2000

Relational counseling

Janice E. Drury

University of Northern Iowa

Copyright ©2000 Janice E. Drury
Follow this and additional works at: https://scholarworks.uni.edu/grp
Part of the Education Commons, and the Marriage and Family Therapy and Counseling Commons

Let us know how access to this document benefits you

Recommended Citation
https://scholarworks.uni.edu/grp/563

This Open Access Graduate Research Paper is brought to you for free and open access by the Graduate College at UNI ScholarWorks. It has been accepted for inclusion in Graduate Research Papers by an authorized administrator of UNI ScholarWorks. For more information, please contact scholarworks@uni.edu.
Relational counseling

Abstract
The author of this paper explores the relational approach to counseling and its potential benefit to clients. The relational approach, in comparison to the more traditional approach to counseling, can give the counselor an alternative framework in which to explore and understand human development and apply counseling methods. Relational theory and its application to women is specifically addressed in this paper, as this approach to counseling may better assist women to speak and be heard in a pattern that makes sense to them. The author also identifies the need for research that expands current realms of thinking in mental health theory and practice.
Relational Counseling

A Research Paper
Presented to
The Department of Educational Leadership, Counseling, and Post Secondary Education
University of Northern Iowa

In Partial Fulfillment
of the Requirement for the Degree
Master of Arts

By
Janice E. Drury
July 22, 2000
This Research by: Janice E. Drury
Entitled: Relational Counseling
has been agreed as meeting the research paper requirement for the Degree
Master of Arts.

June 15, 2000
Date Approved

Terry T. Kottman
Adviser/Director of Research Paper

October 20, 2000
Date Approved

Michael D. Waggoner
Head of the Department of Educational Leadership, Counseling, and Post Secondary Education

II
Abstract

The author of this paper explores the relational approach to counseling and its potential benefit to clients. The relational approach, in comparison to the more traditional approach to counseling, can give the counselor an alternative framework in which to explore and understand human development and apply counseling methods. Relational theory and its application to women is specifically addressed in this paper, as this approach to counseling may better assist women to speak and be heard in a pattern that makes sense to them. The author also identifies the need for research that expands current realms of thinking in mental health theory and practice.
Overview of Relational Counseling

According to relational counseling, each person's world view centers on being connected and interdependent. Relationships exist at all levels in terms of relationship to self, to others and to the environment. Relational theory purports that "relatedness" is the common theme and the essential ingredient in attaining fulfillment in one's life. Everything that exists in the universe is interwoven in a cycle of continuity. A person's learning develops throughout the lifespan in the context of experiencing and creating mutual and growthful relationships at all levels (Flinders, 1998; Gilligan, 1991; Miller & Stiver, 1997; Zukav, 1989).

Basic Constructs

Relational counseling is predicated on the belief that human beings grow, change and develop over their life spans in direct proportion to their connections with each other and with all of nature. Respect and mutuality are two key elements in attaining and maintaining successful relatedness. Satisfying relationship(s) foster continued growth and positive connectedness, which in turn heightens the desire for and the skill to form deeper and more meaningful relationships. All human beings have the desire and capability to form such beneficial relationships, although some people show a greater propensity toward accomplishment of this goal. Growth in relationships occurs by continuous "self" work regarding the owning of and being responsible for personal behavior. A person seeks balance in all relationships in order to achieve optimal physical and mental health. "Knowing" through experience and "knowing" through the examination of the unconscious and the conscious lends meaning to current and past relationships and assists a person to make decisions that lead to more positive connectedness (Gilligan, 1991; Lerner, 1993; Myss & Shealy, 1993; Seaward, 1997).
Historical Background

Most traditional relational therapists work from the existing “male as center” construct of human development that reflects Western societal views. Historically, these theories are grounded in the work of Freud, Jung and other ego analysts and object relations theorists. They focus on the study of relationships as a way to more fully develop a separate self and attain the goals of autonomy and independence (Carnevale, 1999; Gilligan, 1997; Rogers, 1991; Stern, 1991; Vaughan, 1997).

Therapy modalities were linked to assisting people to accomplish these goals which fit with society’s assigned gender roles. Since “male” traits were deemed advantageous in attaining autonomy, they became central to human developmental theories, and both men and women were judged by those standards. Nearly every Western institution of society, inclusive of family and the health care system, reinforced these gender roles and focused on attaining a “good” fit between men and women and their respective roles (Ernst, 1997; Gilligan, 1982; Lerner, 1989; Miller & Stiver, 1997; Oakley, 1997).

Western gender definitions assign independence, competitiveness, task-orientation, stoicism, analytical reasoning, rationality, confidence, leadership, objectiveness and being outward oriented as “male” traits. Traits assigned as “female” traits include being emotional and unstable, weak and indecisive, intuitive, dependent, passive, empathic, sensitive, subjective and interpersonally oriented. This presents female versus male as a dichotomy. In theory, research, and applied practice, women’s voices have been represented as deficient and underdeveloped in comparison to men (Ernst, 1997; Gilligan, 1991; Miller & Stiver, 1997).

This traditional approach to theory and practice utilizes little actual knowledge of women’s experience. In fact, most early research extrapolated the results of all male studies to females. In therapy, women have tended to shoulder the blame for a
showing a lack of independence and autonomy and for fostering dependence in children. Most of these theories supported the belief that individuation is desirable and that individuation is dependent on successful separation from the primary care giver, usually the mother or her substitute (Borysenko, 1996; Lerner, 1993; Miller & Stiver, 1997).

Instead of studying women’s response to a prescribed role, women’s behavior was often pathologized within the mental health system and labeled accordingly. The results were that a disproportionate number of women as compared to men were treated as mentally ill (Gilligan, 1991; Jack, 1991; Stern, 1991; Wenegrat, 1995).

Wenegrat (1995) stated that the assigned female gender role is one of social and economic dependence. Women are frequently not able to secure the resources they need to support and care for their families or themselves. Women of color and ethnic minorities are often even less able to do this than people of white color. He claimed that, for women, these are prime factors that lead to an increased role dissonance and mental health diagnosis, especially situational depression.

Bordo and Jaggar (1992) concurred that power is a fundamental issue for women and their mental health status. They felt that women are plagued by a burdensome historical construction of the female gender and subsequent loss of voice in this system. They claim that women are compared to the Western image of “femaleness,” whether or not that image is real. When women do not fit this image, women are often labeled as, or actually become, maladjusted or mentally ill.

Beattie (1992) and Belenky, Clinchy, Goldberger and Tarule (1997) stated that women are taught to be dependent on authority figures in exchange for protection. In this equation, personal power is not rewarded when exhibited by the female. Women are trained to see their feelings as not important and often have difficulty describing themselves. They tend to see themselves in terms of their relationship to others and to
their environment, which is often construed as negative. Women's self-knowledge often rests in others' perceptions. Actual positive connectedness that is experienced by females is then incongruent with the negative connotations given by society and the value placed on autonomy and independence (Lerner, 1993; Orbach, 1997; Stern, 1991).

Bordo's (1993) research indicated that women strive to "fit" into prescribed societal roles. Her studies revealed that sometimes the way women fit is to lose themselves, completely. Eating disorders exemplify this as an extreme expression of not accepting "self" because that image does not fit with what is expected. She correlated eating disorders with the unsuccessful internalizing of expectations, a lack of power over self, and a lack of power in society in general.

Bordo and Jaggar (1992) claimed that the work of society is engendered and creates a duality which may produce conflict when a person does not fit. Emotional labor is relegated to women, while men do the "real" work, that which is rewarded and valued. Should a woman seek paid labor, she does it in addition to and secondarily to her defined work of the family and home. Domestic labor is not called work. It is not renumerated. It is never finished. It is denigrated, sentimentalized and revulsed. Yet it is absolutely necessary to society. All of these factors contribute to the historical framework from which emerged an alternative to the male-as-center developmental model.

The relational model arose in the United States during the feminist movement in the sixties and seventies (Gilligan, 1982; Lerner, 1989). Fueled by the dichotomous construction of gender, those advocating relational theory purported the common female developmental theme of relatedness as "normal" and superior to the male-as-center model. During this time, theorists such as Chesler (1972), Rich (1976), Chodorow (1978), and Gilligan (1982) claimed women alone had the capacity for
warmth, connectedness and empathy. These theorists reinforced the dichotomous construction of gender. While some theorists have continued to support this theory of development as being uniquely female (Borysenko, 1996; Gilligan, 1991; Hare-Mustin & Maracek, 1990; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Miller & Stiver, 1997), others explore this dimension of development as possible for all human beings and dismiss the either/or developmental models based solely on gender differences (Denfeld, 1995; Myss & Shealy, 1993; Seaward, 1997; Zukav, 1989).

Relational Counseling Terminology and Definitions

In looking at the evolution of relational counseling and its application, it is helpful to define common terminology used in current practice. The following descriptions of terms are common to the following relational theorists: Miller and Stiver (1997); Jordan, Kaplan, Miller, Stiver, and Surrey (1991); Gilligan, Rogers, and Tolman (1991); Mitchell and Oakley (1997); Lawrence and Maguire (1997); and Bordo (1993).

The term “mutual empathy” refers to the ability or capacity to feel and/or think about things in a similar manner as another person. It means listening well enough to connect with the experience and meaning for the other person(s). When one has mutual empathy and there is a connection with another person, he or she would feel an emotional “high” in fully understanding the other person’s experience. Positive energy produced when a person is “in sync” with another.

“Action” describes the moment when mutual connection is possible within a relationship. This occurs when a person has an accurate picture of himself or herself (self-knowledge) and is able to see the other person in an authentic way. The energy produced when one connects to another helps build a sense of worth and value for a person. This positive feeling creates a desire for more connectedness.
In all relationships, “relational images” are formed. Relational images are pictures and associated feelings when a person connects or disconnects with another person. These images are retained and become patterns of thought that cue a person for use in future relationships.

The “resonance and response” system is the degree that a person can experience relationships in depth and complexity. This means that a person is fully engaged with the other person and seeks to understand his or her experience as completely as possible. With experience and positive connections, a more complex and meaningful connection can take place.

The ability to “fully participate” in a relationship depends on the level of positive connections and maturity a person has gained in those connections. This is necessary for mutuality and growth, two essentials for a balanced interaction, to occur. Forward movement relies on full participation of all involved.

“Disconnection” occurs when the relationship is or becomes unequal in power or in benefit. The disconnection produces a “central relational paradox” which increasingly conjures up restrictive relational images. If the relationship becomes unbalanced, the person may continue to seek connection. Often a person does so by keeping more and more knowledge, experience, and reaction out of the relationship. By shielding parts of oneself, there is not full participation or mutuality and growth.

Application of Relational Counseling to Women

Redmond (1997) showed that about 80% of participants at educational offerings and therapy groups exploring spirituality and connectedness are women. She claimed that women are in search of an identity that dates back to the medieval times, a time when women were in touch with the rhythms that connected with the universe.
and were uniquely female. The celebration of being female meant being connected with all of nature, complete with belonging and living with one another and respecting the shared sense of community and purpose.

Borysenko (1996) purported that women are totally different in their capacity to experience learning and knowledge and that the concepts of relational theory are solely a women's domain. She stated that women have a unique ability to connect and value with the delicate web of interconnectedness between humans and nature and each other. She traced qualities such as respect, relationship, understanding and love as qualities that begin to develop in girls during childhood. Even though not necessarily valued by society, this is life for women and as women age, they come into their own as far as accepting the value of relatedness, regardless of society.

Borysenko (1996) stated that women are driven by the need to remain connected. She stated that isolation and being cut off from relationships is foreign or dissonant to women's way of being. She promoted recognition of positive connectedness as helpful to women in attaining balance and fulfillment in life.

Miller and Stiver (1997) stated that connection is central organizing feature of women's development. Women's sense of self and of worth is most often grounded in the ability to make and maintain relationships. The key to healthy connectedness is to actively participate in relationships that are mutually respectful and facilitate growth. Relationships that are codependent, usury and energy draining, should be recognized and eliminated if possible.

Gerzson (1992) concluded that women often attain freedom from role definition later in life. The author finds that women feel more confident and gain a certain wisdom in the aging process that is contrary to the male-centered model that deems older women as nonproductive members of society (literally in terms of reproduction). When women reach middle to late middle age, the traditional female role of caretaker
is lessened as children and family move out of dependent roles into more individuated lives of their own. It is often during this time that women reflect upon the important things in their lives. They find a true sense of connectedness and the reaffirmation of the meaningful relationships in their lives. They often come to terms with the fact that they do not fit with the definition of their lives as described by others and that they come into their own knowledge of what truly is important to them.

Miller and Stiver (1997) stated that discovering the central relational paradox is especially applicable to women in counseling. Women and interconnectedness have not been celebrated in developmental and counseling theories. These authors proposed that paradox of role dissonance builds increasingly restrictive relational images for women as they strive to balance staying connected while experiencing relationships that require more than an equal share of work from them. The connection remains intact only through the woman keeping more and more of herself hidden from the other person. She does this to promote harmony, but ends up losing herself because the relationship is not based on mutuality and respect.

Lerner (1993) and Maguire (1995) stated that in order to better understand human development, studies of female development need to be interfaced with current theory. Without this, the full range of developmental possibilities is tainted by preconceptions and dualities of engendered stereotypes. Both of these authors purported an expansion of current developmental theories to include relational constructs in reframing theory and practice for all human beings.

Flinders (1998) echoed the belief that women need to be studied specifically for a more encompassing developmental model, that she believed will primarily benefit women. She claimed once women find their voice, individually and collectively, all society will benefit from a more interconnected view of life.
Lerner (1993) advocated a relational approach to open up new meaning and understanding, especially for women. She felt that this requires a relearning of ways to deal with current relationships from earlier complex and complicated relationships. She concluded that men can also gain from relational therapy. However, for women, relational theory shed light on how the traditional female gender role was developed, which for women was restrictive, confining and perhaps not very accurate. Current relational theory opens a whole new frontier of how roles for men and women can be redefined. The author does note that the continued emphasis on how women and men differ, obscures the commonalities. Finding and highlighting commonalities can allow all people to challenge the traditional and create space for a different future path.

Gilligan (1991) claimed that therapists, in relation to counseling women, need to assure that their own practice is as free from reinforcing these gender roles as possible. She believes the therapist has to be especially cognizant of this in relationship to counseling women.

A Multicultural View of Relatedness

Henderson (1997) took issue in her study of female development in regard to relational theory and its application to women of color. She traced the black female development of "self" back through history. She believed that especially black women were taught the value of independence and making their own way due to slavery. She believed the current relational theory based in feminism has increasingly depicted the white middle class female and how 'she' has been held to a social role. Henderson maintained that a white woman has always been considered superior to black and other minority women. She contended that the depiction of the female in a dependent, powerless role fits with the struggle of middle and upper class white women. The fact that poor white women and minority women have never had any other kind of power, such as monetary or political, produced an earlier recognition of self and the need for
connection with others, especially women. As a result, she believed that black women have always been more in touch with their spiritual and relational self, seeing themselves as a part of the larger whole. While she supported the constructs of relational counseling, she cautioned that the therapist must be cognizant of the client's background and culture.

Smith (1991) stated that development in Afro-American females runs counter to both society's and feminist's gender assignment in the new relational theory. She stated that mother-daughter relationships have always been strong in the Afro-American culture. The relational images are positive for females and central to familial arrangement. Voice is a black culture value, especially for women. Females are a part of the whole, with individual and collective voices, in the family, in the church and in black culture. She described this as a triadic concept involving the individual, the family, and the universe. Females are the stable entity in the black culture and are not dependent in relationship to men or other women. She purported that being a mother is the ultimate status, inherent in this role is independence, worker, and juggler of self and family. She portrayed a decidedly different view of black women in comparison to the feminist relational theory. She purported that being independent and interdependent has always been paramount for women in the black culture.

Comas-Diaz (1991) included all women of color and ethnic minorities in her study of women's roles, feminism, and relational theory. She, too, attributed the dichotomy of gender roles as being more problematic in white females due to the structure of Western society. For most minorities, there is little choice about interdependence or independence. For women, there has always been a strong connection to family and tradition. While the roles may not always be the most positive for women, Comas-Diaz felt that it has not been easy for men either. The author related this to minorities not being assigned status within the Western culture structure,
so that the “problem” is not limited to the female population. She stated that men and women all are taught interdependence within the family and ethnic culture. She supported connectedness, but felt the meaning differs for each culture and cannot be extrapolated to all females.

Comas-Diaz (1991), Henderson (1997), and Smith (1991) presented different lines of thinking regarding women of color and white women and how progressed they are in recognizing and promoting relatedness as an important feature of development. These authors differed in how status and power is or is not equated with women’s development being organized around relationships. They are consistent in finding that “connection” is central to defining the way of being in which women make sense of the world. They also support the construct of relatedness as a concept worthy of further research with potential benefit for both men and women.

Role of the Therapist

In application of theory to practice, the therapist is responsible to take the first step in identifying his or her own relationships for evidence of mutuality, empathy, and growthful connections. Lane and Samuels (1998) stated that the single most powerful intervention in relational therapy is having the client tell his or her life story. This applies to the therapist as well. The therapist explores his or her own key relationships for disconnections and connections. In order for the therapist to assist the client through identification of troublesome disconnections, he or she must develop a keen sense of awareness regarding the recognition of disconnections. The disconnections are defined in terms of meaning in real life experiences complete with relational images and associated meanings. This in turn is applied to assist the client in his or her pursuit of self knowledge. The therapy session is enhanced greatly as the therapist’s skills are fine tuned in the recognition of has in optimizing personal relational patterns, vastly improves therapy sessions with clients. In relational
counseling, it is the therapist's job to continually strive to 'connect' with the client on some level. The therapist must develop proficiency at this skill and then be able to teach the client to master the process (Ernst, 1997; Gilligan, 1997; Scotton, 1999).

The experience and skill level of the therapist in detecting and effectively dealing with disconnections is directly applicable to the developing client/therapist relationship. The astute therapist follows the cues of both self and client during each session, noting connections and disconnections that occur. The therapist validates her or his perceptions about the process with the client. The quality of the session and outcome is directly related to the depth of connection that develops between the client and therapist. The session is used to practice identifying disconnections and encourage the client to work at connecting in an authentic and safe environment with the counselor. The client can then extrapolate successful strategies to future relationships. The role of the counselor in relational counseling is always one of active participation (Miller & Stiver, 1997; Scotton, 1999; Turner, 1991).

It is expected that the work of each session will expose disconnections between the therapist and client. This may be uncomfortable for the inexperienced counselor, but provides a very real learning tool and is especially helpful in replacing negative relational images from past relationships. Together the client and the therapist explore new ways to handle these experiences. The client learns to represent himself or herself more fully and bring more authenticity into relationships, both in therapy sessions and in personal relationships. The client processes the importance of being fully engaged in relationships. The risk of exposure is balanced by increased confidence that is lodged in acceptance of oneself without compromise. Success during each session is gauged by the client's increasing abilities and willingness to
take the lead in seeking and recognizing positive connections and addressing both the connections and the disconnections with the therapist (Miller & Stiver, 1997; Scotton, 1999).

Hare-Mustin and Marecek (1990) noted that a client's experience has many meanings. Some of these meanings may be hidden from the client. Understanding attached meanings may or may not conform to the traditional explanatory systems of the dominant culture. As a helper and a product of this culture, the therapist assures that alternate meanings are explored and that therapy does not exclusively reflect and promulgate privileged meanings, such as popular role stereotypes.

**Goals of Therapy**

The ultimate goal in relational therapy is to enhance the quality of life through relationships that are mutual and growthful. To this end, a client must examine all of his or her relationships, past and present. It is important for the client to think and talk about how these relationships were formed, what part she or he played and what meanings can be derived as the relationships are dissected. This process includes looking at aspects of those connections that are positive and those that the client views as toxic. This process assists the client to more fully understand his or her pattern of relating and/or connecting. It is imperative for clients to learn to recognize and take responsibility for their own behavior and let go of taking responsibility for others' actions. For some, especially women, this can be difficult but quite a "freeing" experience (Gilligan, 1997; Lane & Samuels, 1998; Miller & Stiver, 1997; Zukav, 1989).

In relational counseling, the antithesis to healthy connections is disconnection and the central relational paradox. Therapy focuses on relational disconnections, naming them and discovering how those disconnections occurred. The client reviews life relationships and fully explores disconnections and connections. The therapist
assists the client to probe these disconnections and compare them to positive relational images and connections. The therapist and client look for patterns in the relationships and the role the client plays in each of these associations. Therapy centers on the what, how, who and when of each relationship. There is minimal time spent on the "why" of the client's pattern or actions. The role played is accepted as is without judgment. In fact, seeking to stay out of relationships can be indicative of the role the client played in order to survive in his or her reality. Patterns of behavior, such as being suspicious of every action from other people while longing for loyalty and commitment from those people, often stem from earlier negative relational images in life's experiences. The client examines these behaviors as well and consciously decides whether to repeat these patterns or eliminate those that may be negative or harmful to himself or herself. The work proceeds to imagining better relationships that include the key elements of mutuality and respect. The client explores what actions, thoughts and/or emotions could be used in place of his or her usual pattern. Highlighting positive, mutual, relational images and positive patterns of connections in relationships helps to reinforce desirable aspects of relationships. Alternatives are generated to create more healthy choices in future relationships. This process includes the discovery of negative or harmful relational images. Again, part of the work is to discover what role the client plays in these relationships and what patterns have developed (Gilligan, 1991; Miller & Stiver, 1997; Stern, 1991).

The outcome of discovering and dissecting this central relational paradox is built on the premise that positive relational images and connections coincide with psychological growth, increased self-esteem, healthy healing, and a desire for more connected relationships. The person becomes fuller, stronger, and more in tune to her or his unique experiences and needs. Ultimately, the person learns the value of
healthy interdependence, moving in and around relatedness to oneself and others
without becoming totally disconnected or totally absorbed (Flinders, 1998; Gilligan,
1991; Miller & Stiver, 1997).

Relational counseling concepts are similar to most theories in that the goal is to
assist people to feel better, be happier and be able to experience more satisfaction in
life. Like some theories, the client and the therapist take a very active part in the
therapy sessions. However, there is an investment in the client/therapist relationship
that is made by the therapist that often leads to a tremendous increase in the
effectiveness of therapy. This investment requires full engagement in the process of
experiencing and exploring all aspects of the client/therapist relationship within the
therapy session. By addressing the disconnections and connections that occur, the
therapist teaches the client to identify his or her own central relational paradox and
relational images. The therapist and client use the therapy session to practice
relational patterns that better meet the needs of the client. Each time the client is able
to experience success in session, client self-awareness is heightened. Success for
the client builds confidence in the ability to connect with others in a healthy
relationship outside the therapy session.

Relational counseling offers an expanded interpretation of the meaning of
relationship in that one learns to connect in relationships which are mutually growthful
and respectful. The work of life is to discover and foster healthy patterns of
connections and understand why and how disconnections occur. In order to better
exemplify the strategies of relational counseling as applicable to practice, the following
case study provides for transition from theory to practice.
A Case Study

Nora is 45 years old. She has been married 3 times, the last marriage is to a man 17 years her senior. She has several children (all adults) from her first marriage, one daughter who lives close by and the 3 sons who are within a day’s driving distance. She is very much involved with her children and still feels both emotionally and financially responsible for them. She has a 4 year old daughter with her present husband. She is employed full time outside the home and is a very accomplished woman, personally and professionally.

Nora and I connected easily from the first session. She was very articulate, open and philosophical about self-exploration. We shared commonalities such as our age, our choosing helping professions and, our career aspirations. Nora presented as a strikingly attractive, accomplished, “together” type of a woman. She actively engaged in conversation and seemed willing and anxious to discuss her concerns and her reason for seeking therapy.

This early connection felt good and seemed to make it easier to progress with the work of therapy. Nora told me of her father that died in an auto accident when she was 14. She adored her father and always felt accepted and protected by him. She said she remembers her family as a very “50s” family, with her father being a self-employed electrician. Her mom was a “stay-at-home” mother, working very hard at her church obligation, homemaking duties and community work. Nora feels the family reflected typical working class values such as possessing a strong work ethic and maintaining a traditional conservative lifestyle.

Her mother lives about 4 hours from Nora. Nora stated that she has never felt close to her mother. She feels that her mother was very critical and demanding of her while she was growing up. She feels that her mother is still critical of her. One area that draws consistent critique from her mother is her size. Nora is about 6 feet tall and
weighs approximately 180 pounds. In contrast, Nora noted that her mom is barely 5 feet tall and has probably never weighed more than 100 pounds. Her mother “chastises” Nora telling her to “lose weight” so that she does not “look so big.” Nora’s mom has always critiqued her eating habits. Either her complaints center on Nora eating too much or that she eats the wrong kinds of food.

Weight dominated many of our sessions. Nora talked about being out of shape and unattractive. She did not feel good in her clothes and can’t believe how much she weighs. Her mother “ridicules” her on her visits. She asked her things like “Why does your stomach stick out so far?” and “You probably can’t get into that beautiful wool suit that Fred (Nora’s current husband) gave you last Christmas.” Nora stated that her mother is probably right and she has really let herself go.

During one particularly productive session, Nora had been talking about her mother’s obsession with her weight, when she mentioned to me a near death experience that occurred when she was about 17 years old.

She had been dating since the age of 14, drinking alcohol since age 13 and smoking since the age of 12. She related that she was always on some “wacky” diet. By the age of 17, she had one child and was married to an abusive alcoholic husband. She now believes that it was actually anorexia that caused her near death experience, but at the time she had so many food issues, she did not really think about the severity of her illness. She thought she had been anorexic for about a year and at 6 feet tall, weighed less than 100 pounds. She awoke one morning and was unable to move her limbs. She can not quite remember all the details, but she knows that she was alone with her child. Her husband was not at home, and it was her best friend who found her.

Her friend took her to the hospital. Nora was severely dehydrated and malnourished. She was treated in the intensive care unit. She ended up losing all of
her hair and is still dismayed by the thinness of the hair that grew in and of her acid
stained teeth from the vomiting. She attributes her friend with saving her life. This
friend also took her child to care for him while she was hospitalized. Her mother did
not visit her nor help with the child nor did she ever speak to Nora about the incident.

Nora proceeded with the story, showing surprise only at the fact that she lived
through the episode and that something did not happen to her child before she was
found. When I asked about her mom, she appears indifferent that her mom was not
there with her.

I was deeply moved by her experience and struggle with the feeling that this has
taken me deeper into connection Nora, but I do not sense reciprocity. She has
disconnected from this experience, almost like it happened to someone else. When I
tried to further explore this issue, Nora began talking about the present and her
continued efforts to quit smoking. I seemed to have lost the connection with her.

As a therapist, I reviewed where I was in this relationship. We had begun so
easily and this was the first time I had felt shut out from Nora’s deeper feelings. It was
also the first time we had gone deeper into the relationship.

In the session that followed, Nora seemed relaxed and easily entered into a
dialogue. However, with mention of the near death experience, she changed the
subject. She started to talk about her husband.

For several sessions, Nora talked of her marriage. Nora told me that her
relationship with her husband changed significantly when their daughter was born.
She and Fred fight frequently and often Nora doesn’t even recall what starts the fight.
Fred usually ends up not speaking and sleeping on the couch for weeks at a time.
This stalemate was broken only when Nora makes the first gesture of reconciliation.
Their fights are interspersed with periods of Nora feeling wonderfully close to Fred with
great sexual relations and feeling like the “all American family”.

Nora went on to tell me that her mom and Fred get along “fabulously.” Nora’s mom visits infrequently, but Nora related how painful the visits were and how much she dreaded them. She felt like her mom and Fred “gang up” on her and she is the outsider. Nora stated her daughter, Nattie, absolutely adores her “gramma.” Nora’s mom is especially critical of Nora’s handling of Nattie. Her mother’s visits always reduced Nora to tears in a minuscule amount of time, leaving her feeling inadequate and enduring, not enjoying, the time her mom is with her and her family. When the strain gets intolerable, Nora retreats to her bedroom to read and escape the situation.

A few sessions were spent with Nora telling details of the family relationships and about her disappointment with all of these. I was interested and engaged with Nora in these discussions, but I felt like something is missing. However, what I came to believe is that Nora was trying to stay connected with me while not delving any deeper. By sharing these relational issues she gave me hints of problems but stays out of the danger zone of full self-exploration in her relationships.

To Nora, these are relationships that she had to have because they are all family. To break or disrupt any of these means changing the old pattern of behavior that has kept Nora intact for many years. To dissect these might mean traveling on ground that she has kept out of focus, consciously or unconsciously. The fear of being “out of control” feels very risky. I spoke with Nora about this. She became tearful and confirmed that she had never spoken to anyone about her past behaviors and her near death experience. That fact scared her to death. She was able to voice her concerns about not wanting to delve into all these emotional issues and yet she knew she had to go there to get her work done. She became much more engaged with me, and I felt in total sync with her as she probed with me questions like, “Will I be like her family and not be there for her?” “Will I be critical of the situations she get into and judge her?” “Will I place further demands on her in therapy?” All of these things might
be perceived as relational images associating me with her family that have rejected a close, loving relationship with her. She also may face her own part in these relationships, staying disconnected from people she desperately desires connection with.

Staying disconnected from important relationships costs Nora a part of herself. I remarked that her familial relationships seem different than she would like and seem very different from the relationship she had with the friend that “saved” her.

Nora immediately became more responsive and invested in what she was talking about. She said “That is exactly right.” She desired those deep kind of friendships that will stand by you no matter what. She wanted that to be with her husband, her mom and her daughter. Since she has had so much disappointment and non-success with her mom and husband, she has totally absorbed herself in making her relationships with her daughter different.

As we proceeded in therapy, Nora eventually came to identify and understand that her central relational paradox surrounds her belief that she will never measure up. No one will ever find her lovable. No one will ever take care of her as she desires. And no one will ever love her for who she is. I had gained a sense of the aloneness that Nora feels and has felt and what it was like to grow up with a critical and demanding mother and now be married to a man who repeats the pattern. I came to understand how Nora substituted or disconnected from these relationships by engaging in a flurry of activity, maintaining an immaculate house, being a success in her job, and controlling what she could so that things went well. She chose the right time to ask things, she played her part as best she could and she stayed out of conflict and connection.

Nora had done this with a compromise of herself. She tried to play by the rules and be the dutiful and loving wife an daughter. Yet, people tended to expect more and
more and never seemed to be satisfied. Nora had come to think of almost anyone else before meeting her own needs. She did not want her daughter to feel like she does, so she adds another person to keep happy and satisfied in the relationship.

As a therapist, I respected the mind-saving survival modality that Nora had developed. I also gained a sense about how those patterns of behavior came to exist as she shared more of her family of origin. When Nora got close to revealing the fear of being unlovable and never measuring up, it felt too risky to go beyond that point. She would not allow herself to be vulnerable. After all, the lesson she had learned was that she was unlovable and never would measure up to expectations. And while she desired deep connections, that would most likely require a change in how she revealed herself to me and to herself. In honoring her disconnection with me, I was able to stay connected during the time she was struggling to stay connected at a safe level.

I shared with Nora my perceptions of her beauty and accomplishment and that in therapy she was articulate, deeply sensitive and exhibited a multitude of qualities that were genuine and admirable. Nora talked about the expectations and roles she was to play, with her husband and mother and now, with her children. We delved into the behaviors that had helped her survive when her father died, when she nearly died and, when she had 4 children and an abusive husband by the age of 20. The behaviors had also assisted her through two divorces, leaving her hometown with a borrowed car, a loan of $50 and her 4 children to beg to be admitted to nursing school. The same behaviors got her through school, remarried, another child and into a career with a good paying job.

Nora examined these behaviors. She had outwitted, outplayed and controlled every aspect of her life that was within her grasp in order to survive. She had never found an obstacle that hard work, long hours and determination could not overcome,
except in her relationships. There she had developed a less than direct way of dealing with herself and with others. In fact, she had walled off important parts of herself that she believed people would find objectionable and then they would reject her.

In moving into these more difficult areas of therapy, it was important that I view these not as traditional defense mechanisms or as a way of avoiding dealing with difficult parts on Nora’s life. Instead, they are adaptive behaviors that allowed her to survive. However, I was also cognizant of the fact that Nora was most likely stuck in this pattern, and while the behaviors were not always the most helpful, they were familiar. One of the most frightening aspects about any therapy is the concept of change.

I realized that there were some other issues in process for me as the therapist also. One was disclosure. I had experiences that I might have shared as examples of what might be replacement patterns that would have helped Nora. The therapist has to be exquisitely sensitive to the client and how he or she receives messages, verbal and nonverbal, such as boredom or anxiety. The judgment about what to share has to be centered on what will help relational movement to occur in therapy, not on the therapist’s needs. In fact, disclosure has a lesser meaning in relational therapy because interventions that move the client toward mutuality are the focus.

Another issue is transference. Transference in relational therapy is interpreted as happening in every relationships with respect to the relational images we all carry with us and our usual pattern of behavior. Some clients may get stuck replicating old patterns of the past, even when they are not helpful. Transference in relational counseling then recognizes that all therapists and clients bring themselves into therapy. The client might transfer onto the therapist relational images from his or her
past relationships. Relational counseling holds that, by exploring these images, clients and therapists can explore when and how those relational images originated and how they apply to the client/therapist relationship.

Lastly, I had a concern about my goal as a therapist to assist the client to “get better.” My greatest fear is that I will not be able to help and/or that I might do harm. According to the constructs of relational therapy, this might be used by me to stay somewhat disconnected if I am not sure what course to take or how to intervene with guaranteed results. I must be aware of my interpretations of the session as seen through my relational images and central relational paradox. Thus, by me remaining honestly introspective and by keeping mutuality and respect central to building our relationship, the focus can remain on mutual relational movement. There are no hard and fast rules about any of these, other than all three are expected to occur in therapeutic relationships and that the counselor does well to examine each issue for himself or herself and metacommunicate with the client about her or his perceptions, connections and disconnections.

In future sessions, Nora also examined her relationships with her children and her need for connection, at almost any cost. However, the session in which Nora moved to what she termed “the edge” in order to discover her true identity was a major turning point. It was not long after that session that Nora left therapy feeling she had much work to do but was well on her way. She makes an appointment now and then, I think to stay connected, reaffirm and keep moving ahead.
Summary

In relational theory, the gift of successful therapy is the development of a new relationship and a heightened awareness of connections that are helpful for the client. Therapy must focus on understanding the sources of disconnection and finding ways to move toward connection. That connection is based on a genuine mutuality and respect within the relationship. There is a flow of disconnections and connections that occur in every relationship, no matter how “good” the relationship seems.

In therapy, the quality of the therapist/client relationship is central to the healing process. Only when a person is able to examine her or his life in a safe and authentic relationship, such as with the therapist, can he or she understand strategies that have been employed in relationships, along with his or her relational images and their meanings. As a result of expanding the client's self understanding, he or she enlarges the capacity for deep relationships which are practiced in session. New strategies, new choices and a new enhancement of voice are all explored in therapy. As the client experiences successful connection, there is a desire for “more” of this. The client takes what has been learned and practiced to employ in other relationships. The client learns to fully engage all parts of himself or herself.

All people carry their own central relational paradox with them and that is what the client and therapist face together in therapy. Relational theory holds that most problems are a reflection of each person’s central relational paradox. As the central relational paradox is identified and dissected, clients are in touch with their feelings for the first time. When a person is in touch with himself or herself, the therapist also moves in this direction. Therapy that is helpful requires that this relational movement happens with the client and the therapist. This movement often carries a huge impact for both the therapist and the client. Only with connections that are helpful and meaningful can the client begin to imagine the first steps needed for change. It sounds
like a simple process, to bring more of oneself into therapy to form deeper connections. However, it is the greatest discovery in therapy. It is the essence of growthfulness. And in building more understanding of self and of relationships, one, in turn, impacts the world around him or her. In relational theory, we return to the circular connectedness that shapes our lives within this universe, this lifetime and all eternity.
References


Redmond, L. (1997). *When the drummers were women*. New York: Three Rivers.


