I, THOU, AND WE: A DIALOGICAL APPROACH TO COUPLES THERAPY

Mona DeKoven Fishbane
Chicago Center for Family Health

This paper examines the relational view of the person in Martin Buber's philosophy of dialogue. Shifts toward the relational are considered in the context of human development, gender studies, psychotherapy, and family therapy. A dialogical approach to couples therapy is presented, in which partners are encouraged to move toward a more collaborative, empathic relationship—a relationship of "I and Thou."

The inmost growth of the self is not accomplished, as people like to suppose today, in . . . relation to [oneself], but in the relation between the one and the other. . . . Secretly and bashfully [a person] watches for a Yes which allows [one] to be and which can come . . . only from one human person to another. It is from one [person] to another that the heavenly bread of self-being is passed. (Buber, 1965a, p. 71)[1]

The dialogical philosophy of Martin Buber poses a relational view of the person. His vision, though formulated decades ago, is remarkably resonant with current voices in family therapy and other fields, which are reformulating fundamental assumptions about personhood and therapy. Within family therapy, psychoanalysis, human development, and gender studies, traditional notions of the self are being challenged. In multiple contexts of research and theory, older ideas about independence and separation-individuation are giving way to a view of the person in more relational, interdependent terms. This paper will consider this shift through the lens of Buber's philosophy of dialogue, and then present clinical applications specifically to couples therapy.

MARTIN BUBER: THE PHILOSOPHY OF DIALOGUE

Martin Buber's philosophy of dialogue constituted a radical departure from the psychoanalytic view of the individual prevalent at the time he wrote. Buber stressed the relational potential of persons in his articulation of the I-Thou (or I-You) relationship; he contrasted this with the more utilitarian I-It relationship in which ego and self-interest dominate:

The I of the basic word I-You is different from that of the basic word I-It. The I of the basic word I-It appears as an ego. . . . The I of the basic word I-You appears as

a person. . . . Egos appear by setting themselves apart from other egos. Persons appear by entering into relation to other persons. (Buber, 1970, pp. 111–112)

In Buber's view, the I-It mode entails seeing the other through the lens of one's own needs or distortions. This can take the form of business deals or functional relationships. More insidiously, I-It can take the form of abusive or exploitive relationships, in which the other is dealt with on the basis of desires and projections, regardless of the damage done to the other. Buber understood that there is a time and a place for the I-It, or "ego," mode of relating; it would be inefficient and cumbersome if every human transaction were loaded with the demands of I-Thou, of dealing with others in terms of the fullness of their own selves. However, he also points to the dangerous consequences of neglecting the I-Thou and relating to others only in the I-It mode. The I-It mode is utilitarian and self-focused, and the danger is that one can deny or obliterate the humanity of the other.

In the I-Thou mode, the individual is aware of the full, irreducible otherness of the partner in dialogue. While I-It is characterized by static relations ("Verhältnis" in German), the term Buber uses for "relational" ("Beziehung") in the I-Thou mode suggests a dynamic, mutual quality (Mendes-Flohr, 1996 personal commun ication). Buber considers the dialogical space that is opened when persons relate to each other in I-Thou terms: The "meaning is to be found neither in one of the two partners nor in both together, but only in their dialogue itself, in this 'between' which they live together" (Buber, 1965a, p. 75). Buber defines the "between" as the intersubjective or "interhuman" sphere, the space where two individuals meet. He differentiates the interhuman from the psychological, which is more concerned with the experience of the individual self. He also differentiates the interhuman from the social, which is broader and includes casual affiliation between people.

Buber wrote extensively on the dialogical or I-Thou as it is manifest in different kinds of relationships: between lovers, between teacher and student, between therapist and patient. He considers the consequences for each of these relationships when there are moments of "mismeeting" (Buber, 1973, p. 18), failures of empathy or connection. Buber relates that he began formulating his philosophy of dialogue after a moment of mismeeting between himself and a student, in which Buber was distracted and not fully attentive; the student soon thereafter was killed in World War I, and Buber was acutely aware of guilt over his lack of full presentness in their brief meeting.

CULTURAL BELIEFS: THE AMERICAN CONTEXT

An individual is just a certain uniqueness of a human being. . . . He [or she] may become more and more an individual without becoming more and more human . . . . But a person, I would say, is an individual living really with the world. And *with* the world, I don't mean *in* the world—just in *real contact.*. . . . I'm *against* individuals and *for* persons. (Buber, 1965a, p. 184)

Buber's notion of "person," as opposed to "ego" or "individual," challenges the American cultural definition of person. Two of our most cherished American values, individualism and competition, meet Buber's criteria for ego, but not for person. Our notions about competition are based in a zero-sum game and a "power over" model (Goodrich, 1991; Surrrey, 1991a). The myth of the rugged individualist is at the heart of American culture; it is buttressed by the psychoanalytic emphasis on separation-individuation. Critics of this myth suggest that we have gone to such extremes toward individualism that we have lost touch

with the communal and the interpersonal, resulting in fragmentation and alienation (Bellah et al., 1985; Boszormenyi-Nagy & Krasner, 1980; Doherty, 1995; Inger & Inger, 1994). Buber worried about "the modern variety of individualism . . . the tendency toward the primacy of the individual existence and toward its self-glorification" (1965a, p. 97).

RELATIONAL MODELS OF DEVELOPMENT

Buber's vision of the "between" or the interhuman is remarkably similar to new models that are evolving in the field of human development. Relational models of women's development (Belenky et al., 1986; Gilligan, 1982; the Stone Center in Jordan et al., 1991) focus on authenticity and differentiation within relationship. Differentiation is recast by feminist writers as a mode of authentic connection, rather than as just separation-individuation (Goodrich, 1991). Recently, the Stone Center has expanded its focus to a relational understanding of men's development (Bergman, 1991) and a relational model of couples therapy (Bergman & Surrey, 1992, 1994; Mirkin & Geib, 1995). The Stone Center relational model echoes much of Buber's philosophy, although Buber is not cited in this literature.

The challenge to the separation-individuation model of development now extends to the entire life cycle. From research on infants (Stern, 1985) to studies of adolescents and their families (Mirkin, 1994; Offer & Sabshin, 1984; Weingarten, 1994), to consideration of multigenerational adult relationships (Galatzer-Levy & Cohler, 1993; Grunebaum, 1987; McGoldrick, 1989), current thinking emphasizes interdependence as well as independence as hallmarks of maturity and development.

Relational thinking is transforming traditional conceptualizations of psychotherapy as well. Psychoanalysis itself is changing to include a more relational view of the person and a more collaborative approach to the therapeutic relationship (Greenberg & Mitchell, 1983; Kepnes, 1982; Mitchell, 1988; Spence, 1982).

RELATIONAL STRANDS IN FAMILY THERAPY

At one level, from its inception family therapy posed a relational view of persons; that, indeed, was its revolutionary challenge. But especially among strategic schools, many early family therapists were far from dialogical or collaborative in their approach to families. Early family therapy was often more manipulative than collaborative, more strategic than respectful, and quite hierarchical (Hoffman, 1985). The therapist's techniques were frequently hidden from the family, as was the team behind the mirror; mystification was justified and even glorified. The family was often dealt with in an I-It mode. The strand of family therapy that viewed the family with suspicion, as a pathogenic breeding ground (e.g. the "schizophrenogenic mother") or a broken or deficit-ridden structure, inadvertently promoted an I-It, blaming stance in the therapist.

By contrast, many family therapists—especially those with a multigenerational view— focus on resources in families and seek out strengths within families that can be highlighted and developed (Boszormenyi-Nagy, Grunebaum, & Ulrich, 1991; Grunebaum, 1987; Karpel, 1986; Rolland, 1994; Walsh, 1996). This promotes a more respectful, relational way of working with families.

The multigenerational family therapy approach that most explicitly draws on Buber is the contextual therapy of Ivan Boszormenyi-Nagy and colleagues. Contextual therapists

share with Buber a concern with the relational and ethical realms between persons. "The inseparability of the self (individuation) from relatedness" (Boszormenyi-Nagy et al., 1991, p. 201) is central to this theory. Autonomy is redefined: "The individual's goal of *autonomy* is inextricably linked to his capacity for relational accountability" (Boszormenyi-Nagy & Krasner, 1986, p. 62; cf. Doherty, 1995). The contextual approach seeks out resources of trustworthiness in families and focuses on ties of caring and concern between generations. According to this view, multigenerational cycles of victimization can end only when individuals accept or forgive their parents and thereby become free to choose their own lives. Boszormenyi-Nagy suggests that this work requires action, not just insight; he calls for "rejunctive action" (Boszormenyi-Nagy & Ulrich, 1981), for "intergenerational repair." In this he is directly influenced by Buber, who maintains that part of the therapist's task is to help individuals to work toward "reconciliation" or "reparation" with others (Buber, 1957b, p. 128).

Buber's legacy is apparent in other approaches to family therapy. Inger and Inger (1994) have been deeply affected by Buber's philosophy in their concern with creating an ethical, collaborative approach to family therapy. Buber's spirit hovers in the narrative therapy literature as well, although he is not explicitly cited. The emphasis on facilitating dialogue in families (Anderson & Goolishian, 1992) and on a collaborative, co-creating relationship between family and therapist rings with Buber's language. Buber himself was the first to use "dialogue" as a relational term rather than as a literary or dramatic term (Mendes-Flohr, 1996). Likewise, the emphasis on curiosity as a therapeutic stance (Anderson & Goolishian, 1992; Cecchin, 1987; Freedman & Combs, 1996; Zimmerman & Dickerson, 1993) calls to mind Buber's musings on the subject three decades earlier. Buber suggested that the therapist should maintain a stance of "obedient listening":

> There are two kinds of therapists—one who knows more or less consciously the kind of interpretation of dreams [s/he] will get; and the other, the psychologist who does not know. I am entirely on the side of the latter, who does not want something precise. [S/he] is ready to receive what [s/he] will receive. [S/he] cannot know what method [s/he] will use beforehand. [S/he] is, so to speak, in the hands of [the] patient. (Buber, 1965a, p. 37)

Maurice Friedman, a therapist who translated and edited many of Buber's writings, adds that in Buber's view, "the therapist must be ready to be surprised" (Friedman, 1965, p. 37).

In addition to these family therapy approaches grounded in a relational view, the Public Conversations Project (Becker et al., 1995; Chasin et al., 1996) is informed by Buber's philosophy, with the explicit goal of transforming bitter debate in the political sphere into respectful dialogue. Although their work is in a different context, it resonates with the approach presented here.

A DIALOGICAL APPROACH TO COUPLES THERAPY

A dialogical or relational approach is particularly relevant to couples therapy. Because couples so often begin therapy polarized and disconnected from each other, and because their relational resources are so depleted, the major challenge of the therapy is to facilitate a dialogue both in therapy and between the partners that allows each to be a full self in the relationship. Buber maintains that to have a genuine relationship of dialogue, both partners must recognize the "Thou" of the other: "Only [persons] who are capable of truly saying *Thou* to one another can truly say *We* with one another" (Buber, 1965a, pp. 39–40).

My own relational approach to couples therapy integrates Buber's ideas with the multigenerational view of Boszormenyi-Nagy and his colleagues, as well as the Stone Center model and other relational models. This integrated approach helps couples to move toward a more dialogical process in their relationship. This is not meant to be a comprehensive description of couples therapy, but rather a highlighting of certain relational components of the work.

Moving from Competition to Collaboration

The competitive model, which is endemic in our society, invades couples' relationships as well. Partners are often caught in a zero-sum game, in which one wins and the other loses. They may be caught up in sibling rivalry with each other, each seeking to curry the approval or favor of the therapist. Some couples therapists feel caught between the competing agendas and claims of the partners. Perhaps the first challenge of therapy, after joining, is to help the couple shift from a competitive or "power over" mode to a more collaborative (Grunebaum, 1990) or "power with" mode (Surrey, 1991a), in which either both partners win or both lose. The therapist invites the couple to think of themselves as a *team* and suggests that they take responsibility for the "We" of their relationship (Bergman & Surrey, 1992; Buber, 1965a). The couple are encouraged to think of the implications for their relationship of any given behavior or language they may engage in with the other. This introduces a new level of thoughtfulness as partners consider what impact their speech or action will have on the *relationship*, not just how it will affect the other or their own agenda (Bergman & Surrey, 1994). The challenge is for the couple to see and care for the "between" (Bergman & Surrey, 1994; Buber, 1965a) of their life together.

The therapist invites the couple to think about what kind of relationship they want to have and how to foster it. Partners are encouraged to become *authors* of their own relationship, to be thoughtful about the "between" in their lives together. This extends Michael White's (1989) work with individuals to the couple relationship. The authorship idea facilitates empowerment in the couple, as partners begin to feel they can *choose* the direction of their relationship. The couple move from two victims with linear views to a more empowered team with a circular view of their interactions.

Moving from Magic to Mystery

As the couple shift to a more collaborative mode, they reflect with the therapist on the history of their relationship. In the early stages of a couple's life together, if they are fortunate enough to love each other passionately, they often report a sense of *magic* about the relationship. In this altered state, both the other and the self are seen as larger than life. There is an intoxicating sense of possibility and generativity. The common wisdom about this magical time is "love is blind"; partners are often blind to the other's flaws and see each other in idealized terms. The idealization itself is a distortion of the wholeness of the other. Buber understood the limitations of this state of the relationship: "As long as love is 'blind'— that is, as long as it does not see a *whole* being—it does not yet truly stand under the basic word of relation" (Buber, 1970, pp. 67–68).

Inevitably, the magical trance of the early relationship yields to reality; often this transition feels more like a crash, with each partner becoming painfully aware of the limitations of the other. By the time partners come to therapy, they are often so wounded by the hurts and disappointments that that is all they can see. They still may see each other through

distorted lenses, but now, instead of the rose-colored glasses of the early relationship, they see each other through the lenses of their own hurt and anger. They may listen to each other not to hear, but to ferret out signs of their partner's insensitivity or selfishness.

The challenge is to help the couple move from their state of disenchantment with each other, not back to the innocent magic of their early time together, but rather toward a sense of *mystery*. The therapist can encourage them to become aware of the mystery of the other, to get to know the other as a whole person. Unlike the distorted vision of both magic and resentment, the view from mystery allows an I-Thou relation. Helping the couple to move toward this perspective often constitutes the major work of the therapy.

When partners do not relate to each other as whole persons, they may be dealing with each other through projective identification (Dicks, 1963). Each carries a part for the other; the couple then does what can be called a dance of parts. Partners tend to fight over the parts they carry for each other. The well-known dances of couples—such as pursuing/distancing, overfunctioning/underfunctioning, and rational/emotional—can be seen through the lens of projective identification. Part of the work with couples entails helping each partner to come to terms with their own split-off parts and to ultimately reown those parts (Scharff & Scharff, 1991). At that point, the need for projective identification diminishes and each can see the other more realistically. Only then is an I-Thou relation truly possible: "The basic word I-You can only be spoken with one's whole being" (Buber, 1970, p. 54). Buber's insight here is profound. I can only see you in your wholeness when I embrace my own wholeness, when I reintegrate my own split-off parts. Then I do not need you to carry my parts, and I do not need to do the dance of projective identification.

Buber describes what happens when two persons confront each other in the I-Thou mode, in their wholeness, as they drive out the ghosts of mutual projection:

> In each of them the will is stirred and strengthened to be confirmed in their being as what they really are and nothing else. We see the forces of real life at work as they drive out the ghosts, till the semblance vanishes and the depths of personal life call to one another. (Buber, 1965a, p. 78)

Buber helps us to understand the powerful desire to be confirmed in intimate relationships. This understanding is especially helpful in working with couples. The magic of the early relationship lies precisely in the sense that one is seen and confirmed to the depths of one's being (although the view from magic may be based in illusion or distortion). The desire to be confirmed and the disappointment, despair, or rage that is experienced in the face of *dis*confirmation often fuel the fights and resentment in couples. The anxiety over confirmation can further block a couple's ability to relate dialogically, in mystery. Buber elaborates on the interpersonal drama of confirmation:

> The basis of one's life with [another] is twofold, and it is one—the wish of every [person] to be confirmed as what [s/he] is, even as what [s/he] can become, by [another]; and the innate capacity in [persons] to confirm others in this way.... On the other hand, of course, an empty claim for confirmation, without devotion for being and becoming, again and again mars the truth of the life between persons. (Buber, 1965a, pp. 67–68)

Buber notes that at times we try to wrest confirmation from others by seeming to be what we are not, by being inauthentic. Buber calls this "seeming," and he contrasts it with "being." Seeming is remarkably close to Winnicott's (1965) "false self"; it arises out of the need for confirmation. Being is similar to Winnicott's "true self." Maurice Friedman (1985) explains, "The tendency toward seeming originates in man's need for confirmation, and in his desire to be confirmed falsely rather than not to be confirmed at all" (pp. 27–28).

Relating in the realm of mystery, or genuine dialogue, requires readiness both to be authentically oneself in the relationship (to be in the realm of being, not seeming), and to see the other's authenticity as well (to not see the other through projections or distortions). This allows "mutual authenticity" (Bergman & Surrey, 1994). Buber describes this process:

> Genuine conversation, and therefore every actual fulfilment of relation between [persons], means acceptance of otherness. . . . The strictness and depth of human individuation, the elemental otherness of the other . . . is affirmed from the one being to the other. (Buber, 1965a, p. 69)

Buber sees individuation of one person as closely linked to allowing the "otherness" of the other. Here again, the I is only fully I when it relates to the other as Thou. Accepting the other's "independent otherness" (Buber, 1965a, p. 68) is the ground of relation. Thus Buber honors independence that allows for dialogue and genuine connection. Indeed, clear boundaries between self and other are necessary for intimacy and mutual respect in a couple.

Moving from Blame to Empathy

The work of moving from magic to mystery in couples therapy often begins when the couple is mired in disenchantment, resentment, and blame. Some specific therapeutic processes can help the couple to shift from blame to empathy. This shift ultimately will enable them to see each other more authentically and to relate in a dialogical mode.

Partners often begin therapy in a blame mode; each sees the other as responsible for the misery in the relationship. Each may see the self as the victim of the other. With this view, it is inevitable that partners deal with each other in the I-It mode. To help the couple move to a more mutually empathic position, it is important to first understand the dynamics of blame in the relationship.

Often, accusatory partners are, in fact, anxious that *they* are really to blame; anxiety about self-blame or a sense of shame and inadequacy may fuel attacks on the other. For example, Bill and Glenda were stuck in a dance of mutual blame.[2] I suggested to them that they were playing with blame as if it were a hot potato. I further suggested that their relationship, if it were a novel, would not read like a romance, but rather like a "Whodunit." I explored with them their mutual anxiety about being found at fault. We traced back this anxiety to their families of origin, in which each felt terribly guilty as a child for the problems in their families. They had become so accustomed to blaming themselves that they brought this thinking as a dowry to the marriage. For these partners, the best defense was a good offense, and they frequently attacked each other defensively. When one raised a concern about the other, the other found it hard not to respond defensively.

During one session, the couple were caught up in their criticism-defense sequence. Glenda was angry and critical of Bill for not intuiting what she needed. Bill was unable to respond to her concerns; all he heard was her anger. I asked Bill if he was feeling defensive; he answered affirmatively. I then reassured him that it was completely appropriate for him to feel and act defensive when he felt criticized or attacked; it is a normal human reaction. As I normalized his reaction, and even endorsed it, Bill felt less defensive. I then asked him if he could put his defensiveness down on the table for a few moments, knowing that he could pick it up and put it back on at any time. Bill laughed and said that he could. From that moment we had a pact that whenever Bill felt defensive he had the option of wearing his shield of defensiveness. He could *choose* whether to put it on or not. Bill was no longer the victim of his own defensiveness; he was now an active and aware chooser. Bill also understood that I was not blaming him for being defensive. He felt my respect for his self-

protection. As Bill took ownership of his defensiveness, as he saw himself as a chooser and an actor in his own life (and not just the victim of Glenda's anger), he began to develop more "self-responsibility." (Buber, 1965b, p. 175)

Meanwhile, Glenda, witnessing this work, saw Bill soften and become less angry and blaming as he took responsibility for his own defensiveness. I helped her consider how she could state her needs with Bill to increase the likelihood of his listening without defensiveness. She came to see how blaming pushed him away when what she really wanted was for him to stay connected with her. I helped her to make choices about how she spoke with Bill that were more consonant with her own relational goals. Moving from blame to empathy requires that partners take self-responsibility for their own reactions, needs, and vulnerabilities. Self-responsibility is at the heart of this approach to therapy.

One of the dilemmas with regard to self-responsibility is that many people overdo it. Thus, if a person is prone to neurotic self-blame and excessive guilt he or she may find it very difficult to accept any blame or guilt at all, even where appropriate—because any guilt opens the floodgates to self-blame for everything. Buber makes a distinction between "neurotic guilt" and "existential" or "real guilt." Neurotic guilt, distorted and irrational, tends to accompany depression and low self-esteem. By contrast, existential or real guilt, according to Buber, is appropriate; this feeling of guilt is a sign that we have indeed erred. "Existential guilt occurs when someone injures an order of the human world" (Buber, 1957b, p. 117). Existential guilt is one's conscience. Buber contends that therapists sometimes mix up the two kinds of guilt and try to banish all guilt from their consulting rooms. He believes that this is a mistake; part of the therapeutic process entails helping clients to explore their real guilt and learn where and how to make amends, to "restore the order-of-being" that has been "injured" by the individual. (Buber, 1957b, p. 122)

Neurotic guilt often fuels blame and blocks empathy. For example, Bill feels guilty because he cannot make Glenda happy. This is very similar to how he felt with his mother. Bill is the youngest of eight siblings. His father left the family when Bill was three and his mother was overwhelmed and often depressed. Bill was his mother's confidant, but he was unable to make her happy. In the face of his mother's depression, Bill felt inadequate and guilty. Now, when Glenda is unhappy, Bill feels the same inadequacy and guilt. He feels trapped with Glenda as he did with his mother; this fuels his anger and blame of Glenda. It also blocks his empathy for Glenda's pain. When Glenda feels upset with Bill, she tells Bill—albeit angrily, trying to get closer to him by sharing her frustration. Bill feels attacked, and the last thing he can feel is empathy for Glenda's pain. Furthermore, for Bill it would be dangerous to say "I feel bad for you, Glenda"; for Bill, "I *feel* bad for you" gets translated into "I *am* bad." At that moment, Bill is thinking, "I'm the cause of your misery. I'm a failure because I can't make you happy, just as I was a failure with my mother." And so Bill gets angry at Glenda when she is unhappy in the relationship. Reciprocally, Glenda has felt unentitled to make a claim on Bill for her own needs. She was a parentified child in her family of origin, the eldest of four. Her mother was ill when she was young, and her brother was killed in a car accident when he was six years old. It was Glenda's job to tune into everyone else's feelings, not her own. She never learned to identify or state her needs clearly. She feels guilty and ashamed for being needy, and expresses needs only when she is angry. Her requests of Bill are laced with anger and blame.

The goal in this work is to help the couple move beyond the bind of self-blame and other -blame—to move beyond blame altogether. The goal is for each to take more self-responsibility, to feel less like a victim of the other, and to hold the other less accountable for one's

own happiness. Paradoxically, as this happens, each actually becomes *more accountable* to the self and to the relationship. Blame is then less prominent in the relationship.

Doherty's (1995) integration of "interpersonal morality" and "personal authenticity" (p. 78) is helpful here. He encourages therapists to explore with clients isues of moral responsibility and to facilitate "ethical self-empowerment" (p. 54). It is particularly important to help couples maintain a balance of self-care with ethical care for the other.

Moving from a Hierarchical to a Generational View of the Family of Origin

A second level of work often emerges at this point—the multigenerational level. For the couple to move beyond blame, it may be necessary to work with each partner to resolve unfinished grievances with their family of origin. It is often the case that blame in the couple is a resonance of old blame toward parents from childhood. When one is stuck in blame with one's parents, it is difficult not to be stuck in blame with one's spouse or children as well. Blame tends to beget blame. One of the mechanisms for this is the "revolving slate of vindictive behavior" (Boszormenyi-Nagy & Ulrich, 1981, p. 167). In the midst of couples therapy it is often necessary to attend to old or ongoing hurt or anger related to families of origin. Only as partners work through these issues can they be free to improve their own relationship with each other. This may entail each partner coming to understand their parents as whole people (in the realm of mystery or I-Thou) and to forgive them. The family-of-origin work is also action-oriented, or rejunctive (Boszormenyi-Nagy & Ulrich, 1981); it entails developing a more genuine relationship with parents, with constructive expressions of loyalty and caretaking. Thus, relational therapy with the couple is often embedded in a relational appreciation of the multigenerational context.

Coming to accept one's parents includes shifting to a view of parents as "real people" (Boszormenyi-Nagy & Ulrich, 1981; Framo, 1981). This is facilitated by learning more about the parent's own childhood and family of origin. Such an approach helps people move from a *hierarchical* view of their parents to a *generational* view. The parent was once a child, the parent's parent was once a child, and the client may be a parent as well, making mistakes and hoping for forgiveness from his or her child. During the course of this work, at times clients have a hard time moving off the angry, resentful child position. They are "under the spell of childhood," still seeing their parents as hurtful and all-powerful, and themselves as helpless children. In helping clients move to a generational view of their parents, the therapist is also working to help them become more empowered (through coaching, setting appropriate boundaries, etc.). This allows clients to "wake from the spell of childhood." In coming to know their parents through parents' own life stories, clients often come to appreciate their parents' courage or strength in the face of adversity. Accepting parents' limitations is an important part of this work. This process often involves grieving, coming to terms with the fact that their parents will never be the parents they wanted or needed. Those who hold on to their anger at parents are, in fact, often hoping that their parents will one day either become the hoped-for parent or at least apologize for past wrongs. Accepting that this may not happen and working through the sadness allows a deep shift in orientation, one less driven by resentment and more based on working with what is. This shift creates a feeling of greater peace and centeredness. In fact, once an individual has stopped trying to shape up his or her parent, the parent may become more pleasant and respectful (Bowen, 1978; Lerner, 1985). "Shaping parents up" is in the power over model, whereas accepting and forgiving parents flows from the relational model.

One who is stuck in a blame mode with parents—unable to accept them or to express constructive loyalty to them—is likely to be plagued by "invisible loyalty," a negative, insidious, self-damaging tie to parents (Boszormenyi-Nagy & Spark, 1973). Buber's philosophy deepens our understanding of this process. Blaming one's parents means operating in the I-It mode. This I-It relationship with parents negatively affects the "I," who becomes an "It"-sayer. If we cannot see our parents as "Thou," if we see them only through our own resentment and distortions, we may not be able to see another as "Thou." The burden of filial anger and resentment is likely to impede our ability to see others as they really are.

Moving Toward Mutual Empathy and Mutual Empowerment

A factor that prevents empathy in many couples is the fear that if one becomes empathic to the other, one will lose one's own agenda or voice. This may be particularly dangerous for women, who are often so well trained in empathy for others that they lose self-empathy (Jack, 1991; Jordan, 1991a). It is often a dilemma for men as well, for the opposite reason. Many men are not trained in empathy as boys and, in fact, actively learn to tune out their mother's voice (Bergman, 1991; Osherson, 1992). The relational couples therapist works explicitly with empathy in couples. In working on a controversial issue or deconstructing a fight or impasse (Fishbane & Scheinkman, 1996), each partner is encouraged to listen to the other, with the knowledge that each will be heard. The therapist makes it clear that he or she is equally concerned with the welfare and needs of each partner and operates from a position of "multidirected partiality" (Boszormenyi-Nagy & Krasner, 1986).

The ability to hear the other without tuning out the self facilitates empathy. When we know we will not lose our selves, our voice, or our boundaries in listening empathically to our partner, we can afford to be more generous. Buber speaks of "imagining the real" of the other: "In its essential being this gift is not a looking at the other, but a bold swinging— demanding the most intensive stirring of one's being—into the life of the other" (Buber, 1965a, p. 81). But this bold swinging into the experience of the other does not involve losing one's own reality or one's own experience. In defining "inclusion" (which he prefers to "empathy"), Buber writes that "this one person, without forfeiting anything of the felt reality of his [or her] activity, at the same time lives through the common event from the standpoint of the other" (Buber, 1965b, p. 97). Partners are more open to understanding the experience of the other if they are confident that their own experience will be understood and validated. The relational therapist encourages couples to engage in "mutual empathy" (Jordan, 1991b), a situation in which both are heard. Techniques to facilitate empathy include "'becoming' another" (Snyder, 1995), "'trying on the feelings' of the other" (Bergman & Surrey, 1992), and "imagining the between" (Inger, 1993).

This approach supports the notion of multiple realities rather than a single truth. One important aspect of power is the ability to describe and define one's experience, one's world; it is therefore understandable that partners often fight so tenaciously over whose version of reality will prevail. Normalizing this struggle with couples, and validating the desire of each partner to be empowered to name their reality, their experience, is often reassuring. It is further helpful to suggest that the couple's relationship will be well served if they can find a way to welcome multiple truths and come to understand how the other names their reality. Honoring differences and conflict can be done in a dialogical mode: "I affirm the person I struggle with" (Buber, 1965a, p. 79). Indeed, finding a way to help couples stay connected while in conflict is essential in this work (Bergman & Surrey, 1992).

Of course, power differentials in the relationship—based, for example, on gender—

affect whose reality is privileged. It is crucial that both partners' reality be heard. If the therapist senses that one partner habitually defers to the other or sees one partner impose his or her view on the other, the therapist may need to address this even if the couple do not present it as a problem. Buber was sensitive to the danger of one person dominating or imposing on another: "That neither should wish to impose [him/herself] on the other is [a] basic presupposition of the interhuman" (1965a, p. 84). It is crucial that power imbalances and abuse of power be addressed (Walsh, 1989; Walsh & Scheinkman, 1989). A power over relationship promotes I-It interactions and interferes with intimacy. In helping the couple move from a power over relationship to one of "mutual empowerment" (Surrey, 1991b, p. 56), the therapist addresses real power differences that affect the couple's life.

In helping the couple to develop empathy for each other, this approach facilitates "mutuality of care and concern" (Boszormenyi-Nagy & Spark, 1973, p. 7), and even mutual protection. Many partners, underneath the fighting and weariness, care deeply for each other and are quite protective of each other. Processes of care and protection are rarely focused on in marital and family therapy; contextual therapists and Framo are the most articulate spokespersons for these facets of interpersonal life. They highlight the care and protectiveness that even a young child feels toward a parent (Boszormenyi-Nagy et al., 1991; Framo, 1992; Grunebaum, 1987; cf. Searles, 1975). I often find this impulse strong, both intergenerationally and within couples, and refer to it as "the protective urge." At times this protection takes unproductive or destructive forms, but the energy and motivation of care and protection can be rescued and shaped into a more benign and even healing form. The protective urge is one of the ways generosity or care is manifested in relationships. The caring one benefits as much as the one cared for; "receiving through giving" (Boszormenyi-Nagy et al., 1991) is an important principle in the relational approach.

Witnessing

The self is constructed in relationship; healing likewise occurs in a relational context. As partners struggle to reclaim and redefine themselves and their relationship, a crucial factor is their witnessing each other's work, the therapist witnessing their work, and others witnessing the couple's changes. In therapy with couples, I have identified five modes of witnessing.

Partners witnessing each other. One of the major benefits of working with couples conjointly is the opportunity each has to witness the other's work. This often serves to increase empathy for the other, especially when, in the course of deconstructing a fight (Fishbane & Scheinkman, 1996), it becomes apparent that partners are dealing with old baggage from their families of origin. As partners explore their vulnerabilities and history, this tends to evoke care and support from the other. The therapist encourages each to listen to the other's work with curiosity and openness to new information (Bergman & Surrey, 1992; Cecchin, 1987; Zimmerman & Dickerson, 1993), and to ask rather than "know" (Anderson & Goolishian, 1992) about their partner's motivations and beliefs. The couple are encouraged to welcome new information into the system and to allow themselves to be surprised in their relationship: "For what I call dialogue, there is essentially necessary the moment of surprise" (Buber, 1965a, p. 178). Dialogue allows the unexpected to emerge in relationship: "No one, of course, can know in advance what it is that he [or she] has to say; genuine dialogue cannot be arranged beforehand" (Buber, 1965a, p. 87). "Readiness to be surprised" protects the couple from seeing each other in tired, old, predictable ways that close off dialogue rather than promote it.

Self-witnessing. Many clients are extremely critical of their own feelings and reactions. The therapist encourages empathic self-witnessing or self-empathy (Jordan, 1991a) and challenges excessive self-criticism. As one becomes less self-blaming, he or she can become less blaming of the other as well. The therapist helps partners to identify when they feel hurt and how self-criticism is aroused; they learn to catch themselves in the moment of self-judgment. At the same time, appropriate self-scrutiny and accountability are encouraged (Boszormenyi-Nagy et al., 1991; Doherty, 1995; Grunebaum, 1987); partners witness their own behavior and its effect on the other. Self-evaluation, when not laced with venom or self-hatred, is a necessary interpersonal tool. Buber's distinction between neurotic guilt and existential guilt is useful here; the therapist encourages clients to witness their own guilt and determine whether it is appropriate in any given instance.

Therapist witnessing. The therapist maintains a nonjudgmental curiosity, interest, and compassion for clients' struggles, pain, and "survival positions"—the positions that clients adopted as children to best survive in their families of origin (Fishbane, 1986; Fishbane & Scheinkman, 1996). This empathic witnessing by the therapist often stimulates the partners' empathic witnessing of the other and of self. They become more interested in their own and their partner's experience. Even when challenging a destructive or self-destructive behavior or way of thinking with a couple, the therapist conveys a deep respect. The therapist assumes with them that even the most problematic behaviors that have brought them to therapy often stem from a hurt or need or yearning, which needs to be understood and respected. The therapist's witnessing serves as a model for the couple as they learn to witness and accept each other.

Individual witnessing self being witnessed by the therapist. Clients are often on their best behavior in the therapy room, as they are aware of being witnessed by the therapist. Furthermore, many couples report that they "take the therapist home" with them; they wonder what their therapist would say about an interaction they are having. This thoughtfulness facilitates their "observing couple ego" (Wile, 1981, p. 145); it promotes accountability in the relationship. In thinking about the therapist witnessing them, either in session or at home, they are less likely to be reactive or "on automatic pilot." This process promotes each partner's becoming more accountable to self, other, and the relationship. Ultimately, of course, the therapist's job is to drop out of the couple's relationship, although through processes of internalization, clients often keep their therapists as witnesses long after they have ended therapy. In addition to promoting accountability, clients' internalizing the therapist's witnessing facilitates their own empathy for self and other.

Others witnessing. As relational creatures, clients often confer with their friends and family, their "chorus of advisors." Although some couples prefer to maintain strict privacy about their work, others choose to "update" these advisors about their change process. When the advisors support the changes, such relational confirmation further anchors the changes. Inviting the witnessing of significant others is similar to "[recruiting] audiences for the authentication of change" (White & Epston, 1992) or "spreading the news" (Freedman & Combs, 1996). If some of the couple's advisors question or oppose the changes (e.g., the "Change back!" response identified by Lerner [1985]), the therapist helps the couple to work through these tensions and evaluate their own goals in the light of these differing opinions. In either case, in working with the witnessing of others, the therapist acknowledges the couple's larger relational context and helps them to integrate their changes into that context.

The shifts in couple therapy that have been explored—in which the couple moves toward greater collaboration, empathy, and appreciation of the mystery of the other—occur in the context of a trustworthy relationship with the therapist. We next explore the role of the therapist in this model.

Position of the Therapist

Maurice Friedman highlights the potential humiliation and disempowerment clients may feel on entering therapy:

> Every client fears that in entering into therapy he will have to sacrifice his own touchstones of reality, that he will have to subordinate himself to an external authority and join in invalidating his own touchstones as "sick." What makes this fear all too real is . . . the psychiatrist who sets up his own "reality" as the sole standard of health. . . . The therapist has no monopoly on reality. (Friedman, 1985, p. 216)

Given the potential for abusing the power of the therapeutic relationship, and the vulnerability of clients who come for help, it is incumbent on therapists to be thoughtful about the position they adopt in their work. Buber was aware of the danger when a therapist or educator attempts to change a client or student. He recommends a different stance: "The desire to influence the other . . . does not mean the effort to change the other, to inject one's own 'rightness'" into him or her. (Buber, 1965a, p. 69) Buber contrasts "imposing oneself on someone" with "helping someone to unfold" (1965a, p. 84). In a relational approach, the therapist works collaboratively with the couple, not imposing change on them (see also Mirkin & Geib, 1995).

The pull for the therapist to impose change can come from the couple themselves, even when the therapist is attempting to work collaboratively. Couples often come to therapy looking to the therapist to be the judge, to "fix" them or their problems (or their spouse). Therapists accept such positions at their peril; these positions lead to power struggles, to resistance, and to therapist burnout. When therapists take on such a role, they impose on the couple. The therapist then "knows" rather than asks, and is stuck in a hierarchical relationship with the couple.

The hierarchical position presupposes that the therapist is wiser or smarter than the couple, that the therapist has the answers. This is derived from a belief that persons coming to therapy have deficits that need to be filled. By contrast, many therapists see the core self as wise and full of resources and potential; in this model, the goal of therapy is to remove or release the constraints on the self so it can flourish (Rogers, 1965; Schwartz, 1995). Buber articulates his faith in the inner core of the person in semimystical terms: "The educator who unfolds what is there believes in the primal power which has scattered itself, and still scatters itself, in all human beings in order that it may grow up in each [person] in the special form of that [person]" (Buber, 1965a, p. 83). The image here is reminiscent of the scattered divine sparks as described in the Jewish Kabbala and conveys Buber's image of each person carrying the potential for holiness and goodness. Although Buber is here discussing the educator's role, it is applicable to the therapist as well.

Paradoxically, acceptance of clients as they are, even in their defensiveness, fosters nondefensiveness and change. Silverstein has identified the subtle interplay between change and defensiveness, between change and "stability," which she prefers to the term "resistance" (Keeney & Silverstein, 1986). When the therapist accepts a client's wholeness, including ambivalence toward change, the client is often freed to move forward.

A stability (or "no-change") position often reflects a survival position (Fishbane, 1986; Fishbane & Scheinkman, 1996). That is, when one partner is anxious about change or holds on to the no-change position, the change process may have triggered a survival position. When this occurs, the therapist encourages the couple to slow down the pace of change and to embrace the stability position. Likewise, a no-change reaction may reflect loyalty or invisible loyalty to family of origin (Boszormenyi-Nagy & Spark, 1973).

Often, one partner may press for change while the other is reluctant and frightened of change. The therapist helps them to name and appreciate both positions and to look at how both are necessary. It is helpful to look with the couple at how they have split the labor, one supporting change while the other opposes it. The therapist encourages each partner to embrace his or her ambivalence toward change and helps each to speak from the change position as well as the stability position in voicing hopes and fears for the relationship. In the course of this work the therapist conveys respect for each partner and operates from a position of "multidirected partiality" (Boszormenyi-Nagy & Krasner, 1986). This is different from neutrality; in multidirected partiality, the therapist cares deeply for each of them as individuals, and for their relationship; each knows the therapist is on his or her side.

In this work, the therapist is intensely present and connected to the couple. The therapy is "contactful"; the therapist is moved, and adopts a position of "bending toward" the clients (Inger & Inger, 1994). Buber describes this relation:

> To be aware of a [person] . . . means in particular to perceive his [or her] wholeness as a person determined by the spirit. . . . Such an awareness is impossible, however, if and so long as the other is the separated object of my contemplation or observation, for this wholeness and its centre do not let themselves be known to contemplation or observation. It is only possible when I step into an elemental relation with the other. (Buber, 1965a, p. 80)

The relational approach works best when the therapist is fully present and does not wear the armor of distance or professional superiority. Of course, when therapists are truly present, without elaborate self-protective mechanisms, they may be deeply touched and transformed by the work. This can be exciting, but it can also be unnerving:

> What is demanded of [therapists] is that [they] draw the particular case out of the correct methodological objectification and . . . step forth out of the role of professional superiority, achieved by long training and practice, into the elementary situation between one who calls and one who is called. The abyss does not call to his [or her] confidently functioning security of action, but to the abyss, that is to the self of the doctor, that selfhood that is hidden under the structures erected through training and practice, that is itself encompassed by chaos, itself familiar with demons, but is graced with the humble power of wrestling and overcoming, and is ready to wrestle and overcome thus ever anew. (Buber, 1957a, pp. 94–95)

The therapist's readiness to be touched or moved by the work in the "abyss" of deep parts of the self can deepen the authenticity and power of the work (Miller & Stiver, 1994; Whitaker & Bumberry, 1988). Searles (1975) claims that patients often wish to heal their therapists and that, as long as the therapist being healed does not become the agenda for the relationship, the therapist's growth can be part of the good work of therapy. I agree, although therapists may abuse this relationship and look to clients to meet their needs. Without making their own needs the focus, therapists can convey to clients that they too, are people on a journey.

In this model, the mode of work is transparent and, at times, so is the self of the therapist (Framo, 1981; Rogers, 1965; White, 1995). Transparency of technique is syntonic with a relational approach. Since one of the goals is empowerment of the couple,their seeing the therapist's work in its transparency should be welcomed. Similarly, when the therapist learns something through working with a couple that facilitates the therapist's own thinking or formulation of the therapy or of theory (which in my experience happens frequently during sessions), it is helpful to let the couple know and share it with them.

There are, of course, moments of failure of empathy by the therapist. These moments of "mismeeting" are painful, but they provide potentially rich opportunities for the therapy. If the therapist can manage not to be defensive about these moments, can be open to the couple's responses, and can take responsibility for his or her part in the mismeeting, then these moments can be golden. A moment of mismeeting can then be transformed into a moment of healing. The trustworthiness of the therapist is the ground of the work. It is tested again and again. If we therapists are late or insensitive or insulting, it is crucial that we face ourselves and the couple honestly and take appropriate ownership of our own behavior. When the therapist does so, the couple can as well. This approach nurtures a spirit of generosity and forgiveness, and mutuality of care and concern. The therapeutic relationship is nurtured much as the couple are encouraged to nourish their relationship.

The goal of the relational couples therapist is to facilitate an openness, a "readiness to be surprised," between the partners and between the couple and the therapist. For this to happen, the therapist must hold a stance of "obedient listening" (Buber, 1965a, p. 37) or "not-knowing" (Anderson & Goolishian, 1992). The dialogue between the partners parallels the dialogue between couple and therapist. The position of the therapist—nonhierarchical, collaborative, respectful of wholeness in the other, connected, transparent, open to surprise—flows from the relational model described here.

CONCLUSION

Buber's philosophy of dialogue constituted a radical departure from the individualistic notion of the person prevalent in the first half of this century. His ideas still pose a challenge to us today, both culturally and in our work as therapists. I have attempted to identify different streams from various fields of development and therapy that share a relational view of the person. This view points toward a cultural shift, challenging the excessive focus on the individual both in psychotherapy and in the larger culture. Viewing couples' dilemmas in relational terms and helping them to work toward a more dialogical connection are at the heart of the therapeutic approach presented here. This model facilitates partners working together on their relationship in a collaborative manner and challenges the competitive, win/lose stance that results in stagnation and alienation. The relational approach also relieves the therapist of many assumptions and roles that make this work potentially draining and frustrating, and allows for a respectful, energized collaboration between couple and therapist.

REFERENCES

Anderson, H., & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee and K. J. Gergen (Eds.), *Therapy as social construction.* London: Sage Publications.

Becker, C., Chasin, L., Chasin, R., Herzig, M., & Roth, S. (1995). From stuck debate to new conversation on controversial issues: A report from the public conversations project. *Journal of Feminist Family Therapy, 7,* 143–163.

Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1986). *Women's ways of knowing: The development of self, voice, and mind.* New York: Basic Books.

Bellah, R. N., Madsen, R., Sullivan, W. M., Swidler, A., & Tipton, S. M. (1985). *Habits of the heart: Individualism and commitment in American life.* Berkeley, CA.: University of California Press.

Bergman, S. (1991). *Men's psychological development: A relational perspective.* Wellesley, MA: The Stone Center.

Bergman, S. J., & Surrey, J. L. (1992). *The woman-man relationship: Impasses and possibilities.* Wellesley, MA: The Stone Center.

Bergman, S. J., & Surrey, J. L. (1994). *Couples therapy: A relational approach.* Wellesley, MA: The Stone Center.

Boszormenyi-Nagy, I., & Spark, G. (1973). *Invisible loyalties: Reciprocity in intergenerational family therapy.* New York: Harper & Row.

Boszormenyi-Nagy, I., & Krasner, B. R. (1980). Trust-based therapy: A contextual approach. *American Journal of Psychiatry, 137,* 767–775.

Boszormenyi-Nagy, I., & Krasner, B. R. (1986). *Between give and take: A clinical guide to contextual therapy.* New York: Brunner/Mazel.

Boszormenyi-Nagy, I., & Ulrich, D. (1981). Contextual family therapy. In A. S. Gurman & D. P. Kniskern (Eds.), *Handbook of family therapy.* New York: Brunner/Mazel.

Boszormenyi-Nagy, I., Grunebaum, J., & Ulrich, D. (1991). Contextual therapy. In A. S. Gurman & D. P. Kniskern (Eds.), *Handbook of family therapy.* Vol. 2. New York: Brunner/Mazel.

Bowen, M. (1978). *Family therapy in clinical practice.* New York: Jason Aronson.

Buber, M. (1957a). *Pointing the way: Collected essays.* New York: Harper & Row.

Buber, M. (1957b). Guilt and guilt feelings. *Psychiatry, 20,* 114–129.

Buber, M. (1965a). *The knowledge of man.* New York: Harper & Row.

Buber, M. (1965b). *Between man and man.* New York: MacMillan. (Ger. 1929–39)

Buber, M. (1970). *I and thou* (Kaufmann trans.). New York: Charles Scribner's Sons. (Ger. 1921)

Buber, M. (1973). *Meetings.* LaSalle, IL: Open Court Publishing Co. (Ger. 1963)

Cecchin, G. (1987). Hypothesizing, circularity, and neutrality revisited: An invitation to curiosity. *Family Process, 26,* 405–413.

Chasin, R., Herzig, M., Roth, S., Chasin, L., Becker, C., & Stains, R. (1996). From diatribe to dialogue on divisive public issues: Approaches drawn from family therapy. *Mediation Quarterly, 13,* 323–344.

Dicks, H. V. (1963). Object relations theory and marital studies. *British Journal of Medical Psychology, 36,* 125–129.

Doherty, W. J. (1995). *Soul searching: Why psychotherapy must promote moral responsibility.* New York: Basic Books.

Fishbane, M. D. (1986). Buber and couple therapy: An integrative systemic approach. Presented at "Martin Buber and His Influence on Psychotherapy," Washington, D.C.

Fishbane, M. D., & Scheinkman, M. (1996). Deconstructing couples' impasses. Unpublished manuscript.

Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of preferred realities.* New York: W. W. Norton.

Friedman, M. (1965). [Introductory essay]. In M. Buber, *The knowledge of man.* New York: Harper & Row.

Friedman, M. (1985). *The healing dialogue in psychotherapy.* New York: Jason Aronson.

Framo, J. (1981). The integration of marital therapy with sessions with family of origin. In A. S. Gurman & K. P. Kniskern (Eds.), *Handbook of family therapy.* New York: Brunner/Mazel.

Framo, J. (1992). *Family-of-origin therapy: An intergenerational approach.* New York: Brunner/Mazel.

Galatzer-Levy, R. M., & Cohler, B. J. (1993). *The essential other: A developmental psychology of the self.* New York: Basic Books.

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development.* Cambridge, MA: Harvard University Press.

Goodrich, T. J. (1991). Women, power, and family therapy: What's wrong with this picture? In T.J. Goodrich (Ed.), *Women and power: Perspectives for family therapy*. New York: W. W. Norton.

Greenberg, J. R., & Mitchell, S. A. (1983). *Object relations in psychoanalytic theory*. Cambridge, MA: Harvard University Press.

Grunebaum, J. (1987). Multidirected partiality and the "parental imperative." *Psychotherapy, 24*, 646–655.

Grunebaum, J. (1990). From discourse to dialogue: The power of fairness in therapy with couples. In R. Chasin, H. Grunebaum, & M. Herzig (Eds.), *One couple, four realities: Multiple perspectives on couple therapy*. New York: Guilford.

Hoffman, L. (1985). Beyond power and control: Toward a "second order" family systems therapy. *Family Systems Medicine, 3*, 381–396.

Inger, I. (1993). A dialogic perspective for family therapy: The contributions of Martin Buber and Gregory Bateson. *Journal of Family Therapy, 15*, 293–314.

Inger, I., & Inger, J. (1994). *Creating an ethical position in family therapy*. London: Karnac Books.

Jack, D. C. (1991). *Silencing the self: Women and depression*. New York: Harper Perennial.

Jordan, J. V., Kaplan, A. G., Miller, J. B., Stiver, I. P., & Surrey, J. L. (1991). *Women's growth in connection: Writings from the Stone Center*. New York: Guilford.

Jordan, J. (1991a). Empathy and self boundaries. In J. V. Jordan, A. G. Kaplan, J. B. Miller, I. P. Stiver, & J. L. Surrey, *Women's growth in connection: Writings from the Stone Center*. New York: Guilford.

Jordan, J. (1991b). The meaning of mutuality. In J. V. Jordan, A. G. Kaplan, J. B. Miller, I. P. Stiver, & J. L. Surrey, *Women's growth in connection: Writings from the Stone Center*. New York: Guilford.

Karpel, M. (Ed.) (1986). *Family resources: The hidden partner in family therapy*. New York: Guilford.

Keeney, B. P., & Silverstein, O. (1986). *The therapeutic voice of Olga Silverstein*. New York: Guilford.

Kepnes, S. (1982). Telling and retelling: The use of narrative in psychoanalysis and religion. In S. Kepnes & D. Tracy (Eds.), *The challenge of psychology to faith*. New York: Seabury.

Lerner, H. (1985). *The dance of anger*. New York: Harper & Row.

McGoldrick, M. (1989). Women through the family life cycle. In M. McGoldrick, C. M. Anderson, & F. Walsh (Eds.), *Women in families: A framework for family therapy*. New York: W. W. Norton.

Miller, J. B., & Stiver, I. P. (1994). *Movement in therapy: Honoring the "strategies of disconnection."* Wellesley, MA: The Stone Center.

Mirkin, M. P. (1994). Female adolescence revisited: Understanding girls in their sociocultural contexts. In M. P. Mirkin (Ed.), *Women in context: Toward a feminist reconstruction of psychotherapy*. New York: Guilford.

Mirkin, M. P., & Geib, P. (1995). *Consciousness of context in relational couples therapy*. Wellesley, MA: The Stone Center.

Mitchell, S. A. (1988). *Relational concepts in psychoanalysis: An integration*. Cambridge, MA: Harvard University Press.

Offer, D., & Sabshin, M. (1984). Adolescence: Empirical perspectives. In D. Offer & M. Sabshin (Eds.), *Normality and the life cycle: A critical integration*. New York: Basic Books.

Osherson, S. (1992). *Wrestling with love: How men struggle with intimacy with women, children, parents, and each other*. New York: Fawcett Columbine.

Rogers, C. (1965). Dialogue between Martin Buber and Carl R. Rogers. In M. Buber, *The knowledge of man*. New York: Harper & Row.

Rolland, J. (1994). *Families, illness and disability: An integrative treatment model*. New York: Basic Books.

Scharff, D. E., & Scharff, J. S. (1991). *Object relations couple therapy*. Northvale, NJ: Jason Aronson.

Schwartz, R. C. (1995). *Internal family systems therapy*. New York: Guilford.

Searles, H. F. (1975). The patient as therapist to his analyst. In P. Giovacchini (Ed.), *Tactics and techniques in psychoanalytic therapy: Countertransference*, Vol. 2. New York: Jason Aronson.

Snyder, M. (1995). "Becoming": A method for expanding systemic thinking and deepening empathic accuracy. *Family Process, 34*, 241–253.

Spence, D. (1982). *Narrative truth and historical truth: Meaning and interpretation in psychoanalysis*. New York: W. W. Norton.

Stern, D. N. (1985). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. New York: Basic Books.

Surrey, J. (1991a). Relationship and empowerment. In J. V. Jordan, A. G. Kaplan, J. B. Miller, I. P. Stiver, & J. L. Surrey, *Women's growth in connection: Writings from the Stone Center*. New York: Guilford.

Surrey, J. (1991b). The self-in-relation: A theory of women's development. In J. V. Jordan, A. G. Kaplan, J. B. Miller, I. P. Stiver, & J. L. Surrey, *Women's growth in connection: Writings from the Stone Center*. New York: Guilford.

Walsh, F. (1989). Reconsidering gender in the marital quid pro quo. In M. McGoldrick, C. M. Anderson, & F. Walsh (Eds.), *Women in families: A framework for family therapy*. New York: W. W. Norton.

Walsh, F. (1996). The concept of family resilience: Crisis and challenge. *Family Process, 35*, 261–281.

Walsh, F., & Scheinkman, M. (1989). (Fe)male: The hidden gender dimension in models of family therapy. In M. McGoldrick, C. M. Anderson, & F. Walsh (Eds.), *Women in families: A framework for family therapy*. New York: W. W. Norton.

Weingarten, K. (1994). *The mother's voice: Strengthening intimacy in families*. New York: Harcourt-Brace.

Whitaker, C. A., & Bumberry, W. M. (1988). *Dancing with the family: A symbolic-experiential approach*. New York: Brunner/Mazel.

White, M. (1989). The externalizing of the problem and the reauthoring of lives and relationships. In M. White, *Selected papers*. Adelaide, Australia: Dulwich Centre Publications.

White, M. (1995). *Reauthoring lives: Interviews and essays*. Adelaide, Australia: Dulwich Centre Publications.

White, M., & Epston, D. (1992). Consulting your consultants: The documentation of alternative knowledges. In D. Epston & M. White, *Experience, contradiction, narrative and imagination: Selected papers of David Epston and Michael White 1989–1991*. Adelaide, Australia: Dulwich Center Publications.

Wile, D. B. (1981). *Couples therapy: A nontraditional approach*. New York: John Wiley & Sons.

Winnicott, D. (1965). *The maturational processes and the facilitating environment*. London: Hogarth.

Zimmerman, J. L., & Dickerson, V. C. (1993). Separating couples from restraining patterns and the relationship discourse that supports them. *Journal of Marital and Family Therapy, 19*, 403–413.

NOTES

[1]Buber, who wrote much of his philosophy in German before 1950, used the term "Mensch," which can be translated as "person" or "man." The available translations often render "Mensch" as "man." However, Buber himself was sensitive to and supportive of women's rights (Mendes-Flohr, 1996). I have chosen, therefore, to adapt the available translations to reflect a more gender-sensitive tone, one that captures Buber's spirit. I have indicated my adaptations in brackets.

*The case example is a composite and is offered to illustrate my work with couples. While the partners in the example are a heterosexual couple, the therapeutic issues and process described in the case are applicable to gay and lesbian couples as well.