

Please note: This electronic file you are receiving is intended for one-time use only. Reprints may be requested at a charge of \$1 per copy. All materials are copyright protected. No part of these files may be transmitted, distributed or reproduced in any other way without permission from the Wellesley Centers for Women. Please call the publication office at (781) 283-2510 to request additional copies.

Work in Progress

Consciousness of Context in Relational Couples Therapy

Marsha Pravder Mirkin, Ph.D., &
Pamela Geib, Ed.D.



Wellesley Centers for Women
Wellesley College
Wellesley, MA 02481

No.73
1995

Work in Progress

Work in Progress is a publication series based on the work of the Stone Center for Developmental Services and Studies at Wellesley College, and it includes papers presented in the Center's Colloquium Series. *Work in Progress* reflects the Center's commitment to sharing information with others who are interested in fostering psychological well-being, preventing emotional problems, and providing appropriate services to persons who suffer from psychological distress. The publication also reflects the Center's belief that it is important to exchange ideas while they are being developed. Many of the papers, therefore, are intended to stimulate discussion and dialogue, while others represent finished research reports.

For those papers which were part of the Colloquium Series, each document includes the substantive material presented by the lecturer, information about the speaker, and, where appropriate, a summary of the subsequent discussion session.

Jean Baker Miller Training Institute

Founded in 1995, the Jean Baker Miller Training Institute bases its work on the Relational-Cultural Model of psychological development, which grew out of a collaborative process of theory building initiated by the scholars at the Stone Center. The Institute offers workshops, courses, professional trainings, publications, and ongoing projects which explore applications of the relational-cultural approach. At the heart of this work is the belief that the Relational-Cultural Model offers new and better ways of understanding the diversity and complexities of human experience.

The Robert S. and Grace W. Stone Center for Developmental Services and Studies

Creation of the Robert S. and Grace W. Stone Center for Developmental Services and Studies resulted from a generous gift to Wellesley College by Robert S. and Grace W. Stone, parents of a Wellesley graduate. The Center was dedicated in the fall of 1981, and its programs reflect the Stone family's interest in preventing psychological distress. With the creation of the Stone Center, Wellesley College has enlarged its long-established search for excellence. At Wellesley, the Center has the unique advantage of immersion in a community of scholars and teachers who can add the broad perspective of the humanities, sciences, and social sciences to the Center's psychological expertise.

The Stone Center is developing programs aimed toward the following goals: research in psychological development of people of all ages; service demonstration and research projects which will enhance psychological development of college students; service, research, and training in the prevention of psychological problems.

Correspondence and inquiries about the publication series should be addressed to Wellesley Centers for Women Publications, Wellesley College, 106 Central Street, Wellesley, MA 02481-8259.

© 1995, by Marsha Pravder Mirkin, Ph.D. & Pamela Geib, Ed.D.

Consciousness of Context in Relational Couples Therapy

Marsha Pravder Mirkin, Ph.D.¹
Pamela Geib, Ed.D.

About the Authors

Marsha Pravder Mirkin, Ph.D., has a private psychotherapy and consultation practice in Newton, MA. She is an approved supervisor for the American Association of Marriage and Family Therapy and a consultant to the Reach Out to Schools Program at the Wellesley College Stone Center. Dr. Mirkin is the editor of *Women in Context*, published by Guilford Press, and *The Social and Political Contexts of Family Therapy*, published by Allyn and Bacon.

Pamela Geib, Ed.D., is Clinical Instructor in Psychology in the Department of Psychiatry at the Harvard Medical School. She is on the faculty of the Couples and Family Training Program at the Cambridge Hospital, and maintains private practices in Cambridge and Newton. She has previously served as the clinical consultant for the Haitian Outpatient Team of The Cambridge Hospital. She has recently co-authored "Trauma Survivors and Their Partners" dealing with clinical issues arising in the treatment of survivor/partner dyads, published in *On Intimate Ground: A Gestalt Approach to Working with Couples*.

Abstract

This paper presents a method of helping couples work through blocks to connection by expanding their awareness of context. By "context" we mean the cultural assumptions and prejudices that are implicit in societal belief systems. Couples are often unconscious of the negative impact that culturally generated beliefs about status-laden dimensions like race, class, gender and sexual life style can have on the relationship. Without an awareness of context, couples develop narrow, problem-saturated stories that involve blaming each other. Our method of eliciting awareness of context helps couples join together and develop mutual understanding and empathy.

We would like to begin by telling a clinical story that illustrates what we mean by our title.

Ann and Peter came into my office in matching states of blame.² Peter said Ann was unsupportive and critical. Ann said Peter was passive, uncommunicative and showed no spark of ambition. They both said that the relationship had become dramatically worse when Peter had failed to get an important promotion at work, leaving him feeling depressed and unsupported by his wife. Ann, for her part felt she couldn't be supportive, because Peter hadn't really made an effort to get ahead.

Wanting to find some non-blaming ground to explore, I asked them about qualities they valued in themselves. I found that Anne valued her own ambitious and aggressive qualities, and that she had been extremely competent at the job she had left to become a full time mother. Peter, on the other hand, was much more interested in the domestic side of life. He resented his job, because it took time from the things he loved doing: being with his children, doing carpentry projects, and pursuing his hobby of gourmet cooking.

In other words, each was suited to the gender-dictated role the other had assumed. Because neither had thought to notice and question the gender-based assumption that she would stay home and he would go out to work, they were uneasy, then critical, then blaming of the other. They had lost their sense of connection. Neither had empathy for the other's dilemma. The cultural impact of gender roles had gone unnoticed until we began to explore it in our work.

With this new awareness, they were able to join forces to face the external "enemy", and took arms against a sea of cultural imperatives. Peter decided to work at home as father and chief domestic; Ann

returned to work on a full time basis. And after sorting out this still unconventional decision with friends and relatives, they settled into a more satisfying phase of life. Their interpersonal conflict returned to a normal level.

This is a case of context made conscious.

This new awareness allowed them to question the “conventional wisdom” that was dictating their lives. And in so doing, it empowered them to make new choices, choices which unblocked the flow of connection and pleasure in the relationship.

Yet this new perspective was not easy for Ann and Peter to achieve. Why? One reason is that our culture has a cultural imperative to not look at culture. This may seem like a strange thing to say in this era of cultural diversity and political correctness. But there is a profound underpinning of contextual blindness in our society. This blindness is exemplified by the stories of Horatio Alger, the author who wrote novels early in this century about young men who, in spite of impossible circumstances, managed to prevail and become successful (meaning well-to-do). At least this is what the stories have come to mean. Few of us have actually read them. But they have had an impact in creating a powerful cultural myth.

This myth, in some form or another, tells us that context doesn't matter. That no matter what your circumstances, turns of fate, physical or fiscal limitations, you can do anything you want if you work hard and are of good moral fiber. If you don't succeed it's your own fault. This means you!

This is a cultural assumption. Horatio Alger lives on in our society. And this means that the ability to be aware of context is not at the top of our list of cultural skills. However much diversity is discussed in the media, in private life we often explain difficulties we're having by attributing them to personality weaknesses and character flaws. (Preferably our partners, not our own.) What is often lacking is a consciousness of the power that context exerts in creating our limitations and misunderstandings.

So how does this affect couples? It certainly affected Ann and Peter. We will attempt to deepen and expand the understanding of how context affects intimate systems by describing other clinical vignettes in which facilitating an awareness of context has been essential in our work with couples.

But first we want to comment on our own context, the assumptions that underlie our therapeutic work.

Underlying assumptions

Goals and values of the relational model

First, let's talk about the goals and values that inform our work. We share the values of the relational model developed at the Stone Center of Wellesley College. This model focuses on a connection-centered rather than autonomy-centered way of thinking. It emphasizes the importance of sustaining and improving connection. And it underlines the need to identify and repair ruptures in relationship, build empathy, and be aware of the influence of gender issues. The values of the relational model help us approach the therapeutic relationship more collaboratively and to pay attention to strengths rather than pathology.

We weren't trained to think in the way just described. If Ann and Peter entered our office fifteen years ago, we would have a whole other way of understanding and treating them. We might have assumed that Ann was unsupportive and critical, and Peter passive in face of her blame. His passivity would fuel her blaming, which would fuel his passivity, and so on. Although we would see this dynamic as circular (his passivity could lead to her blaming and her criticism could lead to his passivity), we would wonder how he could engage when she is so critical: who would want to jump into that fire?

Our intervention would most likely have targeted Ann. We would have suggested that couples move in dance steps: as she moves forward, he moves back. Our recommendation would be that she move back, enabling him to move forward. We would have predicted (although this is admittedly an exaggeration) that as she backed off, he would become more gung ho about work, and they would have settled more happily into their upwardly mobile lives.

Back then, we didn't question the gender dynamics. We didn't ask why women were so often labeled the pursuers and men the distancers; we didn't realize that this dynamic is not unique to each individual couple and is instead a commentary on cultural expectations and norms.

We placed the responsibility for change squarely on her shoulders: she must distance for him to pursue. During that time, we don't remember ever hearing a therapist suggesting that the man pursue to enable the woman to distance.

The implication is that the woman's desire for relationship causes the distancing, thus pathologizing rather than honoring the value she places on

relationship. When relationship is valued, distancing is painful. Telling our female patients to distance in honor of relationship placed them in an impossible paradox.

A number of experiences in our lives made it clear that this way of understanding couples did not work for us, and we'd like to share one experience which happened at a conference sometime around 1979. Marsha volunteered to role play a wife and stepmother whose stepson was experiencing difficulties. A master therapist guided the session, and at the end, the stepson and husband felt successful while Marsha felt her role was diminished and pathologized. Worse, she didn't feel she could share her discomfort: the wife was so denigrated that Marsha was concerned that if she defended her, she would be identified with the wife and pathologized by the audience. The pull was to go along and appreciate how much better the family would get. Nobody asked "Who in the family? At whose expense?"

Although Marsha was silent at the time, soon thereafter she read Jean Baker Miller's (1976) book, *Toward a New Psychology of Women*, a book instrumental in helping us make sense of the difficulties we were having in our development as therapists. The relational model remains central to our work to this day.

Blocks to connection as stuck, blaming narratives

No matter how much we value connection and empathy, we often don't see these qualities when couples enter our offices. Why not? Everyone has a theory about the difficulty couples have with connection. We believe that couples come to us when their contact with each other has been somehow blocked, and we have a particular understanding of what these blocks to connection, empathy, and mutuality are.

We believe, along with Michael White and many other narrative therapists, that we all create stories about our lives and relationships, and that by creating new narratives and forming new understandings of existing narratives, we can transform ourselves and our relationships.

By the time that couples enter our waiting rooms, they have developed a story about their relationship that is so problematic that it no longer allows them to be empathic toward each other. A hallmark of these problematic stories is how small and still they have become. Complexity and ambiguity have narrowed

into tiny, redundant, blaming or defending statements. Movement and narrative possibility have been frozen. In the midst of this confining, stationary story sits the couple, feeling incompetent and disempowered, unable to tell a more satisfying new tale.

By this point, chances are these stories of blame are so entrenched that the couple is looking more for a judge than a therapist. Have you ever had a couple come in and say they want help expanding their constricted narrative? Not often. Often couples are looking for someone who will say that one is right, the other is wrong, and then go about changing the other so that the relationship will work. We don't want to accept that invitation. So, what do we do?

Reconnecting through pushing out the context

What tools can we utilize to expand the narrow story? The method we're describing today we call "pushing out the context." This is an exploration of the larger contexts that impinge on relationship. Some of these contexts are personal, such as the influence of family of origin messages or the impact of abuse history. Some are embedded in the social fabric itself, such as attitudes and messages regarding race, class, gender, ethnicity, sexual life style. We try to help couples notice and name the personal and cultural messages that are causing trouble in the relationship.

This naming is important. Because many of society's messages are part of the dominant cultural story, they are often so pervasive as to be invisible. They are implicit, and do their work in private. Naming them makes them less powerful and gives the couple more space for creative movement. It brings these assumptions into a level of awareness where they can be questioned, challenged, and re-understood. By pushing out the context in this way, we can help the couple externalize some of the problems they have been blaming on each other, thus restoring their relationship.

Case commentaries

We want to illustrate these ideas by speaking of clinical work in which we've helped couples push out the context in order to have more satisfying connection. In addition to describing these clinical vignettes, we'll be commenting on some of the methods we use, the "how to" of this particular work.

Let's begin with a few words about this "how to". Our goal is to work collaboratively with clients, avoiding the extremes of passive following or

omniscient leadership. We do assume that, because we are not having to live inside the narrow, problematic stories of our clients, and also because as therapists we have been thinking about just these issues, we may glimpse more of the impinging contexts than do our clients. We do not, however, wish to impose our meaning on them; this is bombastic and unhelpful. So political or philosophical diatribes are not good technique. Living with the paradox of being with and standing apart from our client's stories is a piece of what we'll be describing. We'll be seeing this in action in the following case.

Carol and Ray: the context of gender

To illustrate these points, let's take a look at a case using a particular lens. This lens looks at the context of gender and how that particular context affects our work. As with all the cases we will be reporting, the therapeutic encounter is one in which one member of the couple is feeling disconnected and lonely, and the other is trying to make things better but is frustrated in the attempt.

Carol and Ray are a white, upper middle class, heterosexual couple, meeting with me for the first time. They are in their late thirties, in a committed relationship for six years. Carol shares the pain of her loneliness in the marriage, while Ray looks hurt, puzzled, and angry. Ray talks about how solid he thought their relationship was. He feels robbed not only of the partner whom he loves, but also of his view of the reality of their relationship. Carol, the one Ray always saw as the more dependent of the two, was suddenly saying she was distant and unhappy. She gropes for words. "I'm lonely", she finally says. "We'll go away together. I'll take a vacation," Ray answers. "But then we have to come back, and I'll be in the same bind," she replies. "What bind? It's a bind to be with someone who loves you," Ray sounds testy now. Carol backs away. "I don't understand," says a bewildered and angry Ray, "I share the housework. I'll do more if that would make you happy". Carol is silent.

As I inquire further, Carol reveals that she has been feeling disconnected for two years, ever since she required surgery on a bone spur in her foot. Following the surgery, she developed an infection and was bedridden. She longed for Ray to sit by her side and hold her hand; she longed for him to simply chat with her. He rarely did.

Ray is an orthopedic researcher. He is very knowledgeable about Carol's condition, and met with physicians and nurses to share the newest research and treatment ideas. While Carol was hospitalized, he sought the best care for her, and felt she didn't appreciate what he was doing, but instead was critical and resentful.

When Carol was recovering at home, Ray did the household tasks and his paid work. He felt he never had enough time to complete any job. Carol felt she was last on his priority list, lying in bed alone as he did anything and everything except spend time with her. She felt devalued and unloved, he felt devalued and unappreciated.

The relational model helps us to understand their experience by recognizing that there are often differences in how men and women experience mutuality. Women are socialized to be caretakers and nurturers. Without the power to influence larger societal structures, women learn to tune into the affective realm. Women become experts on feeling. Men are socialized to be separate from others, autonomous, able to influence through action; so often men learn to focus on taking action. If these differences are experienced in a marriage, but are inarticulate and misunderstood, they can lead to disconnection and impasse.

When Carol took ill, Ray took action. When Carol was lonely, Ray suggested going away or sharing the housework. When Carol was bedridden, Ray tried hard to complete the unending household and job tasks. He went into "doer" mode. But, Carol felt disconnected. His action didn't feel supportive to her. To Carol, support meant relational presence. Ray, however, would never have thought he was helping Carol by simply sitting with her. How are we to help unblock the caring in this stuck situation?

One way to help shed light on these differences is to ask couples to listen to the following statements and tell us which they identify with: "Don't just sit there, do something", had meaning for Ray, while "Don't just do something, sit there", had meaning for Carol. The goal-directed actions which Ray thought were so helpful alienated Carol; the relationship-directed action which Carol found so supportive felt useless to him. Having had this conversation about their differing experience, I then wondered with them about other ways in which they believe they are acting lovingly according to gender norms, while their partner feels disconnected by those same behaviors.

As they “restoried” their problem as one of following gendered ways of being without question, they could stop blaming each other and work on developing a more satisfying relationship. Naming the gender context helped free them from the impasse. When Carol needed further medical intervention, Ray asked his friends and family to help out. He used his action orientation to organize the helping system, and then was able to spend more time “just sitting there” with Carol, thus combining goal directed and relationship directed actions. This was not the end of their difficulties, but the beginning of a climate of mutuality in which they could address other issues.

Collaborative methods of unblocking: eliciting rather than delivering information

In reading this case, we see a clear example of eliciting rather than imposing meaning. In this example, the therapist takes an inquiring stance rather than an educational one. She asks her gender-beset couple whether they most identify with the statement Don’t just sit there do something, or Don’t just do something, sit there. The therapist’s awareness of gender messages allowed her to frame these questions. But she was using her awareness to *elicit* information, not to *deliver* it. The therapist goes on to describe the conversation in which she “*wondered with them*” about other ways in which they believed they had acted lovingly, but had discovered that because of implicit gender norms, they had not been able to connect.

So posing questions informed by knowledge of context, musing and wondering are collaborative ways of helping couples explore issues that were previously invisible.

Sarah and Jean: the context of sexual life style

In the next case, we are shifting our lens to explore the context of sexual life style. Sarah and Jean are a white, lesbian couple. Like Ray and Carol, they are in their thirties and have been in a committed relationship for six years. As in the last case, they are at an impasse with Jean feeling disconnected and lonely, and Sarah unsuccessfully trying to make things better.

Jean has been out as a lesbian with her family and friends since early in the relationship, and her family is accepting of Sarah. Sarah has not told her family or her colleagues about her relationship with Jean, and she has not publicly identified them as a couple. Jean feels very rejected by Sarah, and believes that if Sarah

truly values her, she would be out. No matter how often Sarah tells Jean that she loves her, Jean still feels degraded by Sarah’s lack of public acknowledgment.

Once again, we see an impasse. We try to break the impasse by contextualizing the difficulties. We asked Sarah and Jean to share their experiences as lesbians in this society.³ Their experiences were very different. Jean is a social worker in a group practice where several of her colleagues are lesbians and all the women feel safe being out about their sexual life style. Sarah, on the other hand, works at a politically sensitive job at the State House, and feels that acknowledgment of her homosexuality could jeopardize her job. This makes Sarah anxious because Jean earns so little money, and the couple depends on Sarah’s salary. Sarah sees her caution as in the service of their relationship, and coming from a concern for the financial well being of both of them. Jean was stunned by Sarah’s explanation. Jean had always assumed that if Sarah lost her job, she’d easily find another because of Sarah’s enormous talent and expertise. Sarah never had that much confidence in her own ability, or in the job market, and was touched that Jean had such faith in her, although her anxiety over potential job loss was not alleviated.

With these issues on the table, we could ask whether they were angry at each other, or at a society in which there were often negative consequences for lesbian partnership? The issue was redefined not as whether Jean loved Sarah more than the reverse, but how they could manage to live a loving life in the context of a homophobic society. They developed a number of playful and crafty ways to do this. For example, Jean wrote a love letter to Sarah, signed with the letter “J” which Sarah brought with her to work in her attaché case. They also discussed whom it was safe to tell, and why Sarah felt uncomfortable coming out even among her few supportive friends and family. They also brainstormed ways of dealing with the difficult financial realities they could face should Sarah lose her job.

Once the context was expanded, Sarah and Jean were freed up to grasp the empathic bond which connects them and empowers them to deal with their unempathic surroundings. They moved away from the mutual blaming stance with which they entered therapy, and this mutual support enabled them to start exploring some deeply disturbing aspects of their lives and relationship.

The story unfolds: the importance of timing

This further exploration was able to take place because the stuck story of blaming around the context of sexual lifestyle had been loosened, and it's meanings expanded. In the following section, we will describe the subsequent unfolding of other important issues in order to illustrate the importance of timing. The sequence in which new issues emerged in treatment points up the importance of the therapist's willingness to let the client set the agenda, even if certain problems are obvious to the therapist by virtue of her awareness and training. We want to emphasize the importance of trusting that the clients will address issues when the setting has become sufficiently trustworthy. Thus the therapist who is well-trained in recognizing the importance of social contexts needs to feel out which level of context is currently most conscious and most available for conversation.

After having explored the ways that homophobia had impacted the relationship, Jean and Sarah were able to open up the topic of difficulties they were having with Sarah's two sons from a previous marriage. The problem focus was on the boys' inability to accept the fact of their mother being a lesbian and their subsequent resentment of Jean. They seemed to feel that Jean had "made" their Mother homosexual, and framed the solution to the family problem as getting rid of Jean. This was not an easy way for Jean to enter the already difficult arena of stepparenting. Because of her status as stepparent, she was an easy target for such scapegoating. Complicating matters was the fact that the father, who had joint custody, seemed to share the boys' feelings and judgments.

As we met with various subgroups of the family, and alone with just the couple, we used the awareness of pervasive impact of homophobia to look with sympathy on each member of the system. This expanded the story from one in which either 1) the boys and father were to blame for being intolerant and cruel or 2) the mother Sarah was to blame for causing her family pain, into a story in which homophobia, named and externalized, was affecting every member of the family, causing disconnection.

After having named the culprit, homophobia, we asked the boys to talk about how homophobia (not their mother or Jean) was causing them misery. They talked very movingly about how awful they felt in the middle of the intense homophobic jokes and mean stories about gays that were current at their school.

They told of how embarrassed they felt, even though they made sure that no one knew about their Mom. Several meetings were held with friends of theirs who went to another, more progressive school that had workshops on tolerance and diversity. We talked about how that school was putting up a fight against homophobia. The father was helped to talk to the boys about the cultural messages about sexual identity he had received growing up, about how he had been called a sissy for liking to read and do school work. Blame was lifted all round, and new, if tentative, conversations were begun.

But the treatment wasn't over. In the course of more work, other problems surfaced, each in its own time. It took the safety of an ongoing relationship, and the confidence that came with mastery of the preceding work, to allow the most difficult, shame-laden, issues to surface.

With an expanded, less adversarial family story around homophobia, Sarah became more aware that her partner was actually having difficulties of her own with the children. We were able to loosen that stuck story of blame by addressing the difficulties inherent in stepparenting. As Jean began to feel less blamed, she began to take responsibility for some of her deep resentment of the boys.

At this point, a very new story made its appearance. Jean came to realize she was comparing what she saw as the boys relatively protected and privileged lives with her own history of physical and emotional abuse. Sarah was able to be sympathetic to this history, and with this support, Jean found that she could view the boys with more generosity.

As her story was told and received, Jean grew in self-awareness and confidence. She was then able to discuss her feeling of disconnection in the relationship in a new way. She spoke of Sarah's long silences and periods of withdrawal. This conversation opened out to include the fact that Sarah was a second generation Holocaust survivor. Her mother had raised her to survive a second Holocaust, and had instilled the values of self-reliance and autonomy, with the need for closeness seen as a dangerous weakness. Once in the open, the meanings in this story could be shared, understood and in some measure transformed.

It was essential that these various issues—homophobia, stepparenting, abuse history, Holocaust,—were able to emerge at the couple's own pace, as they came to the foreground of awareness and could be dealt with productively.

The idea of context itself helped to create a safe environment in which some of the more raw parts of the story could be told and reworked.

John and Judy: the contexts of race, gender, and ethnicity

We've been talking about the importance of recognizing the specific aspects of context. These include race, class, gender, religion, ethnicity, and sexual life style. In our clinical work, it is crucial to recognize that context is not undimensional, and we generally see a number of social contexts woven together in one couple system. In the following case, the multi-contextual nature of our work is exemplified.

As in the past two cases, John and Judy have been in a committed relationship for six years. John is an African-American man who was brought up in the South. Judy is a white woman whose grandparents immigrated to the United States when they were children. Judy arrived feeling disconnected and lonely, while John felt hurt and angry.

As they described their marital problems, they did not mention race. When I asked what it was like for them to work with a white, female therapist, they responded that it wasn't a problem. When I inquired about the experience of being a bi-racial couple, John said they lived in a tolerant community. Yet, in their arguments, issues of race and gender were both visible and unacknowledged. Judy shared that she was lonely because John doesn't care for her as a person, only as a "possession", who was expected to do what he wanted and not have her own ideas or needs. John responded angrily that Judy is the controlling one who has to have her own way, and who treats him like a "nigger".

John and Judy were locked in a struggle, each feeling controlled by the other, astounded that the other could perceive him or her as the controlling one, and furious at the other's perception. To defuse the struggle, and make way for empathy and authenticity, I helped them look beyond their relationship to the context in which their relationship is embedded (Imber-Black, 1990). Since they used the language of control, I wondered with them about their past experiences of feeling controlled. Initially, John could not remember any such experiences. Judy felt that in her family, her ideas were often ignored in favor of her brothers, who were seen as more credible simply because they were male. She felt this dynamic was

recreated at her job when her expertise was taken seriously only when presented by her male counterpart.

However, when Judy spoke of gender oppression outside, and not just inside, her family, John became animated. He told me that he had believed that since I am a therapist, I am only interested in his experience in his own family-of-origin and not in the larger society. However, when Judy spoke about gender oppression at work, and I was interested in her experience, John felt that he could share his experiences of racial oppression in the larger society. John recounted stories in which white colleagues and neighbors assumed he thought a particular way because he is black. He felt that in spite of his class privilege, decisions are made about him over which he has little influence because of his color. John reported feeling guarded at his job because success and failure were viewed not simply as his own, but as a reflection on his entire race.

I wondered aloud whether they were playing out these highly charged racial and gender experiences within their marriage, and I reminded them that when they shared their stories, they used the words "possession" and "nigger". As they explored the meanings of race and gender in their marriage, they brought up cultural differences as well. This was a critical moment in the therapy, since when race, gender, and cultural differences weren't seen or acknowledged, serious misunderstandings followed.

John's Southern grandmother emphasized collectivity and sharing, values which were transmitted to John and which he respected. John was appalled at Judy's individuality and aloofness. Judy's British family taught her that respect required space and distance, so she saw John as intrusive and disrespectful. John was sensitive to others fearing him for no reason other than his being a black man, and he was hurt by the times when Judy seemed afraid of him. Judy, who had a sister who was raped and a friend who was battered, was aware of how often women are violated. She was brought up in a family which insisted on quiet, discreet discussions, and was frightened by John's loud expressions of anger. Without understanding these differences in culture, Judy and John interpreted each other's behavior in a way that led them to assume the worst about each other.

Their conflict escalated when John's aunt and uncle came to stay without first calling or receiving an

explicit invitation. While this is acceptable behavior in collective cultures, it is unacceptable in individualistic cultures (Kliman, 1994). After the family spent the afternoon and early evening together, Judy left to make an extended phone call. John was angry at what he perceived was Judy's rudeness toward his relatives, and he felt shamed in front of his aunt and uncle. Judy thought John's relatives were rude for arriving without an invitation, and was angry that John wasn't setting more limits around his aunt and uncle's visit. Judy also felt resentful because the arrival of two extra people meant that someone had to perform more household tasks, and she felt she was expected to take on the extra work.

John and Judy were at war, hurt and angry by their perception of the other's behavior and motivation—a perception born and developed out of their own life experiences with culture and context, and their lack of familiarity with the experiences of their spouse. The impasse was broken as Judy and John expanded the context to include the experience of the other. They contextualized their problems based on Southern Black heritage and British white heritage. What Judy saw as invasive was defined by John and the culture in which he grew up as hospitality; what John saw as rude was Judy's culturally sanctioned need for privacy.

As John and Judy processed these incidents, John was surprised at how one down Judy felt based on being female, given her race privilege. Judy was equally surprised at how one down John felt in their relationship given his gender and class privilege. Their mutual blaming was replaced by curiosity about self, other, and the relationship they were creating. The challenge they took on was to work out ways to name and appreciate cultural differences as they create their relationship. As John and Judy included gender, race, and ethnicity in their discussions, they could begin to develop a marriage which is inclusive of not just the two of them, but of the relationship and commitment they have to their cultural and ethnic backgrounds.

Toward the end of therapy, John impishly reported that he initially said that it didn't matter that the therapist was white and female because he didn't trust me enough to choose to be honest and share his discomfort with a privileged white woman.

Tracking and concretizing context: the use of the star diagram

The previous two cases demonstrate the multiplicity of contexts we often encounter in a single couple system. We find it helpful to explicitly keep track of these contextual issues as they emerge. Sometimes we do this visually with what we call a "star diagram" on which these contexts can be tracked.

This diagram keeps the contextual material available for discussion and reinforces the very idea of context. The following is a verbal description of the visual chart that we created as therapy with John and Judy unfolded.

First, Judy raised the issue of gender. We drew a gender axis on our flip chart. The conversation about gender oppression helped John bring up his experience of racial oppression. A line bisecting the gender line was drawn and named as the racial parameter. We put each contextual variable on the diagram with a mention of how it was impacting the relationship. For example, along the dimension of gender we put Judy's meaning of being a "possession" and "ignored". Along the dimension of race we put John's experience of being seen as a "nigger" and "controlled" by a white society. With these meanings and experiences so visible, we could refer to them when they were stirring up trouble in the relationship.

The couple then discussed the cultural differences that were woven into the other impingements in the relationship. We drew the dimension of "British values" and on it Judy's meaning of "respect" and John's experience of this as "distance". Another line was drawn for the variable of Southern Black values, with John's meaning of "sharing" and Judy's experience of "intrusion".

We kept this diagram available at all our meetings. By having it there, the couple became attuned to the possibility that whatever they were struggling with had many contextual components. The diagram was a reminder that the story can always be expanded to include context when it threatens to become too narrow.

Blind spots in clinical practice

Although in this paper we discussed successful cases, we also encounter blocks and difficulties in our work. At times, because of our training, life experiences, privilege, and oppression, we keep certain aspects of context out of our awareness. These are our blind spots.

When we miss something important about the context of our client's experience because of our own reactivity, we label this "countertransference of context." Marsha talks about one aspect of this kind of countertransference. "One way in which the context of gender is charged for me is my reactivity to women being pathologized. At one time, I was working with a mother and her teenage son, and in my effort to support and not pathologize this wounded woman, I initially missed how emotionally wounding she was toward her son. As a result, the son felt invalidated and unsupported: he needed a therapist who could recognize that his mother's distortions made life very difficult for him, and his mother needed a therapist who could help her out of that self-protecting and self-defeating way of dealing with her son. I could begin to do that only when I recognized my own "countertransference of context."

As we've just seen, therapist reactivity can create a blind spot. There are other ways in which the therapist can be blind to, or out of contact with, the context and experience of the client. For example, blind spots can exist in areas we just don't know enough about to recognize. This is called ignorance and we all are ignorant of certain realities. We believe the remedy for this is humility, that is, the ability to imagine that there are realities we're not familiar with, and the willingness to be taught by our clients.

We can also develop blind spots about something that is invisible because it is so close in, so part of our identity or our meaning system that it becomes unseen.

Pamela describes this particular state of countertransference of context. "I have a blind spot in a simple, obvious area. When I'm working with a heterosexual couple I can lose all awareness that there are two women and only one man in the room, and that this configuration can make a difference. Fortunately, some male clients are brave enough to point this out, and express what this is like for them. I continue to remind myself to 'see' this place in which my awareness tends to disappear."

Summary

This paper is our attempt to describe ways in which the narrow, limiting and blaming stories of couples can be enlarged to include a consciousness of context. By exposing negative societal assumptions, we can help couples externalize some of their conflict, and in so doing strengthen mutual empathy. Our

challenge as therapists is to maintain an inquiring stance rather than making ethnic, gender, class or racial assumptions. Through inquiry, we avoid stereotyping people, and we also avoid ignoring differences. By creating a partnership with our clients we will learn from them about their experience of context. Through active efforts at education in this area, we can ourselves become more knowledgeable about context (cf Comas-Diaz and Greene, 1994; McGoldrick, Pearce & Giordano, 1982; Mirkin, 1994; Pinderhughes, 1990; Saba, Karrer & Hardy, 1989). In this way we hope to offer an important service to couples who feel hopelessly locked in battle.

Notes

¹ Order of authorship determined by random selection. Both authors contributed equally to this paper.

² "My" or "I" indicates that one author conducted the therapy in a particular case. We did not find it useful to specify which author conducted each case. Aspects of all cases have been changed to respect client confidentiality.

³ Pamela and Marsha did not actually see this case together. Since both of us had several similar cases, we created a composite of the case and of a co-therapy arrangement.

Discussion Summary

After each colloquium lecture, a discussion is held. Selected portions are summarized here. In this session, the discussants included Cynthia Garcia Coll, Jean Baker Miller, Suzanne Slater, Irene Stiver, and Janet Surrey.

Coll: I am intrigued by your use of the metaphor "pushing out the context". Where is that coming from and why did you choose to use those words? I can relate much more to the notion of "context made conscious", or to "awareness of context", but that seems very different from "pushing out the context." Can you explain where the metaphor is coming from?

Mirkin: The phrase "pushing out the context" came to me a couple of years ago as an image... it is an image of expansion, of broadening, of giving us room to recognize more, feel more and connect more. The dominant cultural story can be so narrow that it doesn't give us room. We need to make a space for context (contexts that are not part of the dominant cultural story).

Geib: "Pushing out the context" is connected to the idea of the narrow story: there is a sense of constriction and we are working towards expansion.

Stiver: The case you presented where the man had trouble just sitting with his wife reminds me of Steve Bergman's work on relational dread. If a person does not have training within a context, how does he learn? I think the resistance to moving out of context is that fear of not knowing either how to fix it or how to just sit there. I wonder if that gets addressed.

Geib: I think it's very important to help couples teach each other and have a sense of fairness and balance. She has to teach him about what she wants and about her values in a patient and compassionate way. There has to be a balance. He has to teach her what his values are and how he sees things. Part of the therapist's job is to help couples teach each other.

Mirkin: I will often say to couples something similar to what Irene said. I'll name the issue: that there are things the man or the woman haven't learned by virtue of being raised male or female. Once we name the issue, we can begin to address it.

Surrey: I've had men in groups able to talk about that experience of not knowing. I was leading a group and one man said, "When I'm with a man, I try plan A and if doesn't work, I try plan B and if it doesn't work, I try plan C. If I'm with a woman, I try plan A and then I have no other things to try." They all agreed.

Geib: It takes a lot for a man to be willing to say "I don't know." I saw a couple this morning: The woman was furious after years of not feeling that her husband connected with her. Finally, we were able to lower the temperature enough that he could very quietly say "I don't know what you want" and that was a beginning.

Slater: With lesbian couples, the couple is often forced out of context. For example, they cannot decide relational roles based on gender distinctions. It is no longer an option after a lifetime of being trained that that is precisely how relationships are arranged. It's not as simple as being free of the issue of gender. We're not freed at all because it's been socialized in.

Comment: I want to talk to the last two questions and how they relate to "pushing out the context". I really like the metaphor pushing out the context. In group, I talk about how people have to hold on to divergent experiences—each others' experience. The context of pushing out means you have to create the space to hold on to the different realities and have empathy for the different positions. It's the responsibility of the therapist to name that space whatever it is: For example, it can be working with a lesbian client as a heterosexual therapist and naming that reality in order to open that space.

Geib: It's amazing to me how one can go on in a therapy and feel that it's never quite the right time to raise an issue of context. Then the question is whether it's our own timidity or whether we're picking up cues from the client that it's not the right time to raise the issue. For example, I met last week with an African American man whom I have been seeing in therapy for a long time. Finally, last week, I found the right time to explore the meaning of race. I was speaking to him about whether to invite his family to a session to talk about his history of abuse. He was astonished when I brought that up, and said that they could never come in. I asked whether that was because I'm white, female, or (introducing a note of levity) short? What he said surprised me. He told me that my being white could be a plus because they're from a generation which believed that being white increased one's stature. On the other hand, he felt that my gender would disempower me in their eyes. He gave me so much information about the meaning of being African American and male in his family of origin, and I was glad to have the chance to find this out. But was the long wait for this information in response to his cues or my own timidity?

Comment: I want to comment on the frustration women are feeling because of the disparity in the emotional experience of men and women.

Mirkin: Many women are feeling frustrated by this disparity. I am also working with more men in couples who are feeling incredible loss because the way of relating which they crave doesn't come naturally. They experience such loss because of not having experience with connection and intimacy. It is gratifying for me to work with those couples.

Surrey: I believe men need to come together in an environment that is in the service of building connections and creating and allowing authenticity. I believe men need each other to create a context that values and supports connection and authenticity. This is not only about men coming together in any kind of group because much of the men's movement brings men together but works against men building connections with women and learning about being in closer connections. Men need groups in which building closer connections is valued.

In high school many boys are searching for men who will stand up and stand for and speak about what they value as men. Some of these young men feel that they can't have a voice because the voice of men in the larger community is not their voice and they don't know how to speak up.

References

- Comas-Diaz, L. & Greene, B. , (Eds.). (1994). *Women of color: Integrating ethnic and gender identities in psychotherapy*. N.Y.: Guilford Press.
- Imber-Black, E. (1990). Multiple Embedded Systems. In M.P. Mirkin (Ed.), *The social and political contexts of family therapy*. Needham, MA: Allyn & Bacon.
- Kliman, J. (1994). The interweaving of gender, class, and race in family therapy. In M.P. Mirkin (Ed.), *Women in context: Toward a feminist reconstruction of psychotherapy*. N.Y.: Guilford Press.
- McGoldrick, M., Pearce, J., & Giordano, J. (Eds.). (1982). *Ethnicity and family therapy*. N.Y.: Guilford Press.
- Miller, J. B. (1976). *Toward a new psychology of women*. Boston: Beacon Press.
- Mirkin, M.P. (Ed.). (1994). *Women in context: Toward a feminist reconstruction of family therapy*. N.Y.: Guilford Press.
- Pinderhughes, E. (1990). The legacy of slavery: The experience of black families in America. In M.P. Mirkin (Ed.). *The social and political contexts of family therapy*. Needham, MA: Allyn & Bacon.
- Saba, G., Karrer, B. & Hardy, K. (Eds.). (1989). Minorities and family therapy [special issue]. *Journal of Psychotherapy and the Family*, 6 (1-2).