wound its way into musings on authenticity—what should Claire or any politically-enlightened therapist do? Cloaked as we were in our images of ourselves and of each other, I am certain we had a comforting and familiar conversation. I am not at all certain that we had a conversation that allowed us to grow and deepen our connection with each other.

What Should the Therapist Do?

Under the usual terms of therapeutic engagement, the question that emerges most immediately is all too often framed in binary terms: Should Claire disclose or not disclose? All too often the apparent, binary options have the potential for disempowering the relationship, where the *therapist,* the *client,* or sometimes *both* can be left in shame and isolation. From the standpoint of the Relational-Cultural Model, the question is not so much to disclose or not to disclose; the question is rather what are the makings of authenticity in this relationship?

A foundational premise for considering such a question is put forth by Elaine Pinderhughes (1989) who states that knowing how power and powerlessness operate in human systems is key to effective interventions. Inasmuch as the therapy relationship is a human system, the participants in that system must necessarily concern themselves with issues of power. It follows then that in relational-cultural practice, issues of authenticity must be understood in light of the operative power issues in the relationship. Therapists who find themselves in situations similar to Claire's can almost always craft a "good enough" response, sometimes even a true enough response. However, from the standpoint of relational-cultural practice, the *why* and *how* of our

responses is almost always at least as important as the *what*. Attending to the how and the why helps us to more honestly navigate the complexities of power in the relational system.

It could be said that Claire's young client invited her into conflict with a challenge that was at once a strategy of disconnection and an invitation into deeper knowing and connection. It was a challenge that could lead to either impasse or possibility. Embedded as it was in a culture of chronic disconnection, it was a challenge that illuminated the multilayered complexities of power and powerlessness in their relationship. It is a fundamental premise of the Relational-Cultural Model that acute disconnection can lead to a deepening of connection. In other words, we learn to see acute conflict as the source of growth and possibility. Chronic disconnection on the other hand can lead to isolation, stagnation, and hopelessness. It is against this backdrop of chronic and compound disconnection that we seek to understand how therapy can help when the culture hurts.

Conflict and the "Power-Over" Culture

Every relationship, including the therapy relationship, bears the complexity of multiple social identities. That is, the bodies that we bring into relationship with each other have been formed by multiple sociocultural agendas: we have been raced, engendered, sexualized, and situated along dimensions of class, physical ability, religion, or whatever constructions carry ontological significance in the culture. In a culture of chronic disconnection, manifest difference mutates into what Jean Baker Miller (1986) calls "power-over," a cultural arrangement in which difference is stratified into dominant and subordinate, superior and inferior. In these power-over arrangements, the dominant group protects its status and perpetuates its presumed entitlements through tactics ranging from obfuscation and exclusion to violence and extermination. In addition to bearing the culturally ascribed power of each identity, our experience in relationship is made more complex by the specific images and meanings formed over time, relational images that attempt to predict and explain the meanings of and possibilities for relationship. The way we respond to the inevitable disconnections in relationship is in large measure a function of the multiple social identities operating in that particular relationship and in the relational surround at any given moment.

When Miller (1986) wrote *Toward a New Psychology*

of Women, she observed that growth requires engagement with difference *and* with people *embodying* that difference. Construed simply as engagement with difference, conflict is both inevitable and necessary for growth. However in a power-over paradigm, open engagement with difference is made problematic, as the dominant group moves expeditiously and often unconsciously to suppress conflict. The therapy relationship itself is in no way immune to machinations of a power-over paradigm.

An example that I often use comes straight from my own experience in clinical supervision. I was trained in a very traditional model and on more than a few occasions I can remember various supervisors (who were no doubt trying to save us from ourselves or from our clients) admonishing us to maintain the therapeutic framework and warning us about the perils that would most certainly follow should we ever leak our power by loosening the frame. Those very same well-intentioned supervisors would also warn us to never, ever engage in power struggles with our clients. The message that I learned was this:

1. My client and I are in a contest.

2. My job as the therapist is to win it.

3. A good therapist is one who can win by pretending not to be in a contest with her client.

I exaggerate only slightly. My point is that all too often we are steeped, by tradition, in a power-over paradigm of therapy. The rules of engagement require that the therapist at all times assert her dominance in relationship and maintain power-over in relationship, lest she be overpowered. Furthermore, as in other power-over systems, she must mystify and or otherwise obscure the truth of what she is doing. It is important that we recognize the extent to which the therapy relationship is a microcosm of power and may, in fact, replicate the systems and arrangements we see in the larger world. It is also important that we recognize that both the therapist and the client are carriers of disconnection, importing into the relationship the images and strategies that perpetuate distorted power practice.

As we all know, there are multilayered power differentials operating in any given therapy relationship. There are certain inequalities that may well be, as Miller has observed, natural and essential. In the case of Claire and her client, there were differentials along dimensions of professional status, (therapist and client). There is in that differential a presumption of competence and expertise that the therapist must exercise in the service of productive movement. Moreover, in relational-cultural practice

the relationship functions to reduce the differential. On the other hand, power differentials that reflect stratified social identities (e.g., bisexual and straight) function in support of cultural privilege and false entitlement or systematic disadvantage and marginalization. These culturally inbred inequalities result in conflict. To ignore or suppress the conflict is to collude with the social practices that cement power differentials in place.

Conflict as a Source of Growth

Not all conflict is the result of power-over social arrangements. Conflict is inevitable wherever people allow themselves to be known—wherever people risk deeper and fuller representation of themselves in relationship. Because therapy by design moves the participants toward greater clarity and authenticity in their relationship, it "invites" conflict as a pathway to healing and transformation. In other words, the therapy relationship is a very vulnerable place. Though not in equal measure and not at all times, the relationship is a place where client and therapist share in shifting vulnerabilities as they move toward deeper connection.

The compelling issue is how to navigate those shifting vulnerabilities in a power-over culture, where difference equals disconnection. In a power-over culture, the healing potential of conflict is easily undermined. Against such a backdrop, culturally stratified difference becomes opportunistic, exploiting the inevitable and potentially growth-producing conflicts between therapist and client. An example of this dynamic may be seen in the case of Claire and her client. Were it not for the distorted power associated with their presumed difference in sexual orientation, Claire might have viewed her client's behavior as a well-honed strategy of disconnection by a young woman probably unfamiliar with and terrified of intimacy. Interestingly, between Claire and her client lay many sources of difference. Likewise, there are multiple explanatory frameworks that can be usefully deployed to shed light on the disconnection between the two women. However, the salient difference tends to be the one where the cultural pain is, where opportunistic power is practiced. And the salient difference becomes the default explanation for the disconnection.

More likely than not, the young woman's homophobia, her cultural pain, turned opportunistic and exploited her terror of and yearning for intimacy. It is also likely that the acute conflict with her therapist served to reinforce the young woman's homophobia.

Armed with the distorted images and practices of the power-over culture, she targeted Claire's cultural pain, her ambivalence about her identifications as a sexual being. Years of anger, hurt, and shame, that Claire had held mostly in isolation for so-called safekeeping, were called into the relationship. Claire felt diminished and humiliated in her client's sight. She lacked empathic resonance with her own struggle as a bisexual woman in a world where heterosexual privilege defines the norm. She lived in fear of being "outed" against her will and experienced absolute fatigue at the ongoing-ness of her struggle.

In hindsight, our sidewalk conversation did little to shift the images that forced Claire's shame out of relationship and into isolation. It served mostly to reapportion the vulnerability, to restore Claire to her presumptive place of power in the therapy relationship. If we were to be truthful (and we mostly were not) the subtext of our indignation was "how dare this needy, hapless client *presume* to assert her superiority over the wise and mostly beneficent therapist?" The fact is that we were collusive with a paradigm that would cast the client as the sole carrier of the vulnerability in therapy relationship.

We also remained oblivious to ways in which both the client and the therapist are carriers of cultural disconnection. The irony is that by accepting the usual terms of engagement, we in no way challenged the power-over paradigm that oppressed both client and therapist, casting them in roles not just *different* from each other, but in *opposition to* each other: healthy or sick, victim or oppressor, powerful or vulnerable.

Fallacies of a Binary Paradigm

Irene Stiver often commented that real impasse in therapy occurs when the therapist disconnects in *reaction* to the client's disconnection. There are few more potent strategies of disconnection than enshrouding oneself in the mantle of "victim-ness." Let me be very clear: there is no way to overstate the effects of abusive power, whether it is emotional, physical, sexual, or cultural. Abusive power creates real victims and one way out of that victimization is to begin naming it, to begin the process of representing the fullness and complexity of the pain. A unidimensional representation of cultural pain serves primarily to solidify the relational images that create binary categories of victim or oppressor. Furthermore, a unidimensional representation of conflict creates a binary frame where the victim may not only absolve herself of relational accountability but also rob herself of the complex potentialities of her own "feeling-

thoughts." A unidimensional representation of cultural pain reproduces the functions of a binary, power-over framework.

In the initial sharing of the story, Claire is cast as the therapist victimized by an ungrateful, woefully or willfully ignorant client. For the client to assert her greater social power (i.e., heterosexual privilege) over her bisexual therapist was an act of profound ingratitude. By doing so, the young woman upended our image of proper relationship between therapist and client. After all, if giving support is the prerogative of the powerful (read: therapist), then expressing gratitude is the obligation of the powerless (read: client). The client's refusal to remain in her proper place in the paradigm of power-over therapy represented not just personal affront, but also an assault on the relational expectations fed by the controlling images of the Good Therapist (i.e., unfailingly wise, confident, and available). Given that both client and therapist bring the chronic disconnection of the culture into the therapy relationship, an almost default reaction to a disconnection is to move swiftly to repair the images that offer the illusion of protection and invulnerability. However, movement toward the images is movement out of the relationship. When our experience of disconnection propels us toward the illusory protection of relational or controlling images, the result is often stagnating conflict.

Sadly, we all are witness to devastating violations that occur when conflict in the world and interpersonal arenas is defined by a reactive paradigm of power-over, where the possible courses of response are derived from the standpoint of dichotomy: victim or oppressor, powerful or vulnerable, righteous or evil.

One of the consequences of such binary framing of disconnection is loss of relational accountability. From the standpoint of unidimensional victim-hood, one is justified, even wise to enact any strategy necessary to regain the illusion of control, or at the very minimum to stave off any possibility of threat. At this point in our national consciousness, we are all too familiar with the expressions and repercussions of binary thinking. We may be less familiar with the manifestations in the interpersonal, or more specifically, the therapeutic arena. As clinicians, what we sometimes call interventions are well-disguised strategies of disconnection and control. Sometimes they may take the form of a too swift retort—otherwise called confrontation—that serves little purpose other than alleviating the therapist's anxiety, or more punitively, reducing the client back to a

manageable size. For example, when a client gets "out of place" by asking a question that makes the therapist feel inadequate, anxious, or otherwise out of control, the therapist may react by shaming him or her for asking the question: she can easily generate some response that suggests the client is too sick to know the answer, or that her asking is the sign of some pathology. Whatever form such an intervention takes, too often the unspoken intent is to restore the apportionment of power.

Another consequence of binary framing of power is what I call *exclusionary entrapment.* That is, we become over-identified with particular images of self or relationship: images that valorize one part of our experience to the exclusion or denigration of other parts of our experience. For example, if I as a therapist am committed to and sustained by an image of myself as ever-available, patient, and wise, I am less likely to be empathically attuned to any experiences that contradict that image of myself. I am less likely to be patient with or aware of my shame about my own imperfections, my capacity for disconnection and harm to another. Again, Claire's situation with her client serves to illustrate this point. Attached as she was to the image of herself as a savvy feminist therapist wholly committed to the empowerment of all women, she was less empathic with what she experienced as weakness and vulnerability in herself. She was therefore unable to represent the fullness and complexity of her experience to herself or to others.

Images that are maintained through isolation from actual relationship function to entrap. They constrain our explanatory options: we have difficulty making sense of or understanding the why of our experience. They limit our sense of possibility; we become reactive and have difficulty discerning what is good for the relationship in the moment. To the extent that Claire was entrapped in isolation with her images of the Ideal Therapist and the Good Client, she was unable to risk the empathic attunement and relational authenticity that would allow her to grow in relationship with her client.

How Authentic Responsiveness Promotes Movement Toward Healing

In order for healing conflict to emerge, authenticity is required. The therapist needs to allow herself to be known. It is important to say here that authenticity is not the same as reactive disclosure. Judy Jordan (personal communication, April 2002) makes a very useful distinction between responsiveness, that is attunement to the relationship

and reactivity. Reactivity is not authenticity. In fact, it may well function to entrap. Instead of promoting movement and clarity, it may in fact perpetuate the status quo. Authenticity heals cultural pain when there is a commitment to empathic attunement, and relational accountability. Accordingly, how the therapist deals with the shame and anger of her own cultural pain determines the quality of authenticity. It is authentic responsiveness, empathic attunement, and accountability to the relationship that allows healing conflict to emerge.

Authentic responsiveness to the relationship facilitates awareness of the multiple social identities and the multiple systems of meaning operating in the relationship. More often than not, we turn our attention to those identities that are socially problematized, while the problematic aspects of socially privileged identities remain all but invisible. Great power resides in privileged invisibility. Protected by its invisibility, the dominant group can impose its own story on relationship, set the definitional frames and terms of engagement with little to no accountability.

I recall a few years ago I was doing a consultation with a group of middle managers representing various industries. One of the managers contended that in her organization there were no problems with race, because as she put it: "There are no black people. We are all the same." This kind of thinking is perhaps more prevalent than one might hope or imagine, and it speaks to a very dangerous split in our national consciousness.

Janet Helms (1992) has spoken eloquently and often about the dangers of defining one's being wholly in opposition to one's image of another. She goes on to say that whether one is located on the dominant or the subjugated side of the inequality one cannot talk about models of personality without examining the impact of racial socialization in this culture. To talk about personality without addressing racial socialization is to participate in the evolution of what some cultural anthropologists call the binary self—a self formed in opposition to images of the Degraded Other. Because it is shaped by anxious reactivity to images rather than through meaningful participation in relationship, this type of self construction may be experienced as profound emptiness (Cushman, 1997).

If we are to move toward healing the wounds of cultural disconnection, it is important that we problematize the assumptive frameworks of dominance in our clinical practice. The silent and invisible assumptions determine what we see and what we fail to see, what we scrutinize and what we

fail to examine. For example, it is not at all unusual for clinicians to engage in discussions about the impact of race or sexuality on people with socially degraded status. Far less time is devoted to speculating about the impact of socially privileged status on mental health. It is as if we are saying in our research *and* in our clinical practices, that socially privileged status is non-problematic. For example, for a more than a few years, studies were conducted associating homosexuality with depression, and female gender with particular personality disorders. Similarly, in graduate training programs conversations often took place about the causes and meanings of abbreviated treatment when black clients have white therapists. We find far fewer studies examining the causes and meaning of abbreviated treatment when white clients have black therapists or the impact of race when white clients are choosing therapists. We see far fewer investigations asking if there is a link between heterosexuality and anxiety or male gender and certain personality disorders.

I am not advocating that we should. I *am* suggesting that the questions we ask, what we see or fail to see is a telling indicator of the implicit operation of power in our cultural system. When we fail to interrogate the assumptive frameworks of social privilege, the dominant culture by default will impose its own story and disallow the multilayered narratives operating in the therapy relationship.

It is interesting to note that certain models of therapy *require* that the therapist remain all but invisible. It is important to recognize that invisibility can support power-over and from such a paradigm certain questions and possibilities will never surface.

Authentic responsiveness in relationship allows the therapist and client to interrogate the assumptive frameworks of dominance that constrain clarity and possibility. When the assumptions go unchallenged there exists a heightened risk that participants in a relationship will construct relational images patterned along the lines of the controlling images of the culture. They seek to fit their stories into the binary patterns that the culture provides, stripping themselves of texture, complexity, dignity, and possibility.

To illustrate let me offer again the case of Claire and her client. Sometime during their work together, Claire learned that in her young client's long history of abuse, all of her romantic involvements had been with men of color. Although initially repelled by what she saw as her client's paradoxical mixture of arrogance and naiveté, Claire used the opportunity—as one white woman to another—to talk about the meaning of race and gender in this woman's life. Claire learned

that when her client was a young girl, she was molested by her older brother. Having internalized the premises of white supremacy and gender subordination, she then determined that no other white man would ever want her—that in fact, she was not pretty enough or good enough for a white boyfriend. The painful irony of her situation is that she sought safety—and called it intimacy—in relationship with people to whom she felt superior. Through a multiplicity of controlling images, the assumptive framework of dominance renders dichotomous options: the Idealized and the Despised. Both result in shame. Having failed in measuring up to her image of the Idealized White Woman, Claire's client saw herself as the embodiment of the Despised. Again, we can see how the controlling images promoted by the dominant culture provided the broad outlines of her story: the client herself connected the dots with relational images that cast her as unworthy of connection, except with persons more unworthy than herself.

In many ways, this young woman embodied the emptiness of the binary self. In fact, what we see as cultural arrogance or its binary opposite, loathing, is often an expression of profound emptiness, and it creates pockets of isolation in relationship. That which cannot be represented in relationship remains under the silencing control of the dominant images. In other words these images can render both the therapist and the client voiceless. By interrogating the silent assumptions and controlling images of whiteness, Claire was beginning to help her client *transform* her shame and recognize her capacity for shaming others. She was beginning to recognize her own voice and growing in her capacity for resonance *with* her own desires.

How Mutuality Promotes Movement Toward Healing

Chronic cultural disconnection eviscerates desire. To risk desire is to risk awareness of uncertainty and openness to possibility. In a culture that valorizes power-over as the means to physical survival, emotional safety, and material well-being, openness and uncertainty are dangerous options indeed. Therefore, when we enter into a therapeutic relationship with the goal of increasing capacity for relational responsiveness, we are engaging a counter-cultural process. We are engaging the process of transforming *generations-old* shame and anger, intensified by inevitable, *everyday* disconnections of the power-over culture. Irrespective of the seeming

similarities or differences between client and therapist, the therapy relationship is both juxtaposed against and reflective of this milieu of disconnection. It was in this milieu of disconnection that I found myself in a relationship with a client whom I will call Brad.

At the time of this focal incident, Brad and I had been working together for almost two years. Brad was a 47-year-old African American who had moved to the Boston area from the West Coast to work in the computer software industry. Brad was a gay man. Often in therapy, Brad spoke of his unrelenting loneliness and his difficulty finding a partner willing to be in an open, committed relationship. He also attributed much of this difficulty to geography and almost weekly lamented the fact that Boston is such a "white world." And in spite of his loneliness, on an almost weekly basis, Brad would vow that *never* would he consider taking a white lover. Somewhat in response to his assertions, we had a few conversations about his experience of race and the intersecting oppressions of race and sexuality—in some respects, well-rehearsed conversations on both our parts that did little to increase the learning in our relationship. Not surprisingly, these conversations did little to move him any closer to resolving his dilemma. Once when Brad reported a particularly problematic work situation, we began discussing the availability of mentors or allies. It turned out that Brad's immediate supervisor was an African American male, with whom he had a pleasant and respectful relationship. However, Brad continued, "I could never really trust him with anything real. After all, he's married to a white woman."

It occurred to me to wonder if Brad knew that I, myself, was in an interracial marriage, married to a white man. As in the situation with Claire and her client, the obvious, immediate question was framed in binary terms: to disclose or not to disclose? Like Claire and her client, we were both carriers of cultural disconnection. Whatever Brad knew or did not know, the truth of the moment was that we faced each other, both carriers of generations-old shame and anger, fortified by decades-old relational images. We faced each other as carriers of images formed under the interlocking constraints of racism, sexism, and heterosexism in our culture.

So What Should the Therapist Do?

Again, the apparent question is not always the compelling question. The compelling question before us was not about disclosure or nondisclosure, but rather how to gain the clarity and courage to embrace

a potentially healing and empowering conflict. It was helpful for me to pause long enough to connect with the feelings-thoughts that emerged and morphed as we continued the conversation. It is usually during these moments of noticing that I can connect with the support and holding I have received from supervisors and mentors over the years: people like Irene Stiver who always reminded us that in moments of confusion or complexity, we can usually find one true thing to say that will (1) keep us to connected to the relationship and (2) allow other truths to emerge. I recall that in the moment my "true thing" was to make some comment about how difficult it is to be open, even to "growth opportunities" when one feels so fundamentally unsafe. Perhaps later we talked more about his wariness around black people whom he saw as "sellouts." As the conversation went on, Brad acknowledged that his criteria for judging someone as a sellout could be as diverse as how the person chooses a mate to their aesthetic taste in home furnishings. Also, Brad began to remember what he called his own self-loathing, as he had to contend in his formative years with both gay oppression and racial oppression. When the hour was up we took our leave, but in no way was the session over.

As my feelings emerged and shifted, I continued to consider the meaning of authenticity in our relationship, as well as how the process of mutuality would unfold. It was very clear to me that any so-called disclosure could serve just as much to silence Brad as to signal respect. Likewise any interpretations about projections and such, while possibly true, seemed more like battle strategies to preserve my power in my professional territory. (Old controlling images of the good therapist: Never let your client put you on the hot seat—they'll do whatever they can to take the focus off themselves.) It was as important to consider the impact of our seeming similarities as it was our apparent differences. Brad and I identified with a racially subjugated group: both of us are African Americans, both born in roughly the same generation of our nation's history. We share a silent knowledge born of that shared history. The poet Carolyn Rodgers (1975) spoke of this silent knowledge when she wrote:

> All the people I know I know too well. There is comfort in that sometimes, but it also means we know each other's miseries too well.

Our shared history meant that Brad and I knew each other's miseries quite well, and often that *knowing* was a source of shame and disconnection. For example, we both knew the history of the sexual

servitude of black women to white men. We both know the ways in which race and sex are implicated in the subjugation, division, destruction—the disconnections between black women and men in this country. Being authentic in relationship with Brad required that I once again examine my life and reconnect (become empathic with) both my ancient shame and actual desire in light of that history. It also meant noticing how that shared history affected my ability to be open to Brad's perceptions in our conflict. What indeed is the meaning of mutuality in this instance? What did it mean to sit eyes to eyes—seeing clearly and knowing that what we saw could transform us both?

It was becoming increasingly clear that my task in our evolving relationship was to soften my "bounded-ness" to make room for Brad's impact and to be available to his perceptions of and feelings about our shared history. For instance, he talked about his anger—actually his contempt—for African Americans who attempt to become racially invisible in order to avoid seeing history. We also talked about the paradox of hyper-visibility as a strategy of disconnection: a subterfuge to avoid facing the personal ravages of intergenerational shame and ambivalence. As we sat face-to-face, eyes-to-eyes, it became increasingly clear that mutuality depended upon acknowledging the incipient wisdom of his wariness. It also meant co-creating a space of transformational possibility: where Brad could bear seeing how the images that he thought would *protect* him from his past history and his present vulnerability were also images that trapped him in anger and isolation.

In order to approach the possibility of mutually-empowering conflict, I was also compelled to pay attention to the operative power differentials in our relationship. Clearly and most poignantly for him, I was the face of heterosexual privilege. I enjoyed a certain amount of cultural privilege, or whatever social capital one receives from living in a committed, heterosexual relationship. I carried professional privilege; I was after all the therapist in the room and could well have exercised that power in a way that left him feeling shamed and minimized. I could imagine that had I reacted to his comment by revealing that I too was married to a white person—under the guise of therapeutic confrontation—in the moment, Brad might have felt profoundly embarrassed. Our relationship did not need that shame. Likewise, it felt a bit too self-serving to use my professional privilege to decide that sharing personal information was not good for Brad. (While that might have in fact been true, it might just

as well have been a strategy for managing my own anxiety.) Although Brad was not focused on it at the time, I was aware of his gender privilege, as I noticed once again my own inclination both to shrink under the disapproving gaze of an older brother *and* to rage against the presumptuousness of his judgments. Here again, the cultural pain is opportunistic, exploiting the images, hurts, or unresolved ambivalence of our developmental histories.

In preparation for this talk, Brad and I have reviewed this episode and interestingly, neither of us recalls the exact timing or circumstances in which my own interracial marriage was discussed. We both know that weeks, perhaps months, passed. We also recalled that when it was discussed, some part of the conversation was about living in the complexity of cultural pain and personal intimacy.

I asked Brad if he recalled how he felt about the intervening weeks of nondisclosure: specifically, if he felt manipulated in light of the eventual disclosure. Brad responded that during the intervening weeks (1) my marriage was *not* uppermost on his mind; (2) our time together in the intervening weeks was allowing him to examine the racial images that constrained his movement in the world; (3) that in our talks he was forced to examine his own history of a string of unfortunate liaisons with same race men in which he had been both victim and victimizer, thus concluding that there was no safety in images. And fourth, he said that when I mentioned something one day about Maine and lobsters, he knew that some white people must be involved. He had also concluded in light of *our* actual relationship that eating lobsters in Maine (presumably with white people) didn't make me a "race traitor." For my part, I shared with Brad the importance of my sitting with the voices of ambivalence, shame, and anger in our relationship knowing that somehow we both had brought them in. I also shared that it was important to me as a therapist to remain empathic with those voices, believing that they could lead our relationship to new levels of empowerment and resilience.

From Conflict through Grief to Connection

In their last major work together, Jean Baker Miller and Irene Stiver (1997) signaled the importance of honoring the strategies of disconnection that the client brings into therapy, with the understanding that those strategies represent both a yearning for and a terror of connection. I think we can also say that strategies of disconnection signal the emergence of potentially healing conflict, and to suppress those strategies is to

risk losing transformational possibility. In other words, the conflict opens a pathway flowing through grief to connection.

Over the years, my husband and I have had the opportunity to work with communities of people who are committed to anti-racism as a spiritual journey. One of the metaphors we often use to describe cross-racial connection is that of a being in a boat that leaves safe harbor to get to another shore. In the midst of the journey we find ourselves at sea encountering raging storms: storms of anger, guilt, humiliation, and sometimes despair. One of his favorite sayings is that if you don't encounter the storm, perhaps you're not in the boat. Perhaps you've found a way to stay safely on the shore. We are cultural beings, and thereby carriers of the wounds of chronic, multilayered, and intersecting disconnection. If in our relationships we do not encounter the wounds, perhaps we are not in the boat. Perhaps the extent to which we avoid conflict is the extent to which we avoid connection. And, if our only model of conflict is that which destroys, humiliates, suppresses, or otherwise overpowers, it would make sense that we would avoid the hard work of transforming disconnection. And unfortunately, what we are all too often left with is the mere *illusion* of connection.

I believe it is Stephen Levine (2000) who suggests that unwillingness to investigate our disconnections keeps us from experiencing true connection: that fear of our own hostilities, resentments, and imperfections keeps us from knowing profound love.

In these very troubled times, I am so often reminded of the words of Irene Stiver, who was unwavering in her belief that the work of therapy is a work of faith. It is a work of faith to allow healing conflict to emerge in relationship. It is a work of faith to accept that empathy is more than just a nice word. It's risky business to sit face to face and see through another's eyes. That authenticity is more than mere honesty. It's the hard and often frightening work of making a commitment to attunement and accountability. That mutuality is more than sharing power or compromise (though that may occasionally be the appropriate thing to do). Mutuality is the willingness to embrace vulnerability—to release old defining images that promise boundaries of protection, in favor of opening oneself to the expansion and deepening that comes from growing in relationship. To paraphrase Levine (2000), it is desire—our yearning for connection that precedes anger, and underneath the anger, the conflict if you will, is an enormity of sadness—sadness at our wounded-ness. And underneath the sadness is an ocean of love.

I would like to close with an adaptation of a poem (Larkin, 1992) about journeying toward intimacy and connection across the barriers of cross-cultural pain:

So we say to each other
"Let us get in the boat and cross to the other side."
Getting in the boat and making the
"crossing" is for me, about getting close to desire.
And I feel the terror …
Alienation so clearly seen
and even transformed.
Love creating—so
unexpected, so filled.
Desire
so deeply liberated.

Racism has played such havoc in our lives.
Leaving us almost dead on the shore.
The storm of the crossing
reveals our safety to be
so thin,
so quiet,
so empty.
Who would have ever
thought that we would meet and see
eyes to eyes.
Eyes that when we can bear to look are so filled with longing.
They see long
Looking for a place to rest now and then
from seeing so much.

Come my sister. I have an inward
sea. A wounded-ness that does not heal.
I have been wounded by Desire,
using eyes like yours,
penetrating and creating
a life space,
a flow of water that
weeps endlessly in the freedom of yearning.
Come,
Embrace the wound
feeling
free, safe, alive.

Come, don't run away. Stay and
look into my eyes. The depth of
your brown vision reveals the darkness
that holds us
Giving birth to our
trust.
Come, my brother. Let us weep and
laugh for joy, as all the powers
of death and principalities of might
collapse and crumble
just because we dare to
see
each other
eyes to eyes.

9

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