

Work in Progress

What Changes in Therapy? Who Changes?

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Abstract

A central component of therapeutic change involves facilitating the capacity to move and be moved by the other. Another way of saying this might be that change entails experiencing a greater freedom of relational movement. The question of who and what actually changes in the process of therapy is the focus of the three vignettes that follow. They highlight, among other things, the recognition and acknowledgment of mutuality as an essential force within the relational matrix and the ever-changing landscape that this creates. Each of these examples of a change process bears, as well, a particular stamp of its own, and thus speaks to the unique personality of every therapeutic dyad.

Introduction

Jean Baker Miller, M.D.

The following papers offer clinical illustrations to suggest answers to the questions: What changes in therapy? Who changes? They formed part of a panel at the Learning from Women Conference sponsored by the Jean Baker Miller Training Institute and the Cambridge Hospital/Harvard Medical School Department of Continuing Medical Education in April, 2002. I introduced this panel by discussing some basic notions about the process of change and the obstacles to it on both the personal and societal levels. These ideas are published in a separate working paper, "How Change Happens" (Working Paper No. 98; Miller, 2002). However, some of the main points are summarized here.

Change is the essence of life. While it is most obvious in children, change is a necessity at all ages. It will happen inevitably. If we are ready to greet it, we can move to growth and joy; if not, we may encounter pain and trouble. Change toward growth creates pleasure; we feel most alive and zestful when we are moving in this expanding activity.

Growthful change usually occurs in interaction with others. People do not grow alone. According to Relational-Cultural Theory (RCT), change requires the ability to take in new experience occurring in these interactions and to construct new *relational images* (RIs). We have defined RIs as those inner constructions that we each create, often without awareness, out of our experience in relationships (Miller & Stiver, 1997). Beginning early in life we elaborate and complicate our RIs repeatedly. These images define what we expect will happen in relationships and also the meaning of this experience for our total selves, e.g., if we have had relationships that make us feel valuable, we carry over this meaning to make us feel worthy and confident in most realms

of life such as school, work, and the like.

We probably compare new experience to the RIs we've created to date. If our RIs are relatively flexible as well as rich and nuanced, we then modify them. If they have been reinforced restrictively and repeatedly—and with strong emotional threat or harm, especially with psychological isolation—we may build more rigid RIs. These will be much harder to change.

Among other concepts about change in RCT are the *central relational paradox* (CRP) and *strategies of disconnection* (SDs; Miller & Stiver, 1997). The CRP states that people yearn to participate in connections with others but to the extent that their relationships have been unresponsive and/or hurtful, they will keep important parts of themselves out of connection—those parts that they believe are impossible to bring into relationship. SDs represent the many, varied ways we all develop to keep out of connection. The vignettes described in this paper illustrate these concepts and others.

To consider influences on change, we have to look at the societal context. Patricia Hill Collins (2000), an African American sociologist, has written of *controlling images* (CIs) imposed on African American women, which Maureen Walker discussed in a recent paper (Walker & Miller, 2000). I believe this concept provides a valuable link between the social and psychological levels and can be extended to propose that we all live under CIs imposed by the dominant culture. However, CIs are different for each group in society. As we know, social groups are stratified, i.e., white upper-class men, white upper-class women, white middle-class men, and so on. CIs define for each group what is acceptable and what is not, what people can and cannot do. They exert a powerful impact on how we construct relationships, thus they heavily determine the RIs we create.

According to RCT, the most frightening human experience is psychological isolation. If severe, a person usually feels, along with isolation, a sense that she is the person at fault; she cannot be heard or understood; and she is powerless to change the situation. This is the meaning of “condemned isolation” (Miller, 1989). And this is a basic reason that change is so hard. While we may have many accompanying feelings, at bottom we fear that we will be rendered isolated and powerless. We fear altering our CIs, RIs, and SDs—those constructions that we believe we desperately need, that we think protect us from isolation. I believe this threat operates on our attempts to make change on both the societal and the individual psychological level.

The following vignettes sample some of the many

aspects of change in therapy. While RCT offers many guides to therapeutic change, its central tenet is that each therapy will be unique as it evolves out of the particular relationship between patient and therapist. Thus, these illustrations do not provide concrete advice on specific topics. For example, with the person discussed here, Natalie Eldridge discovered that more “active listening” rather than verbal interventions led to more mutual connection. With another person, the opposite may be true. In the third example, Wendy Rosen is responding to a unique situation and would not necessarily be involved in gift giving with another person. As always, the most important feature was the growth of authenticity in connection that emerged out of the interchange around the gift.

All of these papers seek to counter the myth that the therapist is not effected by the therapeutic relationship. She certainly is, but *the purpose of therapy is to help the patient*. The therapist has the responsibility to act so that the relationship moves in a direction that is growth-fostering for the patient. In doing so and in trying to meet the patient at the point of her or his needs, the therapist may grow too.

“Mary”

Natalie S. Eldridge, Ph.D.

Mary entered therapy in her early 30's to deal primarily with the task of coming out as a lesbian to her parents in the Midwest. She had moved to Boston about six months before in order to live with her current partner, Susan, with whom she had maintained a long-distance relationship for years. She described her history since graduating high school as one of distancing herself from her small-town roots and developing an urban lifestyle very foreign to her parents' experiences. While in a previous therapy in another city, she had come out to herself as a lesbian, but she kept this aspect of herself compartmentalized and hidden from her family. She did share her friendships and her work successes easily with them. This process of compartmentalizing actively reinforced her relational image that she maintained connection with others by not causing trouble and by being the adored little girl who is “bright, good, and nice.” However, coming out to her parents had moved to the front burner for Mary in response to her deep commitment in her current relationship and her desire to share her happiness and success in love with her family. Her significant anxiety about the possible consequences of coming out to her family reflected the

other dimension of her relational image: that bringing conflict or discomfort into relationship would leave her disconnected and isolated. This caused her a great deal of suffering and left her feeling paralyzed and frustrated in her desire to share her joy with them.

As our relationship developed, I came to understand the power that certain controlling images about being a lesbian had on her interactions with others. Her anxiety about the way she would be perceived by others, as "less than, sick, perverted, evil," was so painful to her sense of integrity, inherent goodness, and her deep religious and spiritual nature that she developed a strategy of disconnection (Miller & Stiver, 1997) with others to manage this anxiety. Her dominant relational image, influenced by these controlling images, might be described as: "If people see who I really am, as a lesbian and a sexual being, I will be punished, banished, discounted, and totally vulnerable." This image was so pervasive that I found it extending to her expectations about me, another lesbian whom she had carefully selected to be her therapist after interviewing at least three other lesbian-identified therapists.

In our relationship, a dominant strategy of disconnection emerged in which Mary managed her fear about being seen and judged by me by moving into passionate monologues about how unfair and unjust the laws and attitudes are toward lesbians and gay men, particularly regarding tolerance for love relationships. Whenever the topic of informing her family of the wonderful partnership she had with Susan would come up, her anxiety would skyrocket and she would share detailed stories of how she imagined anonymous others would view her if they knew about her sexuality. I came to see that her anxiety, which I submitted to the insurance company as a "diagnosis," was a by-product of her effort to counter or challenge her own strategy of disconnection. It functioned to keep parts of her hidden from those she feared would view her in a negative light at best and banish her at worst. This is the central relational paradox at work (Miller & Stiver, 1997). Mary was in therapy attempting to connect with me in preparation to share more fully with her family. Yet the very intention of doing so raised her anxiety and activated her strategies of disconnection so that she appeared to be working against her goals in the therapy *and* in interactions with family members.

I would like to say that I came to conceptually understand my work with Mary in the first months of therapy. However, Mary's strategies of disconnection were initially met with my own as I tried to negotiate

the therapy relationship myself. As she launched into descriptive and eloquent monologues on her perception of homophobia and how "straight people think," I began to perceive our dynamic as a power-play in which Mary was casting me as the uninformed, if benign, therapist that she needed to educate. I developed my own image of this relational dynamic as Mary standing on a soapbox with me being an uncomfortable and silenced audience.

My resistance to this image and dynamic with Mary was reinforced by the controlling images I have internalized from my training that suggest the therapist needs to be in charge, at least half the time, and that story-telling is rarely useful in the therapy hour and needs to be redirected. I did not want to disconnect from Mary, but rather move toward a more authentic connection with her. So I was doing things like subtly redirecting the discussion as a way to stay engaged by reminding Mary of issues she wanted to work on. Unfortunately, these efforts would usually backfire, increasing her anxiety and serving to further rigidify her strategy of disconnection. Consequently, whenever the therapy hour seemed to be reduced to an intellectual discourse on discrimination, I was often left with my own feelings of shame.

Eventually, I began to recognize that my efforts to reinsert myself verbally to create a more mutual interaction with Mary were instead increasing her anxiety and her need to disconnect from mutual engagement with me. In fact, my interventions were a power play on my part, trying to regain a sense of control of the therapy process. I found I was trying to repair my own image of myself as a competent therapist. These attempts to reinsert myself into the dialogue were really "power-over" dynamics, reminding Mary of the difficulties that brought her into therapy and subtly suggesting she shouldn't be talking about what she was talking about. I was trying to get her to fit into my way of moving toward mutuality, but my way wasn't working. We needed to find a new pathway toward mutuality together.

At this point, I began to ask myself how I might try to repair the relationship. I began to recognize my own trigger of feeling silenced, represented in the relational image of Mary up on a soapbox while I am stuck in a silenced position. This was not a shared image, nor her image, but my image. As this became clearer, I worked to let go of this image of our dynamic. Instead of viewing myself as "being lectured to and silenced," I began to "revision" myself as a curious observer. This allowed me to grow more silent in the therapy, not inactive, but still and more fully present, and I began to resist less. As I sat with

my curiosity about our relationship, I felt my deepening trust of Mary and my respect for her capacity to know what she needed. She had been showing me what she didn't need me to do, and I hadn't yet learned enough about how to move with her.

As I sat, an image emerged of myself as the co-counsel in a trial with Mary, the lead attorney—on the same team with her and there for support and to “hold the faith.” Metaphorically speaking, I took myself out of the jury box to sit beside Mary as an ally as she delivered her perspective. This allowed me to engage without interfering or redirecting, thus responding in a new way. My own anxiety was calmed in the face of Mary's as I began to listen differently. I view this as an illustration of one way to shift power to move toward the potential for greater mutuality. This particular movement involved a de-escalation of my own strategies of disconnection. I was working to repair the relationship rather than repair my own image of how it “should be” (Miller, 2002).

Mary feels isolated; her acute awareness and fear of rejection leaves her feeling alone, and by fighting for understanding, she is also resisting her isolation. This, again, is her central relational paradox: she deeply desires and needs connection, acceptance, and celebration; yet, she is so fearful of potentially hurtful encounters with those important to her that she leaves large parts of who she is out of connection. Mary's old relational images were threatened and challenged by the therapy relationship; the idea of joining with a significant other person while making changes in herself violated her strategies of disconnection, which historically involved compartmentalizing her experience and rendering certain intimate conversations “off-limits.”

As I began to understand the function of these strategies, I recognized that being a responsive listener to Mary involved being someone who is not shut down by her anxiety, nor needing to interrupt it, nor becoming swept up in it myself—that a *still presence* is essential to being with Mary in her experience to help her feel heard and understood. With this, my initial, anxious impatience with these interactions, where I felt “preached to,” gave way to a deep compassion for Mary, and I realized how difficult it was for her to feel safe. Our new dynamic allowed me to be invited in, rather than trying to “redirect” the energy of her strategy of disconnection. My work as the therapist required becoming more responsive to her movement, noticing and letting go of my own impulse to react, and refocusing on simply listening and staying present. I was holding the faith in Mary and in the

relational process while I was holding Mary's anxiety without giving it more power. In the process, I became more attuned to Mary's subtle shifts to protect her sense of safety. Our relationship now had more space for movement toward mutuality in her way and at her pace. This gave me room to be ready to move with her when she was ready to move.

In one session, a couple years into therapy, we began to discuss how Mary's family members might react or respond to her coming out to them. (She was no longer talking off the point.) She was elaborating on the communication system in her family. In her childhood, she said they lived in a large farmhouse in which seven siblings had their own rooms, but *were never allowed to close their doors*. I had a deep gut response to this image, a sudden and poignant grasping of her sense of vulnerability and the lack of safety she experienced as result of never being able to retreat behind a closed door. My internal response was a mixture of my own strong valuation of and need for privacy and my concern about how intrusive this family rule felt to me combined. This triggered a metaphorical light bulb going off in our relationship that eventually helped us both understand that Mary's anxiety was a way to prevent others from seeing what she wasn't prepared to reveal. She had developed strategies that actually functioned as doors that could provide a sense of privacy, allowing only invited intimacy to enter. This was a moment of a felt sense of “we”—discovering together the impact of the open door policy in her childhood. In this moment she felt me feeling with her, as we moved together into greater understanding. I think of a moment like this as experienced evidence of the movement toward mutuality in the relationship.

Several years into our work, Mary was able to come out to her family. Together we reviewed many changes and shifts in her life that contributed to her readiness to take this step, that is, her readiness to make relational shifts. One significant shift occurred in response to the unexpected illness and death of her father, with whom she felt the greatest fear of loss in coming out. She was able to negotiate his last months with a presence and intimacy that they had rarely experienced in their relationship and made her peace with him without a formal disclosure about her sexuality.

Another significant relational shift was the deepening of trust and commitment in her relationship with Susan. Mary moved from a rather fixed and feared relational image of herself as “single” and unloved—an image she believed her family would see as her fate as a lesbian and an image she

had internalized despite the reality of her relationship with Susan—to an increasingly internalized image of herself within a committed and solid relationship. This drastically changed her sense of power and status vis-à-vis her family—though it didn't change her family's religious views of gay lifestyles or non-heterosexual marriages.

A third shift occurred through our relational work together. Rather than viewing her anxiety and obsessive worry as a pathological process, Mary began to see her experience as a unique process that often provided her with a reasonable and effective method for reaching her goals. This became a new relational image of her relationship with herself that allowed her to find ways to intervene to reduce the *unnecessary* anxiety while celebrating the way she “does her worrying upfront” in a preventive manner. As a result, she became empowered enough in the relational contexts she encountered to feel less vulnerable to the potential judgment and biases of family and culture. This cognitive, or visionary, shift came about through movement toward mutuality in our relationship and allowed her greater flexibility in her relational images. She gained courage in connection, which provided her with the conditions for growthful change.

What Changed for Mary?

Mary and I discussed the question of how change happens in therapy. She responded with a written list of some of the ways she experienced change in our work together. I will share this list verbatim as a way to bring her voice more directly into this presentation. I invite you to listen for the voices of some of your clients in Mary's words.

According to Mary, here are some of the ways in which change happened in therapy:

1. I felt I was truly seen and heard for who I am. This, in and of itself, was enormously healing.
2. I always sensed your “hopefulness,” Natalie—an optimism about me on your part when I didn't see a path to resolution or a solution or a change ever coming myself.
3. Natalie—you are a skilled listener. You really heard me and related aspects of what I told you about myself to a larger picture of me and my world. Your listening and insight showed me you were really engaged in my situation. That helped me trust the safety of the relationship and the sense that I was not being judged.
4. You were able to identify patterns for me that I was unable to see myself. You showed real insight

into me and my ways of doing things.

5. Since you could understand what I was feeling or doing, I came to believe that those actions and choices couldn't be entirely random or senseless, but instead, part of a somewhat predictable course of action. Once we could predict the course of action, or at least recognize where we were along the well-traveled route, two things happened for me: I calmed down—my anxiety subsided although the situations hadn't significantly changed, and we could identify ways to change the pattern.
6. A big part of change happening for me was that I believed it would. I had some measure of “proof” that change could happen from my previous therapy and for some reason, I simply believed that this would work.
7. Natalie—I always felt liked and appreciated. I always felt like our therapy sessions were a special project we'd taken on together and I never felt like anything but your top priority.
8. I learned some gentleness from you—patience with myself (which became patience with others) and I learned to give credit where credit is due. When I made progress in my life, you helped me learn to acknowledge it.
9. I feel you held my fears and sorrows and joys and triumphs very tenderly and respectfully, and you truly rejoiced with me when I grew and good things happened for me. I'll always be grateful for the fruit of our work—what we discovered together. Thank you.

Summary

In summary, I want to acknowledge Mary for her patience and persistence in our relationship, which allowed me to become a better therapist. I also want to acknowledge Mary for engaging in a relational process that allowed us both to grow, though in different ways. One of the things that changed for me in the therapy relationship was gaining a clearer picture of my own reactive triggers around feeling silenced or verbally “left out” of connection. Other therapy relationships had not been so dynamically stuck around this sense of disconnection. Other clients either were less persistent in lecturing me or responded to my efforts to bring myself into the conversation with increased engagement, rather than greater disconnection. So I was able to expand my own understanding of myself in this relationship and, thus, I was able to move from a stance of resistance (being her audience) to one of attunement and helpful

engagement. This experience has since been salient in my other relationships, both therapeutic and personal, giving me greater flexibility in my responses and expanding the relational possibilities.

I appreciate Mary's faith in the therapy process, which she brought into our work from a past therapy relationship. I am thankful for my numerous past therapeutic relationships, in which I was either the therapist or the client, that allowed me to strengthen my faith in relational change. It was the expansive growth in these previous relationships that Mary experienced as my "optimism," my sense of "hopefulness" in our work together. I think of this optimism as the capacity *to hold the faith in a relationship* (Stiver, 1992). Each of us draws from our experiences in relational contexts, both the expansive and the restrictive, to bring forth the unique chemistry in each new connection. What changes in therapy? Who changes? I believe that in the kind of mutually-empathic connection described by Relational-Cultural Theory, the therapist and the client are both changed in an expansive and zestful way, and that this change is carried by both therapist and client to others far beyond the therapy room.

"Helen"

Janet Surrey, Ph.D.

Natalie has described the extraordinary opportunities for change, growth, and expansion within the therapy relationship—for both client and therapist. We all speak of the risks and challenges in this work, but tend to emphasize the overall arc of the healing relationship as a mutually expanding, redeeming, and creative movement. We need also to highlight the complexities and difficulties. I want to take the risk today of talking about a challenging ongoing long-term therapy relationship with a client I'll call "Helen."

In my 25 years as a clinician, I have experienced a small number of relationships that stand out as exceptionally difficult, that have challenged me to the core. These have involved a high intensity of emotional connection, as well as extreme doubt and disconnection for the client and, simultaneously, for me. The client comes to experience therapy and the relationship itself as both very healing and empowering and for significant periods, very hurtful and harmful. For these clients, therapy evokes intense longings for connection that do not feel truly met, gratified, or "held" sufficiently in the relationship. The intensity of the pain and deprivation surrounding

the longings resonate with the client's early relational experience and comes to feel unbearable, humiliating, and even re-wounding. At times, the intensity of the therapy feels as if it *is* the problem; that is, it is interfering with the rest of the client's life.

The first challenge for me becomes my own capacity to stay with, bear witness to, and validate the client's pain without resorting to strategies of disconnection around pathologizing the client ("she's a real borderline") or myself ("I'm so inadequate...I should be doing other work"), devaluing therapy as a process, or fantasizing about standing in front of a malpractice jury defending myself. Without these strategies, I am left to remain "present" and take a long hard look at the potentially harmful aspects of therapy (for both the client and myself).

I have always been able to call on Irene Stiver for help in these situations. It is particularly painful to feel her absence today—though clearly her presence is still so powerful. As a supervisor and consultant, she made it easy for us to ask for help when we were having difficulties.

She helped normalize and detoxify the shame around impasses and suggested structural changes such as adding a co-therapist when necessary or even sometimes ending a therapy relationship with a transfer to another therapist. She was so full of energy, curiosity, and extraordinary faith in this process, which always helped me to stay with it, see openings for new movement, and sense subtle changes. She was always willing to help us and our clients acknowledge frustration, resentment, doubt, and despair that can emerge in such relationships, and are perhaps a necessary part of the work. Irene's relational presence and faith are still with me in the relationship I will talk about today, as it was the last one I shared with her.

My relationship with Helen began six years ago when she was 39. At the time, she was referred by a colleague who had met her at a workshop for women over 40 considering first time motherhood. Helen had become aware of her deep fears—even terror—of becoming a mother. Having a doctoral degree in experimental psychology, she worked as a very successful scientist and manager in a large corporate setting. She described herself as very competent and well-organized, a real "doer." She had little tolerance for people who couldn't take action to solve problems.

Helen had met her husband in graduate school, and they had been married for 11 years. She described the relationship as very compatible and comfortable. They shared professional interests, a deep love of nature and sports, spent time together hiking and

traveling, and took care of their two well-loved golden retrievers. Helen had few women friends. She recognized that she stayed away from her feelings and withdrew from relationships that became too close, where she felt too hopeful, vulnerable, or mistrustful. As she began to trust me and to talk about her family, particularly her mother, the intensity of our relationship grew, and this seemed appropriate and touching.

Helen was emotionally removed from and critical of her parents—though still in ongoing contact with them. As the second daughter, she felt she had always been a great disappointment to her mother who was hoping for a son. Her two younger brothers were born five and seven years later. She described herself as profoundly alienated and critical of her mother whom she felt was frightening, disorganized, and far away—“we live in different worlds.” From birth, she felt that her mother was intensely bonded with Helen’s older sister, whom Helen felt had been psychologically abusive and threatening to her as a child. There was “no room” for her in this sister-mother dyad, and Helen felt that they both viewed her as unfeeling, critical, and rejecting. This relational image led her to doubt herself and to worry about being a “poison person,” who could be hateful, rejecting, and destructive of relationships.

From infancy, she felt more bonded and identified with her father, who was her “great hope,” but the relationship was more fantasy than reality. Helen’s father turned out to be an active alcoholic who created a great scandal for the family in a very public affair when Helen was an adolescent. He disappointed her deeply, and their relationship virtually died at that time. Helen built her life around her capacity to perform at school, to take care of the younger boys, and then to get out of the family and become as different as possible from both her parents.

In our third year of therapy, just as she made the decision to try to become pregnant, Helen’s husband was diagnosed with leukemia—a very slow-growing but ultimately life threatening form—and one of their dogs was killed in a freak accident. These events brought plans for a family to a halt and initiated a profound personal, relational, and spiritual crisis. Through this terrible time and its aftermath she began to feel very dependent on me (wanting much extra time and many out of session phone calls), painfully vulnerable, and often enraged. Helen’s pain and grief felt unbearable to her at times and evoked her overwhelming longings to be held, comforted, and “mothered” by me.

Helen felt very pained by these longings, shamed

by their intensity, and deeply disappointed with my failures to respond in the way she has desired. At times she sensed that I felt overwhelmed and overburdened by her; this would trigger a major disconnection that could last a few minutes, a few weeks, or a few months. Watching and gauging her impact on me, she was sensitive and vigilant to every nuance in my attentiveness or emotional availability.

My Journey with Helen

I had been called to accompany Helen through an intensity of suffering and despair, disconnection, and hopelessness that could feel unbearable to me too. At times, I have felt resentful about the energy and care I had given to this relationship. The depth of her anger and her strategies to deal with her own feelings of powerlessness evoked my strategies of disconnection—strategies to avoid, withdraw, or even subtly retaliate.

Hardest for me were the times when she needed to tell me in great detail how hurt she has been by me (and I recognized that she needed to test me with this over and over to see that I wouldn’t turn it back on her the way her mother did). My own strategy of disconnection in response to this was to become frustrated and irritated, and then to move into a shame reaction, a kind of freeze or disengagement meant to avoid further harm and to assess the situation. She sensed this, felt me “go away” psychologically, and then she felt abandoned. We were both contending with controlling cultural images of women (especially mothers) who are *never* supposed to hurt or harm others and the controlling images of therapists who are always supposed to be clear, self-aware, in control, always having faith in therapy and who are especially *not harmful*. I knew these images were oppressive and unreal but still I wrestled with them, particularly in the hardest times when struggling with such complexities and contradictions.

I had to acknowledge to her that there *are* structural limitations in therapy, just as there are structural supports. The dyadic structure does not always work in positive ways. Particularly, holding pain like this takes “a whole village,” or a whole family and community which simply did not exist for her. And there were inequalities and power differentials between us. She was in a more vulnerable position. I could go home to members of my family, who are my priority. I didn’t need her in the same way she needed me. She *was* expected to share all her feelings and I was not. I had real limits on my availability for out of session contact. These

constraints were not about her unreasonable neediness, but are the real limits, inequalities, and asymmetries built into the structure of therapy. Further, my limits as a person and a therapist are very observable and have real impact.

In every therapy, there is a shared grieving process for what cannot or does not change, occurring simultaneously with the movements of real growth and expansion. This relationship demands a great deal from both of us in this shared task of grieving together and mutual acceptance of limits. No matter how much personal and clinical work I have done, I often feel I am struggling to participate moment to moment with Helen in this delicate and sometimes dangerous dance of mutual movement.

In Relational-Cultural Theory we say that as the relationship changes, the people change. What do we mean when we say the relationship has changed? For this, I use the language of “We.” Each of us and the relationship, the We, have expanded and contracted through this mutual movement. Helen has been pushed to let go of old protective strategies of disconnection, as have I. She has touched her depths and has survived, so far. We have both hurt and cared for each other. There have been some extraordinary and redeeming moments of profound connection, compassion, insight, forgiveness, and love. There have been times of major disconnection and steps toward reconnection that have felt excruciatingly painful and not always clearly growth-fostering.

We have touched bottom together. We have grown in our ability to look at and talk about the disconnects together, even as they occur, without having to re-enact them all the way. This reflects growth in relational awareness—as we “draw the map of the relationship” together—mapping out the places where the We is strong and resilient and places where the We feels fragile or severed. We may never be able to avoid these places, but can learn to manage them with somewhat greater awareness and care, beginning to hold the We together through the disconnects. The relationship grows through shared vulnerability and humility towards deeper levels of compassion for each other and for the relationship.

Neither of us can do it alone. We can learn better to do it together. We can learn to let go of obstacles together and reenter these painful places where we each feel like failures and to build on the moments of connection, trust, and mutual respect. Through this, the relationship grows in empowerment and resilience—generating emotional and spiritual resources to draw on as we work through the places of isolation and darkness, holding the faith that

something new can grow here. In some ways, the growth in the We is not under either of our control. There is always a mystery, a grace in the movement.

For both of us, this shift to the We was a place of refuge, out of the terrible isolation of shame and blame, out of power and control battles subtle and obvious. Helen’s journey from “You,” to “I,” to “We” has been more visible to me lately. From “You are hurting me,” to “I am in terrible pain,” to the recent question that truly touched and inspired me: “Can’t we find a way to do this better?”

I think Jean Baker Miller’s use of Patricia Hill Collins (2000) image of clinical work as “visionary pragmatism” is very apt. It is truly a challenge to hold the vision and faith in the possibility of relational growth while staying open to explore the places of real doubt, loss of hope, and the inevitable grief that lies in the disparity between the vision and the reality.

“Maura”

Wendy Rosen

At its best, meeting in mutual vulnerability in the therapy relationship can level the playing field and sow the seeds of relational change and growth. It is in just such a meeting place that I choose to speak of my relationship with Maura. Maura is a savvy business person who comes from a working-class, Irish Catholic background with a history of extreme poverty and survival sensibility on both sides of her family. I, on the other hand, am a “feeling doctor” coming from a middle-class, Eastern European Jewish background with a history of flight from persecution on both sides of my family and the attendant sense of fear, mistrust, and quiet self-deprecation that this engenders. Both of us are lesbians in an oppressively homophobic culture, which further exacerbates this image of the precarious nature of safe, loving, and enduring relationships.

Maura came in one day and handed me a copy of a quote that she has pinned up in her office. It reads:

Every morning in Africa, a gazelle wakes up. It knows it must outrun the fastest lion or it will be killed. Every morning in Africa, a lion wakes up. It knows it must run faster than the slowest gazelle or it will starve. It doesn’t matter whether you are a lion or a gazelle—when the sun comes up, you’d better be running.

In return, I gave Maura a copy of a poem by Charles Simic (1971) that has inspired me for years:

Every morning I forget how it is.

*I watch the smoke mount
In great strides above the city.
I belong to no one.*

*Then I remember my shoes,
How I have to put them on,
How bending over to tie them up
I will look into the earth. (p. 5)*

Each of these represents, among other things, something about our own core relational images. Furthermore, they speak to a more historical context of controlling images suggested by the dominant culture about the collective fates of both the Irish and the Jewish immigrant in this country. While these appear to be very different relational images for Maura and me, hers suggesting relational fight or flight in the competition for survival and mine speaking to a kind of Diaspora-like sense of rootlessness, both speak to the risk or instability we were bred to fear on some visceral level about relationships.

One difference between Maura and me, however, has to do with our particular strategies of disconnection. Maura's framework is one of power over, while mine is one of inefficacy and alienation. It's not that either one of us is a stranger to the other's protective strategies. Rather, it is that each of us has learned to lead with a particular relational stance in the face of uncertainty due in part to the kinds of early connections, disconnections, cultural contexts, and resultant relational images we have known. What we share in common without question, however, is the sense that meeting in vulnerability is a risky and unreliable endeavor. A fundamental struggle for each of us is whether or not meeting in vulnerability with another can truly be a growth-promoting relational experience, that is, one of positive and enduring change. It is, after all, one of the great paradoxes of life, that to change and grow, we must be open and vulnerable to one another, the very context in which our relational injuries have occurred.

Empathic meetings require a certain mutual permeability, an openness to influence, the allowance for a shared state of vulnerability. One way that Maura deals with her mostly unspoken emotional hunger is through her tremendous generosity. On the one hand, it is a genuine, essential, core part of her. It is also true that this same generosity can sometimes serve to keep her from knowing the true emotional reciprocity of a loving relationship. The net result is that she doesn't get to see if a relationship can grow and survive in response to something other than such giving, or whether or not she has something of

emotional value to offer, or whether she might be freely given to simply for who she is.

Maura knows less about loving a person into survival and growth than about providing for someone's survival and growth. Maura has given me gifts that have been thoughtful and generous. I've felt both touched and uncomfortable. I've shared with her my appreciation, but also, my fear that she will feel that she has to give me presents in order for me to value her and our relationship. She counters my cautious protests with statements of acknowledgment that I "always go the extra mile" with her whenever she needs it, extending the hour, talking on the phone or reaching out when I know she cannot. What she doesn't get to feel from me, however, is that she, in fact, touches me powerfully.

One way that I deal with my nagging sense of inadequacy about the worth of what I have to give is through minimizing both my acts of generosity in life and their value. It is my attempt to protect myself by preempting others in what I fear will be their devaluation of my emotional investment. At the same time, it doesn't allow for any felt sense of efficacy on my part in the way of empathic connections or the feeling of power in the gift of my own emotional responsiveness. In other words, our own anxious efforts at feeling worthwhile in relationships entail strategies of self-protection and disengagement. Maura, on some level, feels unworthy of being given to emotionally, and I struggle with feeling that there is little worth to what I have to give. While I try to challenge this default setting of mine, I'm not always successful.

At Christmas this past year, I gave Maura a present to give to her niece, Cara, whom she is raising on her own. Cara's mother, Maura's younger sister, has a significant substance abuse problem and cannot safely care for her daughter. I'd given Maura a couple of small gifts in the past for no special reason, except that they made me think of her. Whenever I did this, Maura seemed a bit nonchalant in her response, thanking me but then quickly moving on to other things. I was struck by what seemed like discomfort of some sort, although I never openly addressed the feeling. When I gave the Christmas present to her, I found myself thoroughly downplaying it, saying it was just a "little thing" for her niece, "no big deal," "just a little something." In point of fact, it was not an elaborate gift in the concrete sense, but it was meaningful nonetheless. Maura's response was exactly the same as in the past, and we seamlessly moved on. This time, however, the giving came from a different place in me, that is, one of being moved by

what I experienced as something powerfully touching for me about Maura. It had to do with Maura's relationship with her niece and my sense of how deeply loving, devoted, and self-sacrificing she has been in the service of giving her niece a chance at a good life. Maura's loving generosity moved me deeply.

At our next session, I found myself a little irrationally hurt that I hadn't heard from Maura about her niece's response to the gift. She had barely sat down in her chair, when I impulsively asked her about it. She shifted uncomfortably and said to me, "Well, we opened it, and what I want to know is whether somebody gave that to you, and you didn't want it, so you handed it down to us." I recall feeling stunned, wounded, ashamed, and defensive. She said that she and Cara had hung up the gift, and then we moved on and talked about absolutely nothing that I can remember. At that point, I had become emotionally disengaged and remained there for the rest of the hour, while unconvincingly trying to seem as if I were present. At the end of that day, I felt deeply upset about Maura's response. I decided initially that I was being far too sensitive and vulnerable and that I needed to go off on my own, somehow get my reaction under control, and understand it better. Realizing what a dead end that was going to be, I told a very close friend and colleague about the interaction. She helped me to move back into the relationship with Maura by recognizing something of the mutually shared, relational elements to this event, that is, that something was touched off between us which stemmed from some more hidden place of mutual vulnerability.

I talked to Maura at our next appointment about what had occurred. I told her that her response had left me feeling hurt, but that I did not think that my feelings were entirely a reaction to her words. I said that I had spoken with a colleague/friend of mine about it in order to try and make sense of the interaction. Most important was the fact that I had moved out of connection with her, and I wanted to make my way back into our relationship. After exclaiming, "God, you're so sensitive!" to which I offered no argument, we proceeded to begin the slow and careful work of peeling away the layers of each of our responses.

Maura was right. I am sensitive, and it sometimes dovetails with an early relational image of mine that defined emotional sensitivity as too vulnerable a place in which to be, that is, as a personal liability, subject to being exploited, shamed, and wounded. On the other hand, it is also a trait that helps me to be a caring and

thoughtful therapist. I suggested to Maura that sensitivity can render one vulnerable to hurt, but that it is also a good thing in relationships, allowing for real contact.

Maura took that in and thought about it, coming back the next time with a list of responses she had to our interaction. These included:

1. I thought it was safe to talk. I didn't think about your feelings.
2. I never even had my coat off.
3. Yes, I'm a little slow at expressing that emotion (i.e., gratitude), but whose time clock do I need to be on?
4. You set me up by minimizing and devaluing gifts you give me.
5. You disconnected from me during our session, and it says on page 32 or something of that book you gave me (*The Healing Connection*) that that's not a good thing.
6. What hurts me the most is that you didn't talk to me first about your feelings, that you didn't trust me enough and had to go to someone else instead.

Her list of feeling observations was truly on the money and felt like her finest gift to date. I told her how much I appreciated what she'd given me and that her list was worthy of even deeper examination in order to understand something important about our relationship and relationships in general. This, of course, made her groan, muttering, "Can't we just move on to something else?"

I believe there are a few important points about this series of interactions that speak to the subject of power and change in therapy. First, it sheds light on the very complex reality of what two people bring to a relationship; that is, the many layers of personal relational images that come into contact with one another and at the point of intersection, carry the potential to create either healthy change or damaging acts of power abuse. Second, it speaks to the deeply vulnerable places around which our strategies of relational disconnection are organized and act to keep us apart from one another. Third, it underscores both the inevitability and opportunity of meeting in places of shared vulnerability as a catalyst for real change, both in the movement of the relationship, as well as in the individual relational images of each person in the relationship.

Places of vulnerability are not simply about old relational wounds, but rather about old wounds remaining open, even in the present. It is the willing reciprocity of sometimes painful openness, of shared

movement toward real authenticity and an allowance to be modified by this experience that provides the opportunities for relational repair and expansion.

Maura and I are still very much in this process, but change is already occurring. We know that there are times when we will fail each other. It is our willing examination of these failures that deepens our perspectives on the rich complexity of feelings and old images that are brought to bear in the ongoing life of any relationship. I've been learning a lot about my vulnerable places and my strategies of disconnection in the face of them. In particular, I'm seeing the deep complexity for me of what generosity and giving of myself actually represent, and also, the maladaptive ways in which I try to preempt my most feared responses while paradoxically creating them. It has freed me to go further with Maura about my experience of her and to more freely give voice to my observations, treating them as valuable and meaningful gifts toward relational growth.

Maura, too, is changing. She is looking at her influence on important people in her life in a new way, allowing herself to pause long enough to feel their experiences, especially in response to her, and to bear them, moving further into real empathy and expanding her own inherent sense of value and worth. Our relationship has expanded to include loving admiration, caring, and mutual inspiration even in the face of disappointments, and it has been rendered stronger by the repairs we allow and create together.

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