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 syntonic 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