Work in Progress

The Movement of Mutuality and Power

Judith V. Jordan, Ph.D.

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About the Author

Judith V. Jordan, Ph.D., is Director of Women's Studies and Director of Training in Psychology at McLean Hospital, Belmont, Massachusetts. She is a Visiting Scholar at the Stone Center, Wellesley College, and an Instructor in Psychology at Harvard Medical School.

Abstract

This paper explores the central importance of movement toward mutuality in relationships between men and women and in psychotherapy. The ways in which power dynamics interfere with the development of mutuality are explored in both situations. In a patriarchal system "power over" others defines broad areas of social interaction and leads to a breakdown of empathy and growth-enhancing connections. Gender differences occur in the exercise of power, the use of violence, and the experience of sexuality. In psychotherapy, power imbalances and objectification of the client also interfere with the growth of mutuality. In contrast to therapy characterized by the abuse of power, good therapy creates mutuality and empowerment.

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Movement toward mutuality lies at the heart of relational development. Rather than viewing people as primarily motivated by a need for self-sufficiency and personal gratification, a relational perspective acknowledges our deep need to establish connections with other people. Growth-enhancing relationships are characterized by mutual respect, honesty, understanding, and recognition; they engender the capacity for caring, a sense of courage, and the ability to act. In mutual connection we can elaborate on our particularity but also move beyond our sense of a unique and separate self. We can seek a humility which honors, but does not elevate, our individual gifts. Growth-enhancing connections lead us away from the extremes of narcissistic grandiosity and depressive diminishment — polarities with which many of us struggle, particularly in a society which stresses individual rather than relational values.

Mutuality and power

In mutuality: "One is both affecting the other and being affected by the other; one extends oneself out to the other and is also receptive to the impact of the other. There is openness to influence, emotional availability, and a constantly changing pattern of responding to and affecting the other's state. There is both receptivity and initiative toward the other. Both the wholeness and the subjectivity of the other person are appreciated and respected. One joins in the similarities with the other and also values the qualities that make that person different. When empathy and concern flow both ways, there is an intense affirmation of the self and paradoxically a transcendence of the self, a sense of the self as part of a larger relational unit" (Jordan, 1987, p. 1). Whether in the joy of empathic contact, in the ecstasy of sexual joining, or in the heat of conflict, mutual relationships move us beyond self-centered control.

An essential aspect of mutuality is the capacity to engage in interpersonal conflict in a way that honors the connection as well as the possibly diverging

individual needs that are striving for expression (Jordan, 1990; Miller, 1976). Without the capacity to engage in growth-promoting conflict, authenticity — and thus genuine mutuality — is jeopardized.

The capacity to respect vulnerability in each person and the ability to maintain oneself in a state of openness to influence are essential. If we respond to the vulnerability in the other with a wish to contribute to her/his growth as well as to the growth of connection, we are in the realm of love and mutuality . . . a decidedly open and growing process. If vulnerability in the other instead leads to exercise of unilateral personal self-interest, we have moved into a "power over" paradigm. When we are invested in a self-image of invulnerability, an aversion develops for "weakness," permeable boundaries, malleability, and affect, i.e., anything that moves us. The need to control and exercise "power over" others reduces our capacity for relationship as it contributes to closed and static intolerance of uncertainty; it further objectifies others in a way that isolates and deadens.

In order to move toward mutuality, then, we must first grapple with the pervasive effects of power dynamics. There are several prevailing beliefs in Western culture that, I believe, prejudice us against an appreciation of the centrality of relationship and mutuality in people's lives. The Baconian model of Science as "mastery over" nature, rather than the Platonic knowing through joining in understanding, supported the importance of the ascendance of reason, the Mind, abstraction, and, most importantly, man's control and dominance over the world he inhabited (Keller, 1985). Deriving from the Cartesian mind/ body dichotomy, in which mind has been portrayed as superior to body, there has been a tradition of viewing "basic human nature" as selfish and driven. In elaborating on these themes, Freud emphasized that the primal strivings of pleasure seeking and aggression were the deepest human reality and that the civilized overlay of concern, caring, and love were fragile covers on the core impulses of blind self-interest. Darwinian theory was then invoked to suggest that the basically self-striving, competitive instincts not only contributed to the well-being of the individual but guaranteed the "survival of the fittest" and the continuance of the species. Furthermore, only the competitive and not the cooperative quality of species adaptation was valued in the traditional interpretation of Darwin's work. The key notion of a "fit" between organism and environment, of the importance of accommodation and context, was overlooked in what I believe is the distorted popular reading of Darwin. As Stephen Gould noted, failure

to adapt to changed conditions is the main cause of extinction of species (1977, p. 90). However, organization of personal experience around a notion of a bounded self which controls internal function (self-control) as well as external factors (mastery) remains central to Western psychological theory and a power/control mode (Jordan, 1987). The patriarchal power structures built upon these philosophical assumptions strongly represent this desire to control the outside world and reduce areas of uncertainty. Nature is to be mastered and subdued. In these systems, women often come to be seen as allied with the uncontrollable forces of nature (e.g., Mother Nature, emotions, menstruation and giving birth, and the like). In patriarchy, then, women, like Nature, are to be dominated and brought under control; the "lesser" men (e.g., minorities, "lower classes," the "less successful") are also made to feel inferior and brought under control through social hierarchy and stratification. The need to control and predict, to exercise power over, brings with it a reliance on instrumentality and objectification.

In speaking about power, I will be referring primarily to what many people now refer to as "power over" — a term that implies the exercise of dominance in order to achieve some personally valued end rather than the ability to do or the capacity to act. Only one person's goals and subjectivity are honored; notably missing is empathic concern for the other person. More recently feminist writers, including Jean Baker Miller, have suggested that power be defined as the capacity to effect change (Miller, 1982). Adrienne Rich has referred to "powerfulness" (1976) as a kind of expressive energy, and Mary Daly (1973) speaks about the "power of being," a more experiential sense of inner fullness, confidence, and competence. A related concept is empowerment or power which is exercised in the service of increasing another's power (Miller, 1982; Surrey, 1987). We might also refer to this as competence in the service of relational goals (relational competence).

Marilyn French has suggested that "in a patriarchal world, power is not just the highest but the only value" (1985, p. 126). In this prevailing power paradigm, pleasure in exercising control and dominance often becomes an end in itself, no longer a means to achieve other goals. Objectification of others emphasizes their difference from self; ultimately their intrinsic value as human beings similar to oneself becomes obscured, as an instrumental, distancing attitude takes hold. We dehumanize those we have power over just as we dehumanize the enemy in a war, so that empathic concern does not interfere with

our ability to disregard, injure, or destroy the other, either physically or psychologically.

Although some earn positions of power, the most basic power assignments are ascribed in most cultures, i.e., by gender, race, class, and the like. Much enforcement of power differentials is done through indirect social, psychological, and economic channels rather than through the use of physical force. For instance, norms are established by the powerful, and then the groups who are not socialized toward those norms are judged as inadequate to exercise influence (they might be judged as too emotional, not rational enough, or too dependent). The less powerful are socialized to devalue their experience and to support the superior power of the dominant group. Those with power invalidate the reality of the less powerful and thus undermine their trust in self and engender self-doubt in them (Miller, 1976). A significant part of this strategy lies in shaming and silencing those with divergent views of reality — a technique some have called "inferiorizing" another's experience (Schur, 1983).

Very importantly, power hierarchies suppress real, growth-enhancing conflict, and they seek to eliminate resistance (Miller, 1976). The powerful also invalidate the anger of those in subordinate positions through intimidation and avoidance (Miller, 1984).

Because economics are an essential aspect of power differentials, let me briefly mention the relevant gender data: in 1980 women provided two-thirds of the world's work hours and produced 44% of the food supply, but received only 10% of the world's income and owned 1% of the world's property. Men, constituting 47% of the world's population, earned 90% of its wages and possessed 99% of its wealth (French, 1985, p. 467). In this country women still are paid seventy cents to the man's dollar. The economic system clearly reflects and supports the power of men.

The establishment of social-economic units (nuclear families), which mirror the larger societal hierarchies, produce and sustain these imbalances; thus in the typical heterosexual family, girls and women are socialized to nurture others, to defer to male authority, and to preserve the myth of male Self and female Other. A recent survey by the AAUW supports Carol Gilligan's important observation that (white) girls experience a massive drop in self-esteem during early adolescence — a thirty-one point drop in self-esteem between the ages of eight and sixteen (Gilligan, 1989; Freiberg, 1991). At this time the prevailing rules for the girl's being-in-the-world change from a predominantly empathy/love mode, which affirms the girl's experience, to an alien power/

control mode. When a young girl encounters the full scope of male power to define the female self and thus to disempower her, she often suffers a crisis in self-esteem and a profound silencing.

Gender differences in power

It is possible that power differences are in fact *the* major source of gender differences and difficulties between men and women. Until very recently, a "successful" heterosexual couple in white middle-class culture consisted of an achieving, powerful, and dominant male and a nurturant, physically attractive woman. The custom of a women marrying a man who has more economic power and status unfortunately ensures her a subservient place in a male-dominant nuclear family system. In many heterosexual couples the man's position of power may actually serve as a refuge from "real" relationship. Many divorced women speak about "taking back their lives" as they become free from the power and authority of their husbands (Riessman, 1990).

Caldwell and Peplau (1984) found in a study that even in lesbian couples who overwhelmingly valued egalitarianism, 40% reported an unequal balance of power in their relationships. But at least in same-sex relationships, one is not bound at the outset by societally endorsed roles of dominant male or subordinate female.

Research reveals that the training in male dominance and female accommodation begins early. In a study of preschoolers, boys were reported to have made more direct attempts to influence the behavior of others, while girls were indirect in seeking to have their needs met (Serbin, Sprafkin, Elman, & Doyle, 1982). By first and second grade, boys who were more dominant were liked by their peers, while girls who were seen as more powerful were disliked and rejected (Jones, 1983). While serving as a consultant in a school system, I observed the following scene in the kindergarten one day. A very spirited young girl was playing a make-believe game of kings and soldiers with a little boy. The boy had just finished a long, excitement-filled episode of being king, while the girl was the soldier. The girl then said with glee, "O.K., now I'll be king and you be the soldier!" Without missing a beat, the boy said, "Don't be silly, girls can't be kings. You can be the king's wife, and I'll be the king again." The look of shock and consternation that came over the girl's face was heartbreaking!

A double bind for females emerges early: If, in the male mode, we attempt to influence others more directly, we are suspect (angry, castrating); if we find indirect means to try to effect interpersonal change, we

are often seen as manipulative and sneaky; and if we challenge the existing power paradigm directly, we are seen as troublemakers (i.e., irrational, radical feminists).

In mixed-sex groups, women have a strong tendency to surrender verbal dominance and positions of power to men, perhaps in response to the unspoken male expectation for compliance. Men interrupt more, and women fall silent (Zimmerman & West, 1975). Even when highly dominant females were paired with low dominant males, the men assumed the leadership role in 80% of these dyads (Megargee, 1969; Carbonell, 1984; Nyquist & Spence, 1986). Male groups typically organize along lines of hierarchy and power while groups of women do not (Aries, 1976).

A client noted that she and her peers at her all women's college had had many exciting and challenging class discussions, as she said, "trying to get at the truth." However, when she went to a prestigious, mostly male, business school, she found herself unable to speak in classes; she lost all self-confidence and was horrified by the adversarial and competitive milieu.

Social psychologists have suggested in their "principle of least interest" (Waller, 1938) that those who are less needy and less dependent in a relationship have more power to get what they want, presumably through intimidation, subtle or blatant. In a world that does not value mutual relationships, the more distanced person, by definition the more powerful person, can threaten to abandon the one who values relationships more. In this destructive "power over" scenario, separation or abandonment often becomes the ultimate relational weapon . . . the power to disconnect. In an empowerment model, on the other hand, power resides in the capacity to build creative connections.

Male/female differences, especially male preoccupation with control, power, and hierarchy, and female interest in connection, mutuality, and caring have been well documented. In the face of divergent approaches to power and the resulting difficulties in communication that arise in a daily way between men and women in close connection, I have playfully suggested that I do not think it is an exaggeration to speak of the miracle of heterosexuality!

At its worst, the highly valued system of dominance spawns violence, particularly in a culture which gives ample permission for violent solutions to conflict. Denzin has commented, "A society which promotes the ownership of firearms, women, and children; which makes homes men's castles; and which sanctions societal and interpersonal violence in the forms of wars, athletic contests, and mass media (in fiction and news) should not be surprised to find violence in its homes" (1984, p. 487). In this country, violent crimes increased 300% between 1960 and 1986 (Csikszentmihalyi, l990), and the homicide rate in the US is nine times higher than in any other industrialized nation (French, 1985, p. 281). When male supremacy and power are threatened in the nuclear family, violence and wife-battering are often resorted to in a destructive effort to restore the man's self-esteem (Gelles & Straus, 1988); those in power are taught it is weak to ask for help. And the more vehement the denial of their vulnerability, the more violent their response is apt to be to this disavowed state of vulnerability in others. The threat of violence in itself is a potent way to exercise power and keep the powerless in a frightened and silenced place: witness women's realistic fears about going out alone at night as well as fears of speaking up inside the home.

The acceptance and encouragement of male sexual entitlement in adolescence can contribute to the more blatantly violating patterns of sexual abuse, incest, and rape. Psychology portrays male sexuality, particularly in adolescence, as compelling; thus if a man becomes sexually aroused in the presence of a woman, there is some notion that he is entitled to sexual satisfaction with her. An astounding 26% of a normal male college population admitted they had used force to have sex with an unwilling partner at least once (Kanin, 1967). I have no doubt that the pervasive male belief in the urgent need for sexual release contributes significantly to date rape, stranger rape, and therapist abuse of clients.

Rape is, after all, sexualized dominance, and usually involves a desire to humiliate, subdue, and injure another. The United States has the highest reported rape rate in the world, thirteen times that of England and twenty times that of Japan (Browden, 1991). As a culture, we feed on sexual violence against women, notably in pornography. Pornography objectifies women and often titillates by portraying the control and dominance of women. Sexuality and violence are wedded in pornography, culminating in a confusing state of excitement and aggression, which is sometimes misconstrued as "healthy male sexuality." Further, pornography can be used to incite sexual aggression or other forms of violence. It was reported that prior to flying bombing missions in the Persian Gulf War, pilots were shown pornographic movies! (Burk, 1991).

Sexual abuse of all kinds represents a gross failure in the empathic concern one person has for the subjective experience of the other. We see the results

of this most alarmingly in our own field where one in ten male therapists sexually abuse clients . . . 80% of these are repeat offenders (Kardener, Fuller, & Mensh, 1976; Apfel & Simon, 1985). These therapist abusers are not easily identified "sick" people, but are often highly respected, well-educated practitioners who seem to suffer primarily from a serious lack of empathy, and who possess an especially well-developed sense of male sexual entitlement and a readiness to abuse power in the therapy setting.

Power in therapy

In contrast to abusive therapy, good therapy leads toward mutuality and empowerment. Both the therapist and client are affected and moved by one another. In the interest of helping the client change, the therapist is committed to protecting client vulnerability, facilitating movement, and bringing awareness to the relationship and to the treatment process. Both move toward an increasingly differentiated and full representation of self-with-other. It is like a dance in which the flow of mutual responsiveness sometimes obscures who is leading and who is following.

In writing about the traditional therapy paradigm of male therapist with female client, Phyllis Chessler suggested "Both psychotherapy and marriage are based on a woman's helplessness and dependence on a stronger male authority" (1972, p. 108). While there have been tremendous shifts in patterns of therapy since then, especially because more women want to see women therapists, there is a continuing need to examine power dynamics in the therapy relationship.

The medical model which emphasizes the absolute authority of the therapist often portrays the patient as compliant, "sick," and passively acquiescent. I prefer an educational model. The Latin word "educare" suggests to "lead out," and I think of therapy as a process of guiding or moving into an increasingly mutual relationship where the most differentiated and full representation of "self-with-other" is possible. While therapy occurs within a protected relationship, *real* safety and growth in relationships for adults depend ultimately on our increasing ability to develop 1) mutually empathic and empowering relationships in the world, and 2) the capacity to perceive the absence of mutuality and to protect ourselves, or to disengage from unyielding and destructive non-mutual relationships.

Given therapy's goal of empowerment, the therapist must be especially attentive to the inevitable power differentials that exist in the treatment situation. Conscious or unconscious use of the client to protect the therapist's vulnerabilities or to boost the therapist's sense of worth, whether subtle or blatant, is always destructive for the client. This can lead to retraumatization if it resonates with previous exploitation at the hands of supposedly caring, powerful others.

Destructive objectification of the client often occurs when the therapist is entrenched in rigid theory or fixed in a posture of aloof authority. This is seen in a detached, diagnostic approach to patients. Often such diagnoses are not used to facilitate treatment, but rather to distance, to establish a pseudo-control, and to enhance the treater's sense of efficacy. Currently I see this most harmfully in the use of the diagnosis of "borderline personality," a diagnosis which contains pejorative connotations and when applied has been empirically demonstrated to interfere with the treater's empathic attunement with the patient (Gallop, Lancee, & Garfield, 1989). Further, the traditional understanding of the etiology of this disorder has failed to appreciate the role of abuse, or severe relational violation, and its resulting traumatic reactions. Finally, the proposed treatment interventions are woefully inadequate, often destructive, and frankly iatrogenic.

In some ways the scorn heaped by therapists and the general public on those who are given this diagnosis, mostly women, is similar to the attitudes and treatment given to those diagnosed as hysterics in Freud's time. In both cases the diagnoses embody caricatures of so-called feminine traits. "The borderline" (note the distancing, dehumanized way these people are referred to) is characterized as: being engaged in relationships that are too intense; governed by emotion rather than rationality; filled with rage, especially self-directed aggression (i.e., self-destructive); and suffering from "poor boundaries."

For clients who have experienced severe relational violations at formative times, emotional availability and emotional authenticity on the part of the therapist may be especially important. One client put it clearly: "I need you to be real. I grew up in a family where people always denied their reality and mine. It made me feel crazy and responsible. I feel better when you just let me know where you are!" Therapists with a strong need to be in control may be threatened by the demand for greater emotional engagement in such therapies. The "neutral" and "blank screen" approach of many traditional therapists creates intense anxiety about disconnection, leading the client, in panic and anger, to try to connect in increasingly maladaptive ways. The treaters may

react by further distancing, imposing more and more controls, and showing signs of discomfort — sometimes frank aversion.

Most recently, this lack of understanding and veiled dislike has been expressed in the suggestion that women carrying the diagnosis of "borderline personality" are violating therapists' boundaries by frightening and seducing therapists into sexual misconduct (Gutheil, 1989). This is the height of victim blaming! (Ryan, 1971).

Avoiding the abuse of power in therapy: Mutuality

Our profession is characterized by the following: l) widely differing, but fervently held, opinions about what helps people; 2) hidden and destructive assumptions about the therapist's power to define reality; 3) a training system that relies heavily on obfuscation and shaming of the trainee; 4) therapy texts propounding doctrines and techniques which everyone agrees do not correspond to what actually happens in the therapy setting; and, 5) very few opportunities to actually share honestly what goes on "behind closed doors." In our practice this often leaves us open to self-doubt and shame. Can we eliminate the uncertainty with better theory? I don't think so. We must struggle with our attempts to gain clarity and make sense of the work we do, some of which involves theory development, and, just as importantly, we need to affirm the power of joining together with other therapists to support one another in our times of struggle and tension, and to develop new understandings. We can provide each other and our clients emotional presence and relational learning, not final statements of truth.

Being emotionally available in therapy may involve at times the pleasant experience of sharing joy with a client, but it can also involve being painfully affected by the other's experience. Thus, therapists treating trauma survivors often begin to feel less safe in the world and occasionally manifest clear post-traumatic stress disorder symptoms (McCann & Pearlman, 1990). While some would suggest they suffer from poor boundaries or "overidentification" with their clients, it might be more useful to see this as a healthy human responsiveness to exposure to trauma . . . a fully developed compassion or "suffering with." Our response should be collegial support, not name-calling.

Therapists are not impermeable people who, once having been in therapy or psychoanalysis, have "figured it all out," "worked it all through," and are now free to dispense our healing wisdom from on high. I am reminded of Audre Lorde's comment that "unless one lives and loves in the trenches, it is difficult to remember that the war against dehumanization is ceaseless" (1984, p. 119).

One of our most important therapeutic tasks, it seems to me, is to help clients deal with, tolerate, and make use of inevitable vulnerability and uncertainty. To do this from a position which pretends one isn't vulnerable does not seem either truthful or helpful. One very insightful client noted, "I've been to a lot of therapists. They've all been busy putting labels on me, trying to stay at a safe distance. I don't need to see someone who's cut off from me that way. I need you to be really present . . . that means you've gotta be vulnerable too." Real understanding as opposed to pseudo-understanding, involves constantly shifting back and forth between empathic attunement and inevitable disconnections, finding a way back into connection, and understanding together the paths leading to disconnection and connection. It absolutely has to involve both people in an open, moving, and energetic process.

As therapist and client weave their way, with awareness, between disconnection and connection, the client learns a great deal about relational possibility as well as about the specific ways that s/he disconnects and then moves back into "growth-in-connection." Active learning about how one goes about making and sustaining a relationship can be growth-enhancing for both people. In most situations, this is complicated but invaluable learning, anchored in the particular ways that the individuals move toward and away from one another.

Bearing the tension of relational flow together can often provide a sense of relatedness in circumstances which previously resulted in isolation and a sense of personal badness. Thus, one client commented that when she felt anxious as a child, her mother tried to "fix it," or "fix her," as she put it. If mother's efforts failed, mother would first become preoccupied with her sense of failure, then get angry at the child and finally, as this woman put it, "disappear into her booze."

A nuanced responsiveness on the part of the therapist — a kind of modulated reactivity — helps move the client from a place where she or he is cut-off and limited into new relational possibility (a kind of reparative or growth-promoting relational experience). The client no longer has to move into inauthenticity in order to stay in the semblance of connection, or to move out of connection (Miller, 1988; Stiver, 1990). The costs of either position are unbearable. In therapy the client has the liberating experience of being

authentically with someone whom she can emotionally affect but who can still remain in growing and resilient connection. It should be stressed that this goes beyond merely undoing projections, or working through the transference; developing new relational patterns of mutual responsiveness and influence is at the core of emotional growth.

Our handling of our own uncertainty, errors, and personal failures as therapists also can reduce illusions of power. We can let clients see how we are committed to *trying* to figure things out with them or how we *try* to stay connected, even when it is difficult or we are not successful. Often admitting uncertainty in situations where we sincerely wish we could offer some direction or a solution is important. Silence often perpetuates the myth that we *do* know and the client has to find the magic route to the treasure on her own. Sharing our process — how we're thinking and feeling when we make a particular intervention — may help dissolve some of the fantasies about the therapist's magical abilities. Mystification is a power ploy that, like all power strategies, leads to isolation, not relationship.

When we as therapists feel threatened by the possibility of having our human limitations seen and known, we may assume a defensive position, i.e., move out of connection. In potentially open and precious moments between client and therapist, we will close down — psychologically abandoning the client in order to take care of our own threatened narcissism. Our work is not simply to notice the client's disappointment when empathic failure occurs, but to understand the therapist's contribution to the problem and, most importantly, what is happening in the relationship that would lead to such misunderstandings or disconnections.

Traditional concerns relating to self-disclosure have been about protecting the transference and maintaining control, self-protection, and "firm boundaries." I was trained in a very non-self-disclosing tradition and with that developed a distrust and anxiety about self-disclosure; but increasingly I see the prohibition against disclosure by the therapist as part of the self-protection of the therapist and his or her sense of uncertainty and possible shame. Non-self-disclosure can support the fantasy that the therapist has no problems, while making the client feel that the therapist does not trust him or her. The therapist can choose not to share aspects of her or his experiences with a client, but this should not be defensively presented as "being solely for the client's own good." There are clearly pieces of our lives which clients would not benefit from hearing about and

aspects of our experience that we feel are rightfully private; the decision making about disclosure is extremely complicated. What is good for the connection should be a central concern in determining our decision to disclose or not. The therapist now has to examine the decision not to disclose as carefully as the decision *to* share her feelings or happenings from her own life (Surrey, 1991).

A client recently confronted me on this issue, revealing some of the complications that surround a more flexible attitude:

Ct: I've noticed that you hesitate sometimes before you answer some of my questions to you. What's that about?
Th: I often try to think what the question might mean and what would be best for you . . . an answer or an exploration of the meaning of your question or both.
Ct: (somewhat angrily) That sounds a little too altruistic for my taste.
Th: I suppose a part of it is about how comfortable I am with certain questions. As you've noticed in the past, I am a rather private person. But I'm not sure it's either/or . . . either I'm pausing for your benefit or mine.
Ct: Well, what if it's good for the person in therapy . . . me, in this case . . . for you to answer the question, but it's not comfortable for you?
Th: You're asking the really hard questions. I'd like to be able to say I always choose for you or maybe what's best for the relationship, but I know sometimes it's based on my own comfort. I can try to be clear about that with you. I think it's really important what you're asking me . . . how much can you count on me to really be there for you, listening and responding and how much am I going to get caught up with my own needs here. If I'm pretending to be there for you but am really taking care of myself, no wonder you'd get mad! But it also does remind me of the pain you had with your mother whose anxiety kept her from really being there with you at crucial times . . . and how nobody understood your pain about that because everybody saw her as such a good, kind person.

It is in seeing the impact we have on others, and they on us, that we create new understandings of ourselves and our connections. When the therapist becomes more real, particularly in sharing modulated affective reactions, the client often feels seen and responded to and can move forward in the

relationship. The smile of pleasure in response to a client's joy or happiness comes easily. The harder feelings are letting someone see my pain in response to her pain. When one client was describing sitting with her dying mother, feeling enormous love along with helplessness and fear, but trying hard not to cry so as not to upset her mother, I found myself tearing up . . . partly resonating with her affect and partly feeling such tenderness for her plight and courage. Noticing my tears, she then began to sob in a deep way as I silently, in grief — both hers and mine — sat with her. She later commented that our staying connected at a deep and mutual level in her moment of grief allowed her a sense of trust and wholeness with me that she now knows she can have with others. As she said, "In that moment I knew I mattered. And I knew my feelings aren't too much for people . . . They're knowable and shareable."

Harder still, can be the sharing of anger. Despite previous admonishments to t*alk about* her anger, rather than *act on* it, a client who grew up in a violent home threw an ashtray against my wall in a moment of fury. She then looked at my angry face and in response to my terse, "You've got to stop throwing things!" said, with both fear and defiance, "You feel like k*illing* me right now, don't you?" And she meant that literally. I paused only for a second and said, "No, but I'm feeling really mad at you right now, and I'm going to have to collect myself for a minute so we can try to make sense of this together, and so we can get back to building a relationship where you don't have to trash my office or me to communicate what you've got to communicate." The woman quieted down immediately, although I felt a bit shaken. Many months later, she suggested that this had been an intensely affirming moment for her because she felt especially trusted and respected by my honestly sharing my anger with her.

Responsiveness to and validation of the client's experience is an essential aspect of therapy. It is not that women need more validation or support by virtue of some innate weakness; rather, we, like all marginalized groups, need extra help undoing the damage created by a system that disempowers us by undermining our trust in our own sense of reality, whether in the more obvious cases of abuse or in the more subtle forms of trivialization, condescension, or non-affirmation of our experiences.

Full recognition of the social origins of many of the problems that bring people to treatment, rather than exclusive focus on intrapsychic determinants, is another way of placing ourselves *with* the client rather than above or outside of her experience. A major

contribution of feminist therapy has been to question the usefulness of propounding personal solutions for social problems. Feminism offers new models that suggest that the paths of control and "power over" do not lead to conditions which are healthy or even liveable for the majority of people. The "objectivity" touted by the dominant groups is not only *not real*, but it creates a dangerous myth; the powerful call their reality *truth* and thus disempower those with different realities. Carol Gilligan notes, "the blind willingness to sacrifice people to truth has always been the danger of an ethics abstracted from life" (Gilligan, 1982). The deeply contextual and particular world of emotion, including its ability to move us out of a place of control and abstraction, must be valued as highly as that of logic and reason.

Ernest Becker in *Denial of Death* wrote, "We don't want to admit that we are fundamentally dishonest about reality, that we do not really control ourselves. We don't want to admit that we do not stand alone, that we always rely on something that transcends us" (1973, p. 55). Becker quotes Andras Angyl regarding psychotherapy: "'The neurotic who has had therapy is like a member of Alcoholics Anonymous: He can never take his cure for granted, and the best sign of the genuineness of the cure is that he lives with humility'" (1973, p. 58). Perhaps it is this sense of humility that I am arguing for; the humility of not knowing all the answers; of needing other people throughout our lives; of feeling fear and finding the courage to act and be in relationship despite fear.

The illusion of power and control must be exposed for what it is . . . an illusion and a retreat from reality. That is, dominance does not in fact bring about invulnerability and security; ironically, a heightened sense of anxious vulnerability for both the oppressor and the oppressed develops. Further, the abuse of power can only lead to the death of relationships, people, and ultimately our planet. We must find a way to move away from this increasingly sterile and destructive path.

In summary, traditional patriarchal power emphasizes hierarchy, disconnection, and intolerance of difference. Audre Lorde has suggested, "The future of our earth may depend upon the ability of all women to identify and develop new definitions of power and new patterns of relating across difference" (1984, p. 123). Women, especially, can offer a new vision of strength through connection, captured beautifully in a proverb from Ethiopia: "When spider webs unite, they can halt a lion" (French, 1985). Let us join together like the delicate threads of such a web, respectful of our individual vulnerabilities and

strengths, connecting with each other, and holding and exploring our differing truths. In such connections, as we help each other with the vitally important task of humanizing our lives and our professions, we can build the courage and confidence to change.

Discussion Summary

After each colloquium presentation a discussion is held. Selected portions of the discussion are summarized here. At this session Drs. Jean Baker Miller, Julie Mencher, Irene Stiver, and Janet Surrey joined Judith Jordan in leading the discussion.

Comment: I feel moved to share an experience I had today about self-disclosure. I was being interviewed by two therapists for a group for therapists who are adult children of alcoholics. I was being asked a lot of questions. I asked them a question: "I was wondering if either of you is an adult child of an alcoholic?" They responded with, "We need to know why this is important to you," and I immediately sensed the power differential. I said I was willing to explore that, that I wasn't sure why I wanted to know, but that I also really would appreciate knowing if either or both of them were adult children of alcoholics. They said, "We do not self-reveal. We never will." It wasn't just that I felt disconnected — I felt totally powerless. It really loads the transference not to disclose. I appreciate your beginning to speak about this issue. As a therapist I was trained not to disclose much, but I was really struck with the sense of powerlessness and disconnection I felt in that exchange as the potential client.

Mencher: In the movement toward mutuality, self-disclosure is only one element of what we're talking about. What are we talking about disclosing? Are we talking about disclosing personal information about our lives to clients? Are we talking about disclosing affects and feelings about the client? Are we talking about disclosing opinions about what's going on in the discussion between therapist and client? I think what's really interesting in the poignant example you brought up is that we can blame those therapists for not feeling comfortable about disclosure, but those therapists' decisions are embedded in a culture which stigmatizes being an adult child of an alcoholic. And if those therapists were lesbians and you were asking them "Are you lesbian?", their self-disclosure about that issue would be embedded in a culture that stigmatizes that too. There are all kinds of things like that to consider.

Stiver: Just a small point to add to that is how ashamed therapists are if they reveal anything about themselves. The illusion of invulnerability is so powerful in our training, and there is such a feeling of shame about saying anything that might reveal that one has struggled in life. I think that our profession is one of the most judgmental. We shame people in the profession for having any problems.

Surrey: There is a fear that if you start, it will never end. Implicit is the idea that the boundaries disappear and the client will be in the position of having to take care of you. So being at all vulnerable and acknowledging that vulnerability is tantamount to being dependent or needy. The idea seems to be that you're either sick or you're not sick.

Jordan: Negotiation about these issues is very useful for people. As clients watch us making a choice about what to do with different questions they might pose, it allows them to examine their own rights to privacy and to say no. In the traditional model, the therapist basically says any information you obtain about me is going to ruin the transference. In that model it would be bad if the client saw me as a real person struggling with issues in my life. But in working toward mutuality in therapy, we have to do all this moment-to-moment decision making together. I think it is helpful for people to participate in building a relationship in that way.

Comment: Just recently I went through this kind of a negotiation process with my male therapist. What gave me the courage to do this is the work of the Stone Center and your relational model of therapy. It's been an empowering experience for me. As a result of working with him, getting him to change some, I've been able to carry this into other relationships. I have you people to thank for that.

Comment: What is being done to monitor or prevent power abuse by therapists?

Jordan: Unfortunately, not much. One of the results of the raising of consciousness about therapist sexual exploitation of clients in the last few years, however, is that people are beginning to be more sensitive to the fact that there are other abuses of power in the therapy relationship. I think clients are increasingly challenging the power imbalances in therapy. I'm struck with the last woman who spoke who had the courage to try to change some of the power dynamics in her therapy and fortunately was working with a therapist who was able to be responsive to her needs. Many clients who try to confront power inequities or frank abuse of power are shamed, put down, or pathologized by mental health professionals. If anyone is in a therapy situation

where she feels there is an abuse of power, I strongly recommend a consultation with another professional.

Comment: I'm a therapist in training. I was thinking about supervision and wondered if you could talk about that.

Jordan: A lot of supervision unfortunately is carried on in an atmosphere of shaming the beginning therapist. I remember that from my own training; in particular, I remember being shamed for being "too empathic," "too kind." Jargon and theory are often used to make the student feel inadequate. Few supervisors share how very difficult much of the work is even when one is very well trained and has had a lot of experience. The limits of the theories are rarely examined.

Surrey: When I do supervision, I feel best when it's a mutual process. There's a sense of partnership.

Stiver: I always say to people I'm supervising, "You're sitting with the client, only you will know if this makes sense or not." The person doing the treatment has the direct experience of knowing what feels right.

Miller: The whole power issue in training is very heavy. It's important in training to form a group with colleagues and peers. It will help keep you sane and you'll learn a lot from each other.

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