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Work In Progress

Creative Moments in Relational-Cultural Therapy

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Work in Progress

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Creative Moments In Relational-Cultural Therapy

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Abstract

Creative moments in therapy are those occasions when something new and growth-fostering occurs. This paper offers three illustrations and a discussion of these characteristics. It is based on a panel discussion held at the Stone Center-Harvard Medical School/Cambridge Hospital "Learning from Women Conference" in April, 2000.

Introduction

What do we mean by *creative moments*? We will discuss the meanings of these moments at greater length after presenting a few examples. However, as an initial suggestion, we will say that creative moments refers to those times in therapy when something new happens—something is created. From the perspective of Relational-Cultural Theory, they are the occasions when the new creation is growth-fostering, that is, it propels the relationship in a healing and enlarging direction. They lead to what we call "movement-in-relationship." The relationship deepens and expands and so do each (or all) of the participants.

"Susan"

Irene P. Stiver, Ph.D.

I will be talking about my work with a woman in her fifties whom I'll call Susan. She entered therapy one day with a sense of urgency; even before she sat down she started talking. She began with, "I've been wanting to ask you for some time, what do you think of all this Clinton business?" This was the beginning of the Kenneth Starr revelations, with Monica's confirmation that she had had "a relationship with the President"; there were loud accusations of perjury and predictions that this would lead to the President's impeachment.

Various thoughts, some desperate, went quickly through my mind. How could I tell her how I really felt? My feelings were very strong, if complicated, about this whole business, and I knew that our politics would not be similar.

She came from a very steadfast Republican family. At the same time, I knew that one of our major themes in therapy was her mother's silence and its profound effect on her. She never knew what her mother

thought of anything. As a child, if she tried to pursue her mother about what she wanted, thought, or would do, her mother would convey non-verbally (by facial and bodily expression) that she experienced Susan as too aggressive and forceful; she wanted Susan to back off.

Susan had recently started to date a man for the first time since her divorce more than five years ago and with great trepidation had introduced him to her parents. She told me her father said, "He seems very nice." I then asked what her mother thought of him and she said she had no idea. Her mother had said nothing.

When I wondered if she considered asking her mother what she thought, she looked really horrified and said it made her anxious to even contemplate that possibility. She felt it would be an assault on her mother. Her mother would not be able to tolerate such an assault, and Susan would end up feeling like a bad person.

This story and others like it flashed through my mind in the short period while she was framing the question, and I was trying to determine what to do. I felt I *had* to answer. I could not replicate this part of her relationship with her mother, that is, evade and not appreciate her *need to know* and all that meant. So I said, "Well I must admit, I am angry at everyone involved but I am especially infuriated with Starr who has his own agenda, that is, he is out to get Clinton. I think Clinton was very irresponsible and so was Monica."

Susan listened and then asked more about what I thought of Clinton "getting away with" perjury and what message that sent to the country. Her new boyfriend had said now all drug users can lie about taking drugs because the President committed perjury; they will think that they can get away with it. I then said something—with thoughts of Carol Gilligan—about how moral issues can be seen in context and I thought that when a married man is having an affair, especially if he's President, he would typically lie about it. I did not think it was of the same order as other perjuries. We were at this point having a conversation with a give and take between us.

She then asked me how my feminist colleagues and I felt about Clinton's affair with Monica. He had betrayed his wife and was taking advantage of a very young woman, an intern in the White House. I said my sense was that feminists were mixed in their reactions. I had read other perspectives and discussed this with other women and they clearly had differences of opinion. That his behavior was outrageous was the general consensus—for me as well.

But another consideration I and some other feminists had was that Clinton had really done a great deal for women, more than any other president in terms of his stand on certain issues and the appointments he made. Even though he treated his wife terribly with his affairs and sexual betrayals, he also seemed to truly value Hillary for her intelligence and strength, more than other presidents and their wives.

All the time I was talking, I was thinking, "Oh my God. What am I doing? How will this affect the relationship—the transference?" So I said, "You know, to share these ideas goes against much of my background as a therapist; that is, a therapist should not bring her personal opinions into the therapy; it would have a negative impact on the therapy and on her. I am concerned that this might get in the way of the work we are doing."

She responded with much energy, saying how important it was to her that I had been *immediately* responsive. She said that it took so much courage for her to ask me and it would have felt awful if I had not responded. She had come in with a sense of urgency but *had not dared to think* of how I might respond.

After the session, I was very distressed since I still worried that I had done something wrong. I feared that I might have silenced and suppressed her ability to hold of and express opinions different from mine. After all, I had more power to influence her and there was the danger she would feel ashamed for having a different perspective. I thought I should have explored the many complicated meanings these questions had for her and somehow found a way to be less definitive about how I felt.

But I also knew that what I did was more syntonetic with our Relational-Cultural Model and my understanding of Susan. So despite my doubts and concerns about what I had done, I was strongly influenced by our concepts about reframing therapy. First, to address the transference issue, we have said that we did not agree with the notion that the therapist's neutrality was essential to the development of the transference. Instead, we believe that:

- 1) transference develops under all circumstances and
- 2) as long as the therapist remains relatively neutral she may not perceive the significant differences between this new relationship with her therapist and those relational images from the past that the patient brings into therapy.

In contrast, when the therapist is able to create a new relational context that is mutually empathic and empowering, she will provide a fertile ground for the patient to develop more positive relational images and

their meanings. I felt I had to provide her with a different relational context from her experience at home, a context in which her curiosity could be respected and responded to.

Thus, our understanding of the goal of therapy had to lead me to respond as I had, that is, to create a mutually empathic and mutually empowering relationship so that the patient can feel safe enough over time to represent herself more fully. To engage with her in this mutually empathic way, I had to be authentic and deeply appreciative of her sense of urgency and her need to know what I thought. I was moved by the courage it took for her to take such a risk with me. She risked that I would confirm the dangers of asking such a personal question and that I would humiliate her and cut her off by refusing to be responsive to what she was asking of me. I believe that *she was* moved by my willingness to share both my vulnerability and concerns in the process.

However, after the session I continued to obsess and worry despite my awareness of what I've just said. It is still amazing to me after all the years of doing this work and my deep belief and commitment to these ideas, that all the authority figures from my past can still lead me to doubt what I truly *know*.

I dreaded my next session with Susan, but my dread quickly dissipated in seeing her mood and presence when she arrived. She began by telling me how important it was that I had respected her question, and what it meant to have someone see her questions and curiosity as justified. She talked about never having dared to ask questions like that of anyone, feeling sure they would not like it.

Later in this and subsequent sessions, she spoke about realizing how judgmental a person she was and thought that our discussion had helped her see that more clearly. Indeed, she was very judgmental, especially of herself. She went back to a time when she learned that a woman teacher in one of her children's schools was having an affair with a male teacher. She was scandalized and wanted to "report it" but she didn't. And now she could tell me about an analogous situation in her own life many years ago—a secret affair, which filled her with enormous guilt and scorn toward herself. It was a new revelation and a new awareness.

This creative moment occurred about a year-and-a-half ago. Susan is braver now in daring to confront and ask people what they think, and our relationship continues to grow with all the expected glitches and disconnections en route.

"Maura"

Wendy Rosen, Ph.D., LICSW

I had known Maura for about three months as her couples therapist. She and her partner eventually went their separate ways, which at the time saddened me very much. Even though I'd held no illusions about the sustaining power of their relationship, I just liked them both so much and I wished that each of them could find and keep love. At Maura's request, I referred her partner for individual therapy, and they both saw me through the breakup. Following termination, Maura chose not to continue any therapy, and I didn't hear from either of them for almost two years.

Maura had always struck me as a very passionate, powerful, and absolutely compelling woman. She was sharp, wise, ambitious, incredibly street-smart, and verbally formidable on the outside but she also held certain other parts of herself within a very protected place. Maura revealed these aspects of herself much more sparingly, entrusting what has proven to be a very big and very fragile heart to a select few. That's one of the reasons why this breakup had been so painful for her. It had been a very long time since she had allowed herself to open up to someone again, having been crushed several years prior by the loss of a woman with whom she had been deeply in love.

When Maura left couples therapy with me, she had also left her mark on me. I don't think I could have articulated it at the time, but it had something to do with what I experienced as her deep sensitivity, her courage, and her tremendous generosity. She inspired me in some unusual way, and I felt privileged in her trust of me. I knew I would miss Maura and with her departure, I felt my own painful sense of remorse for the loss she was left to carry with her.

Maura's life had been a series of tough challenges. She was the oldest child growing up in a large, extended, close-knit Irish Catholic family. Both her parents were from very large, struggling, working-class families, and they had married young. Her mother, whose family had been quite poor and who'd had a particularly rough life of her own, was perpetually overwhelmed, anxious, short-tempered, and physically abusive, primarily to Maura. She always perceived Maura as the toughest and most durable of her children, and thus, never spared the rod on her. Maura quickly learned to be tough. Her father made it clear early on that she would have to fight her own fights, both literally and figuratively. He was a rugged, no-nonsense kind of guy who repeatedly

emphasized the importance of family bonds and loyalty, until one day when, with no explanation, he abruptly left his wife and children for another woman.

This was devastating to his family, but particularly to Maura, who felt betrayed in some fundamental way. Here was a man who had consistently espoused the creed that “family is everything” and then turned around and walked out on his own. This stood as a glaring and wrenching hypocrisy in the face of Maura’s, by then, strong personal ethos. Given her mother’s emotional fragility and relative inability to fight for the protection of her children, especially now that she was on her own, Maura felt extraordinarily responsible for her family, particularly for three of her four younger siblings.

Maura was extremely close to her sister, Kathleen, who was closest in age to her. Kathleen knew Maura better than most, and she had a remarkably generous spirit. Everyone loved Kathleen, but especially Maura. If Maura was the one to whom everyone turned for strength and material support, Kathleen was the one to whom Maura turned for essential moral support. In Maura’s eyes, Kathleen was the real beating heart of the family.

When Maura was a child, she had serious learning disabilities, which often left her feeling humiliated and ashamed in school. She compensated for these challenges through her considerable physical prowess and tremendous athletic capabilities. She engaged in numerous sports and became a competitive athlete. Never one to fold in the face of challenge, Maura devoted herself to competing and winning, refusing ever to become, in her words, a “cupcake.” A cupcake was soft in the middle, and thus, would inevitably “choke” when called upon to enter the real contest in both sport and life.

Succumbing to pain or hardship in any form was simply not an option, and any feelings that set off course were to be quickly eradicated. Maura’s oft-repeated mantra was “buck up.” Despite an academic history marred by extraordinary challenges, Maura managed to get athletic scholarships, graduate, and continue her athletic competition, in addition to some coaching. She attracted a lot of interest from others as a result of her strength, courage, and shrewd savvy. She knew how to survive, how to win, and above all, how to get people moving and go for the best deal. Many of Maura’s most enduring connections were forged at the negotiating table. If you were willing to come to that table, she would always meet you there, and no one would ever leave it without having gained something. One of her most famous and engaging lines has always been, “Come

on! Work with me here!” And most everyone did. This has since led her to a very successful life in business.

After Maura terminated her couples work with me, I would periodically hear random bits of news of her through the grapevine of people we remotely knew in common. I always felt a surge of warmth at these moments and was happy to have even small scraps of information about how she was managing post-breakup. She’d left a lasting impression on me, and I always hoped she would find happiness in a relationship with someone who could really appreciate her in all of her unique complexity.

One of the more significant events that I heard about proved to be both painful and rather complicated. One of Maura’s younger siblings, a sister, was found to be having a serious substance abuse problem and was increasingly unable to care for her very young daughter, Cara. Given that there was no father in the picture and that neither Maura’s mother nor her other siblings were in any kind of favorable position to pitch in, Maura quickly took over. This was so much her way. If a problem presented itself and Maura could do something about it, she did, with no questions asked and not a moment’s hesitation. Cara, four years old, moved in with Maura, and suddenly her life was irrevocably changed.

Motherhood, of any sort, had never been a part of Maura’s vision for herself. She was single, gay, and on a fast-paced business track, always entertaining interesting new entrepreneurial opportunities. She had a number of friends, most of them without children. Her rapid trajectory came to a screeching halt, necessitating a complete revamping of present and future plans. While she adored Cara and had no question about the validity of her decision, Maura also faced some very real personal loss with this change in her life. Her responsibility for the caretaking of Cara had now become her primary commitment, rendering her other ambitions and way of life very much secondary. Not one to indulge grief excessively, Maura didn’t miss a beat in transitioning to her new role. She once told me in no uncertain terms, “I will never spend time wanting what I can’t have.”

About a year or so after Maura became Cara’s legal guardian, I heard another piece of news. Around this time, her closest sister and veritable soulmate, Kathleen, was visiting them. They’d been having a great weekend together, until Sunday morning, when Maura went in to awaken Kathleen and found her dead. Kathleen had had a longstanding heart condition and suffered a heart attack during the night.

Maura was completely devastated. In her typical, responsible way, she practically single-handedly took care of all the necessary arrangements, culminating in a very moving and heavily attended funeral. Kathleen was well-loved by many people.

When I heard the news, which was not long after Kathleen's death, I was stunned and, quite simply, utterly grief-stricken for Maura. I immediately felt the array of emotional implications for her, knowing full well the weight she was already under. Her life just seemed to be punctuated by a string of significant, often wrenching losses to which she responded with a renewed commitment to courage, but also, with a little less faith and hope and just a little more feeling of aching solitude each and every time.

I decided to call her. Even though it had been at least two years since we had seen one another and although I had heard this recent news via a rather circuitous network, I had little question about my decision to call. Once again, I felt another of Maura's devastating losses. In my remorse about the loss of her partner in our couples therapy, I now faced an opportunity to meet up once again with her grief. I still had the desire and the need to try and meet her there for whatever it was worth.

Maura was surprised to hear from me, but we spent no time at all catching up. Neither one of us seemed to require it. Rather, I shared with her my deep sorrow regarding the death of her sister, and she moved seamlessly into sharing with me the abyss of her grief. The word she most often used to describe it was "brutal." I recently looked this up in the dictionary, and its definition was "cruel, merciless." She couldn't have put it more aptly.

When Maura allowed herself to attach, to really love, she entrusted her whole heart to that relationship. To lose the relationship became for her an act of almost physical cruelty, an action completely without mercy. Maura experienced her life as anything but filled with acts of mercy. She learned all too early that she would have to fight all her own fights and that asking for help was out of the question. During our conversation, I asked Maura if there was anything I could do to be of help to her. I asked her if it might be useful to just come in and talk, and then, without even thinking about it, I offered to meet her somewhere else if she wanted, perhaps simply to talk over a cup of coffee. She paused for a moment and then responded that she didn't really feel the need for any kind of therapy but that she thought it would feel good to meet with me over a cup of tea. We made plans to see one another in a few days at a deli near my office.

Maura and I met twice at the deli, each time with her insisting on buying me lunch and acknowledging gratitude for my spending this time with her. She shared with me the detailed circumstances of Kathleen's death, her relentless and unbearable grief complete with an array of physical and stress-related symptoms, the terrible saga of her other sister's tragic substance abuse problems, and the care of her niece, Cara. Maura was suffering badly, and I wanted to try and be there for her in the ways that I could. At the end of our second lunch together, I suggested to her that we might think about meeting together in my office where we'd have more privacy and where I could perhaps help her through what was clearly a most devastating time in her life. We agreed that there needn't be a commitment to anything ongoing, unless she chose it.

Since that time, Maura has asked to see me twice a week and has allowed me access to a little more of her heart each and every time, while without realizing it, she already had found a permanent place in mine.

Not too long ago, Maura told me a story about her endless array of organized outings with Cara and a whole group of her little friends from school and Girl Scouts. She is forever planning fun activities, often of the athletic type, including biking, swimming, softball, skating, and skiing, to name a few, all followed by ice cream. Needless to say, the girls thrill to these events. Often, they excitedly shout out to her, "Maura, what are we doing today?" Each time this occurs, she turns to them and answers, "Girls, take out your memory books. Today we are making another great memory."

"Kirk"

Janet Surrey, Ph.D.

Most change and movement in therapy feels gradual, winding in and out, back and forth, but this was one of those exceptional moments—powerful, instantaneous, unforgettable. Although rare, it is the kind of moment that keeps us alive, keeps us "keeping on," and gives depth and meaning to this difficult work. For Kirk, the client with whom I shared this moment, it was pivotal and transformative.

Kirk actually asked me many times to find a way to speak or write about his therapy. He wanted me to give his name and saw no reason for confidentiality. As a journalist, he felt something important like this ought to be reported. As you will see, this was quite a distance from where we began.

Kirk originally came to see me at the age of 46, in the context of the break-up of his second marriage. As

a last resort, his wife had asked him to see a relational therapist. In the first session, he described himself as a “recovering white male. I’ve benefited from every privilege; I’m white, male, affluent, educated, and tall. I don’t have any right to be here. You’re wasting your time.” He was, as you can hear, sardonic, sarcastic, and very skeptical about this first experience of therapy. Kirk was a successful newspaper editor, political commentator, and activist. He was a rising star in his work but felt little gratification or joy in it and little sense of worth.

In his relationships with women and with his three young children, he felt enormous shame and deficiency: a “true failure.” This was what he felt was most true about himself; that “something is just missing.” Kirk was chronically, not clinically, depressed, emotionally constricted, very judgmental, bristly, and quick to anger. He used his wry humor to maintain distance and control and to cut off any hint of emotional joining, any possibility of holding a connection or surrendering to the relational moment where something new can happen.

Kirk felt responsible for the difficulties in his marriages. He knew he was unable to accept vulnerability or empathize with others, particularly women. He recognized his unwillingness and awkwardness in showing any depth of feeling except anger or disdain. This was part of his success as a political analyst: his incisive and biting humor coupled with great intelligence. At first quite hostile, he began to soften. The anger turned to teasing. We laughed a lot together as this was his primary way of connecting.

Kirk knew of my gender dialogue work and my interest in male-female relationships and frequently he would say to me: “Hey, I’m a man, what can you expect?”

In the first year of our work together, I listened to his story and began to feel some empathy. He desperately wanted me to help him learn to be a father. We talked in the greatest detail about his children, in the process building interest, curiosity, understanding, and connection. Through this conversation, he began to touch on his own sadness and loneliness as a young boy, growing up in an isolated rural area as an only child. His mother was diabetic and from the time he was eight her health deteriorated; she eventually became totally blind and bedridden. She died when he was 22. While she was alive, his mother never left the house and he remembered coming home from school everyday and sitting with her telling her all about his day. He felt he had to be “her light” and bring interesting news from the outside world. But they could never acknowledge

together any of the difficult feelings of grief or loss.

His father was a good and reliable caretaker, but also could not express or share his emotions. Even in talking about the past, Kirk continued to avoid any relational connection that might evoke his sadness. We wondered what it was like for his mother and imagined that she tried to protect him from her grief. He imagined that he too might have been trying to protect her, as well as himself, by staying away from his painful feelings.

Weekly sessions with Kirk were difficult and not something I looked forward to. I often felt frustrated and exhausted and had to work extremely hard to maintain any emotional connection or relational continuity. Although I knew some part of him desired connection, his relational “dread” as described by Stephen Bergman (1990) and his strategies of disconnection—humor, anger, sarcasm, and especially self-denigration—were well developed and very controlling. I found myself empathizing with the women in his life; the gender issues were always present between us. Kirk began to be curious about me and my work and about therapy. He began to understand that he was not simply “empty” and not simply afraid of feeling his sadness and loneliness—but was more afraid of feeling alone with them. He had no experience of or images of relationships where feelings moved between and connected people. He did have images of relationships where feelings of vulnerability were associated with humiliation (part of male socialization in an all boys private school) and also of relationships where any emotional exposure led to feelings of shame and deficiency.

One year into therapy, Kirk was at a routine medical appointment to investigate a chronic cough and was diagnosed with fast-growing metastatic lung cancer. He lived for 13 months after this diagnosis. I remember that he called me between sessions to tell me this news. I remember that when he came in the next time, I changed my seat and moved from a chair further away to sit right next to him. I was startled to observe how much more open and willing to be with him I was in the face of illness and possible death. What a lesson about my own personal and professional strategies of disconnection!

At first Kirk’s bitterness, anger, sense of loss of a future, and particularly his mourning the chance to grow were stunning. He struggled against his own depression and resignation. And then he began to work earnestly on trying to be open and present to complete the work he needed to do in all his relationships. Often he felt empty, blocked, and helpless to change. I referred him for body work, to a

men's cancer support group, and to a meditation group. We began to start our sessions with silence. He began to talk about his life as a mosaic of moments with each moment having its own completeness and beauty.

Halfway through his last year, as he became physically symptomatic, he asked me in one session to work with him on a visualization exercise. He was trying to locate a safe, peaceful, psychological place where he could find refuge; a place to go in the face of fear and pain and ultimately, as I look back, in the face of death. He was describing a scene close to his childhood home, actually very close to where I grew up. I felt very connected to the scene that he described as sitting on a porch of an old abandoned house, looking out at a soft green meadow, listening to the sound of a running brook in the background. I said to Kirk, probably with some frustration, but mostly I believe wistful sadness and hard-won acceptance: "I'm still not sure if you want me or anyone else there *with you.*"

Although I had been speaking to this particular scene, I realized this touched a core question for him.

He stopped and answered softly with feeling, "I'm not sure either."

He was clear, direct, authentic, at one with his thoughts and words in the relationship.

We sat in silence. I sensed something happening. Finally, he looked at me with tears, and said, "I can feel how hard it is for you—when you're trying to be with me and I don't know what I want."

Another silence. I began to worry about whether I had revealed too much of myself. I felt doubt and shame about his focus on how hard it was for me, that maybe I had expressed too much of my own painful struggles in relationships with men. But the meaning for him was obviously too significant, and I did not let my therapist strategies of disconnection—especially of turning the focus back on him—get in the way of letting him be with me.

He began to talk about feeling something grow between us. He noticed that he could just stay with my pain without taking it back to how it reflected on him, on how he had failed again. He described a feeling of love and compassion for me—for women, feeling women's struggle to relate to him—to men.

He then described feeling a sense of expansiveness and buoyancy and feeling a new energy surging through his body, particularly through his hands.

Our eyes met and he held the gaze with me for some time, both of us tearful but smiling. I knew we both felt a deep appreciation for where we had been and where we now were. This "seeing together," this

understanding reverberated between us. How difficult to describe mutual empathy, relational power, the five good things—healing connection, zest, spirit, interbeing, relational being, I and Thou, We.

After that, Kirk described in his life a growing capacity to be with others, which brought him great joy. He let friends be with him in new ways as he died, although some important relationships remained very difficult and unmoving.

Our relationship remained immensely important to both of us and I saw him up to the day before his death. I promised him I would share his experience although I have not yet found a reporter who wanted to write this story for his newspaper.

I have pondered the memory of this moment many, many times. It still remains a mystery, an experience of hard work *and* grace. As a therapist, it was not so much what I did but what I knew *not* to do in that moment and where I was willing to go with him, where we could go together. We came to this very alive moment of healing connection, of mutual presence together. Daniel Stern calls this a "now" moment. Clearly this moment grew out of all the moments before and of the new relational experiences and relational images growing over time. Its meaning was heightened by the closeness of death, which moved both of us beyond our protective and habitual strategies of disconnection. Facing death can help us drop the past and drop the projection of past wounds onto the future. Connection is always in the present, this present moment.

A relational moment like this contains and expresses in microcosm the *whole* relationship. Its texture was built on shared experience, understanding, trust, and love. The moment was deeply moving for each of us, changing both—differently but deeply shared. Through the work of weaving authentic and empathic connections between us, we also touched the dimension of the larger cultural disconnection and the struggle for mutual relationship between men and women—"stepping out" of patriarchy, as Carol Gilligan would say. Both of us were deeply aware of the larger gendered meaning of the moment. Coming to this moment of mutuality through the particulars of who we are, therapist-client, woman-man, through history, through culture, touching into our deeply human connection.

Finally, this moment had a timeless dimension. It remains still very alive, mysterious, vivid, and limitless in its truth. I feel Kirk's presence absolutely with me as I speak of this today, even though it occurred nearly eight years ago. And I carry this

moment—this We—as a resource, a place of faith, resilience, and power into my encounters in therapy and in life.

Discussion

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What any therapist would call a creative moment will depend on her theory of therapy. As we see, these moments reflect some of the major tenets of Relational-Cultural Theory. That theory rests on the belief that the essence of living and developing is connecting in a way that fosters growth. This reaching for connection represents people's basic motivation, yearning, desire. Growth-fostering connections are defined by the fact that they lead to some or all of what we've called "the five good things," i.e., a sense of increased energy or zest, an increased motivation and ability to take action, greater understanding of self, other, and the relationship, increased sense of worth, and a greater desire for more connection (Miller, 1988, Miller & Stiver, 1997).

Theory of Therapy

However, all of us inevitably experience disconnections, especially as we live in an overall society in which any one group of people has more power over another. These "power-over" conditions reach in to affect us even in our most personal childhood and adult relationships. In times of disconnection, we experience the reverse of "the five good things" and also several additional negative consequences, especially a sense of psychological isolation.

This sense of isolation is devastating and so threatens a child's (or adult's) sense of psychological integrity that s/he will do everything possible to try to avoid it. What people do is: keep parts of their important experience out of their relationships—the thoughts and feelings that seem impossible to bring into connection. Thus, over time, people learn to keep parts of themselves out of connection in order to try to make connections. We see this as the *central relational paradox* and also the fundamental idea guiding therapy (Miller, 1988; Miller & Stiver, 1997).

In therapy, the path to healing is connecting and this connecting is based on a particular form of mutual empathy (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). That is, the therapist must be able to feel with the patient's experience—at least to a large extent; and the patient must feel the therapist feeling with her (Miller and Stiver, 1997). We see this

illustrated in the examples here. Jan's example especially highlights this point. Sometimes in creative moments, a person can feel another person feeling with her or with an aspect of her experience in a way that hadn't crystallized for her ever before.

Mutual empathy leads to the "five good things," and they are the major components of mutual empowerment (Miller, 1988; Miller & Stiver, 1997). An especially powerful part of mutual empowerment in therapy is that the patient can see that she has had an impact on the therapist. Feeling this impact is vitally important because in serious disconnections a person has often felt that she could not really reach or affect the other person(s). This is another way of saying that she has felt powerless (Miller & Stiver, 1997). In these creative moments, we see that it is not an impact in some general sense; it is a person's feeling that her feelings and thoughts *matter* to the other person. They are *heard* and *felt* and they matter just because she has felt them. We can see this in all of the examples.

When people feel that their thoughts and feelings don't matter to others, they resort to many other methods of trying to have an impact. These methods are usually coercive and distancing of other people, for example, what we call passive-aggressive behavior. There are many others.

Some Characteristics of Creative Moments

Creative moments are many and varied, large and small. I will mention here only a few of their characteristics. In some moments, the therapist may find herself outside of her accustomed "comfort zone." She has to expand her repertoire, which usually means she has to take a risk, move into the unfamiliar. She opens herself to new experience and potentially new emotional and cognitive learning. Doing so often leads her to feelings of vulnerability and self-doubt. All of the panelists describe these experiences.

Even as she feels vulnerable, the therapist chooses to be true to the integrity of the relationship. To behave in a more formulaic mode could violate the experience patient and therapist have had together. If the therapist betrayed the experience of the relationship, she could cause a serious disconnection. So, for example, if Irene had not answered Susan's question, Susan could have felt that Irene was betraying all that Irene had seemed to understand about how devastating it was for her when her mother was unresponsive. They had talked together about how Susan felt so totally obliterated at these times, so isolated and so helpless.

This integrity rests on a basis of mutual empathy. The therapist has a sense that her actions emerge from

her empathic understanding of her patient. She also has a sense of how her patient will respond. Most importantly, she has a sense of how ready her patient may be to move into new experience. Likewise, the therapist has a sense of the level of mutual empathy in the relationship, that is, thoughts and feelings about how much she and her patient share an understanding of their relationship and also how empathic her patient is with her (the therapist's) feelings and intent. Of course, the therapist's perception of the level of mutual empathy in the relationship is never perfect or total.

In these moments, we usually see the therapist allowing herself to be more open and authentic (Miller, Jordan, Stiver, Walker, Surrey, & Eldridge, 1999). She is more "present" as opposed to withholding. Allowing herself to be more vulnerable in all these ways means that the therapist is willing to relinquish some of her power and control, that is, she does not stay within the traditional methods by which therapists tend to maintain control. Notice how much less in control Irene felt than if she had said something like, "I wonder why you ask?"

This willingness to move toward less power in therapy does not ever mean relinquishing responsibility. The two have been easily confused. The therapist is always responsible for working toward the goal of therapy, which is to benefit the patient. While therapists must be responsible, we have been led to believe that this must mean using power and control over the patient. I believe this confusion follows from our basic cultural concepts which readily elide responsibility and control. It rests on a lack of faith in relationship and in the belief that the therapist's authenticity and caring can lead to the kind of connection that will be beneficial for the patient.

Because of their interchange, Susan was able to say to Irene, "It took so much courage for me to ask you and it would have felt awful if you had not responded." It was very meaningful that Susan could say this. If Irene hadn't responded as she did and Susan had felt awful, Susan may not have been able to say that. Then this feeling could have become a troublesome, hidden, unexpressed factor in their relationship.

Traditionally, therapists would say that Irene's actions would prevent Susan from getting to more underlying and important issues. Instead, we see that Irene's recognition of the integrity of their relationship and her willingness to be authentic and vulnerable led to Susan's ability to reveal more, not less. She can talk about the very central issue of unresponsiveness and

also about her own extra-marital affair. With this, she was able to have less unproductive guilt and scorn for herself. She also saw more of the truth about herself as critical and judgmental.

Wendy, too, was acting with respect for the integrity of her relationship with Maura. Wendy felt that Maura was "paralyzed by grief"; she also knew Maura's whole history of not feeling able to expect responsiveness and her likely inability to express her needs directly. Wendy speaks of her "need to meet Maura in her grief." This, like the features in the other examples, could be seen as some pathological, or, at least, therapeutically inappropriate need of Wendy's or, as we're suggesting, it can be a desire to be true to the integrity of the relationship, to what Wendy and Maura had been through together. This was a conscious choice Wendy made; it was not a compulsion.

Stages of Therapy

We do not mean to suggest that we should go around looking for creative moments. Rather, they emerge when we stay close to what we think and feel is going on in the relational work in therapy. They do not arise out of the blue. Usually a great deal of work has led up to them. However, they can sometimes occur early in therapy. Two years ago, as part of a panel on Therapists' Authenticity at this conference, Maureen Walker presented an example that occurred in a very first session (Miller, et al., 1999).

That example illustrates so beautifully all of the features mentioned here and more. Maureen, an African-American woman, was in training and had to take as her patient, John, the next person in rotation. John was a racist, denigrating, white man and from his first words, it was clear that Maureen was not in her "comfort zone." Indeed, no one should have to go through this kind of racist experience. Maureen described how she was tempted to use her power as a therapist to put down this man and to stay out of connection with him. Instead she was able to use her empathy with the small amount she knew about him and "to say something to John about how the decision to talk to me must not have been an easy one." I refer you to the paper for the rest of the story but, in summary, this proved a most creative moment. Both John and Maureen stayed in the therapy, which was a huge accomplishment. Further, Maureen set the stage for the kind of creative and authentic movement-in-relation that amazingly ensued. A most productive mutual growth occurred over the next two years.

Creation Versus Interpretation

Creative moments are very different from interpretations. One central difference is that they are mutual. Both people tend to be engaged, active, and authentic. This is different from the therapist dispensing insight. An interpretation may sometimes be helpful in aiding a person to understand something about her past, but that is different from the experience of creative change.

This change is not on an intellectual level only, nor even on an intellectual and emotional level. It is relational, which means integrated through several levels, as in “the five good things” explained earlier. And it becomes, therefore, empowering. Again, it’s a new creation, a creation of new experience, something that hadn’t existed before in the relationship—and often, something that hadn’t existed before ever.

In therapy, as in life, it is the welcoming of the new that is so important. This is often thwarted in the course of development for all of us to varying degrees. In various ways, we all can then become stuck in old paths, either with our strategies of disconnection or our old relational images, as described in several papers (Miller & Stiver, 1994, 1996, 1997). We become anxious, vigilant, guarded, restricted, and the like. Our culture, I believe, leads to these problems, as I’ll suggest below.

Instead, in creative moments, we step into new experience, onto the untrodden path, often the frightening untrodden path. And the great thing is, if we find it, it is different, better than the old. The great discovery in terms of Relational-Cultural Therapy is that a person can find that as she brings more of herself into connection, she is reversing the central relational paradox. She is being more herself and also more connected—something that had seemed impossible.

We should probably call these moments “co-creative moments” because they are truly created by two people; in group or family therapy it may be more than two people. They are co-created in the work that leads up to them as well as in the moments, themselves. They may be initiated by the action of the patient or the therapist, for example, in Irene’s illustration it was the patient; in Wendy’s it was the therapist. However, the essence is that the other person(s) is able to move into the action, to move it forward, something we’ve called “movement-in-relationship” (Miller & Stiver, 1997).

New Connections, New Person

The fact that the patient is a co-creator, a participant, leads to another factor in Relational-

Cultural Therapy: the patient finds that *she* can be part of creating connection and she can participate in movement-in-relationship. The patient is finding in herself a creative and connecting force. Why is this important? When we suffer disconnections as children and even as adults, one of the terrible features is that we tend to believe that we are the reason for the disconnection. We then develop the inner construction of ourselves as the bad, even evil, person. This is a terrible sense of oneself as a person who cannot make good connections and thus, cannot make good things happen. We have elaborated on this point in various ways, describing it as “condemned isolation” and as a major source of negative relational images and meanings (Miller, 1988; Miller & Stiver, 1997) and the source of shame (Jordan, 1989, Hartling, Rosen, Walker, & Jordan, 2000).

When a person begins to experience herself as a person who can make connections, she also begins to see herself as a different kind of person; she can create different relational images and meanings about herself. In these moments, she can often see the contrast between her more restricted and disconnected self and a new way to be.

Kirk, in Jan’s example, so poignantly illustrates this point. He moved into connection, with a “feeling of deep connection, love, and empathy” for Jan struggling to be in relationship with him. He saw how hard it was to be with him. He saw a truth about “the old” but in the same moment he could glimpse “the new,” saying, “I can just be with you and not take it back to me.” This moment illustrates how powerful moving into connection was for him. At the same time, it opened a vision of himself as different, not the old isolated, lonely self, but a person who *can* make connection.

The moment also illustrates mutuality beautifully. While the moment entailed Kirk’s movement into connection, empathy, and love, Jan also felt much greater connection with him and with parts of her past experience with men. What each felt was certainly not identical. Each was at a different point but they were connecting profoundly.

While the purpose was not and should never be for Jan’s benefit, we can see that such moments always foster the growth of the therapist. When we truly try to examine what goes on in therapy, I think we have to see that such moments of growth are inevitably mutual.

For Susan, too, experiences like these lead to a change in her relational images and thus in her image of herself, away from those of a person whose actions lead to disconnection and away from feeling like a

“dangerous, aggressive person.” Now she can see a possibility of herself as a person whose initiative leads to a very productive series of connections. Her interest, her desire does not have to mean disconnection and terrible consequences. She was also able to see the possibility of herself as less critical and less judgmental, both in regard to others and to herself.

Maura also could begin to include her desire and her need for responsiveness in her picture of herself. We have not been talking about a person who has lost every sort of connection but the specific kinds of connection that have become problematic in her life. Maura had many connections, but she did not have the kind of connection in which she could be a person with desires and needs and expect others to understand and respond to them.

I am suggesting we can see more than the reversal of the central relational paradox in a non-dynamic way. A person can see herself in the process of *becoming* as opposed to “fixed,” stuck. She can see herself becoming more the kind of person she would want to be and had not felt she could be. To feel herself in movement in this way is so different from feeling herself so stuck. To put this another way, I don’t think that we find some fixed, hidden “true self.” I believe we can move into *becoming* a fuller, stronger person, into movement rather than fixity. And we can include in that person qualities we had not thought possible.

Cautions

As we know, movement in therapy is never a straight line onward and upward. Indeed, after creative moments like these, we often find a person returning to acting in an old disconnected way. We have described this tendency in detail, saying that therapists must honor a person’s “strategies of disconnection” (Miller & Stiver, 1994; Miller & Stiver, 1997).

Are there dangers to these creative moments? Yes, there may be. These dangers can occur if the therapist’s actions are not well attuned to the specific relationship and well timed to the poignant moment in the relationship. With another person it may not have been at all helpful that Irene, Jan, or Wendy acted in the way they did.

However, we are not always so attuned to every person. We miss things; we have our own blind spots and strategies of disconnection; and we blunder. If so, as in all such instances, what matters is always what we do *next*, how we attempt to repair the situation or, as we would say, how we try to move the relationship

from disconnection to new connection. Usually the way the therapist can attempt this movement is to be even more open and authentic about her own behavior and intent. The worst thing she can do is to pull away from connection, as Irene has described in an earlier paper on therapeutic impasses (Stiver, 1992).

Conclusion

Creative moments are important in therapy. But I want to emphasize that they are important as empowering acts in relation to the total society. While personal, they may lead people also to more understanding of a cultural system that restricts all of us—but in different ways for different groups of people. Just as this system restricts us, it prevents us from readily finding the ways to take action. That is, I believe that a cultural system built on the restriction of people by creating categories such as race, gender, class, and the like has thereby created a whole way of thinking and acting, in general, that inevitably leads to serious disconnection. This way of being structures even our most immediate personal experience. People still try to find connections in whatever ways they can but we inevitably build disconnections, strategies that keep us vigilant and restricted.

As Maureen Walker has pointed out, to be restricted—caught in these strategies—keeps us from finding new creative thought and action (Walker, 2000). When we are limited by our anxieties, we do not easily find the thoughts and actions that will lead us to create change in our lives and in the larger world. We are not likely to see the possibility of “the new.”

These tendencies are, as always, what dominant-subordinate cultures engender. They first create conditions of oppression that lead to disconnections. They, then, lead us to the kinds of attempts at self protection that keep us from finding alternatives, from finding new paths.

Most important, these strategies are attempts by each of us to try to find *individual* solutions and protections. They, thus, render us more disconnected. They keep us out of the creative and potentially joyous paths of acting together. In doing this kind of relational-cultural work, I hope we are learning more about how to replace disconnections with connections. I hope we can continue to extend this learning to realms beyond therapy to find new and better ways to work toward a more mutually empowering world for all of us.

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