

Discourses in the Mirrored Room: A Postmodern Analysis of Therapy.

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A postmodern approach is used to examine the discourses that circulate in the therapy room. Dominant discourses support and reflect the prevailing ideologies in the society. Three ready examples concern gender relations: the male sex drive discourse, the permissive discourse, and the marriage-between-equals discourse. I point out how the therapy room is a mirrored room that can reflect back only the discourses brought to it by the family and therapist. There is a predetermined content in the conversation of therapy: that provided by the dominant discourses of the language community and culture. I suggest that therapists need to develop a reflexive awareness if muted discourses are to enter the mirrored room.

A teenage girl says that her father's friend has made sexual advances to her. No one believes her. Her father takes her to a therapist and tells him to bring her to her senses (Freud, 1905/1963).

A therapist learns that a former patient is having an affair with her current therapist. He intervenes to try to stop the affair, but he does not report the therapist to the licensing board (Hare-Mustin, 1992a).

A father has been sexually abusing his daughter. The mother feels guilty. The father regards his wife's submissiveness as agreement in a fifty-fifty marriage (James & McKinnon, 1990).

A husband and wife have a bitter, long-running dispute. She claims he was having sex with another woman. He says she is crazy. So they argue in therapy (Smith, 1991).

A wife runs off with her lover. The husband calls the therapist. He cannot understand how she could abandon him and their three children (Walters, Carter, Papp, & Silverstein, 1988).

A wife is exhausted by her job and all the housework and childcare. The husband does not see why he should change his life because his wife has a demanding job. Every night there is a struggle with their 4-year-old to get him to go to bed, so he ends up in their bed (Hochschild, 1989).

What do these cases have in common? Although apparently different, they all reflect the dominant discourses in society. By discourse, I mean a system of statements, practices, and institutional structures that share common values. A discourse includes both linguistic and nonlinguistic aspects; it is the medium that provides the words and ideas for thought and speech, as well as the cultural practices involving related concepts and behaviors (see Best & Kellner, 1991). By a restrictive and expressive set of codes and conventions, discourses sustain a certain world view (Clifford, 1986). Thus, as Parker (1992) has pointed out, discourses do not simply describe the social world; they also categorize it. In so doing, discourses bring certain phenomena into sight and obscure other phenomena. The ways most people in a society hold, talk about, and act on a common, shared viewpoint are part of and sustain the prevailing discourses.

Discourse theory is one of an array of postmodern approaches to knowledge that ask how meaning is constructed. Postmodernists see numerous competing viewpoints of the world rather than one true view. Instead of the master narratives and universalizing claims that have characterized knowledge since the Enlightenment, knowledge is conceived of as multiple, fragmentary, context-dependent, and local (Foucault, 1980; Lyotard, 1984). Knowledge has been described as an edifying conversation of varied voices rather than an accurate representation of what is "out there."

Discourse theory is only one of a number of postmodern approaches that could be applied to the analysis of relationships between people and the analysis of therapies. Rather than a full exegesis of the extensive debates and developments in postmodern thought, my purpose here is the more limited one of demonstrating how ideas from discourse theory can illuminate some contemporary issues in therapy.

THE DOMINANT DISCOURSES

"Discourse" comes from the Latin root *discurrere*, which means "to run around," and different and competing discourses circulate in the culture. However, not all circulating discourses are of equal importance; some have a privileged and dominant influence on language, thought, and action. The dominant discourses both produce and are produced by social interaction, a particular language community, and the socioeconomic context. Once designations in language become accepted, a speaker using the language is constrained by such designations in communication with others and in the generation of ideas as well (Bloom, 1981). In this way, language structures one's own experience of "reality" as well as the experiences of those with whom one communicates. When a group of people talk and relate among themselves in familiar ways, much of their talk reflects and reinstates dominant discourses. Moreover, because dominant discourses are so familiar, they are taken for granted and even recede from view. It is hard to question them. They are part of the identity of

most members of any society, and they influence attitudes and behaviors, as I illustrate in the discussion that follows.

Therapy as part of the mental health system both depends upon and upholds the dominant discourses. Although many family therapists might regard themselves as mavericks, relatively few in our field are guided by marginalized discourses. The efforts of most therapists represent the interests and moral standards of the dominant groups in society. Therapy is typically well-regarded by elite groups for the goodness of its principles and practices. Thus, an examination of the goals of most family therapies (for example, maintain the family, avoid divorce, keep the children in school, differentiate) reveals that we as therapists are engaged in social control more than social change. Therapy is a normalizing activity; it serves to stabilize "the family." As Madigan and Law (1992) point out, family therapy is not separate from sociopolitical discourses. Indeed, therapy has been described as inflicting on patients the same dominant discourses by which they have previously been harmed (Cushman, 1990).

Subordinate discourses, on the other hand, are the ones that are marginalized, and even co-opted by the dominant discourses, so that they lose their oppositional force. Discourses associated with groups on the margins of society are excluded from influence. They are not spoken with authority. They arouse discomfort. An example of co-optation is seen in the way the peace symbol, which originally signified commitment to nuclear disarmament, was reduced to a common item of jewelry, bereft of its original meaning, and even worn by soldiers fighting in Vietnam. Another example of co-optation would be how women's independence became subsumed by and ironically emblematic of the sale of cigarettes to "emancipated" women.

The ideas of many feminist theorists converge with those of postmodern thinkers who have drawn attention to the relation of meaning and power (Benhabib & Cornell, 1987; Diamond & Quinby, 1988; Foucault, 1973, 1980; Jameson, 1981). The inquiry into meaning has focused especially on language as the medium of cognitive life and communication. Meaning-making and control over language are important resources held by those in power. Indeed, Barthes (1972) has called language a sign system used by the powerful to label, define, and rank. Moreover, Foucault (1980) has suggested that "correct" representations do not arise from chance twists in conversation, but are shaped by the dominant and specific historical, cultural, and political practices that constitute them. Power is thought of as a network of practices, institutions, and technologies that sustain dominance and subordination. Throughout history, dominant groups have asserted their authority over language through control of the production of knowledge, of the media and publications, and of access to education and to institutions of learning (Hare-Mustin & Marecek, 1990). Among family therapists, Michael White has stood out for his application of Foucauldian postmodernism to therapy (White, 1993; White & Epston, 1990). He has drawn attention both to the ways power is invisible to those who experience it and to how individuals are led to embrace their own subjugation through the influence of certain presumed truths.

There are multiple discourses that speak to the oppression of marginal groups by the structures of power, but I refer to gender because the feminist critique has been one of the most articulated analyses. Postmodernism has been seen by some feminists as a way to open up space for alternative views to those that prevail. Feminist postmodernists have focused on the way dominant discourses produce and sustain the status of those who have power against the competing discourses of those on the margins of society, like women, ethnic minorities, old people, and poor people. These marginalized discourses contest the privileged positions of dominant groups and speak for those who have less control over their lives and who are often regarded as inferior. For example, feminists have drawn attention to women's virtual exclusion from positions of power in public and political life. Discourse about women's participation is systematically trivialized, subsumed, or excluded from issues and debates on public policy and community life; for example, in 1992 when women asked for more representation in government, they were ridiculed as "bean counters." On the other hand, some marginalized discourses, such as those of wife abuse and child abuse, have been brought, through feminist efforts, out of the private realm of the family and into increasing public awareness. One way to assess the relative dominance or marginalization of a discourse is to ask what institutions and ways of being are supported by the discourse.

Dominant discourses reflect and are part of the prevailing ideology. A classic example is the view that women and men are inherently different, with men constituting the norm. At various times in our era, this view has been renewed and reemphasized. After men returned from World War II, the prevailing view of the popular culture no longer regarded women as fitted for the industrial production they had engaged in during the war. Instead, women's unique capacities for caretaking and their home and family responsibilities were emphasized. The family of the 1950s that embodied this model became the basis for the new field of family therapy. More recently, the Reagan era of the 1980s promoted a conservative, pro-family ideology that saw women defined by their crucial role in the family, and this at a time when competing discourses centered on women's independence and choice. The dominant discourse of masculine and feminine differences views women as essentially caring, close to nature, and oriented to meet the needs of others, whereas men are essentially independent and achieving. Considerable effort in the biological and social sciences goes into supporting this prevailing view and trying to identify minuscule differences between men and women. Empirical research that finds differences gets published in scientific journals and touted in the popular media; empirical research that finds no differences rarely gets published in scientific journals or even mentioned in the popular media (Mednick, 1989; Tavris, 1992).

Let me emphasize that both men and women participate in the dominant discourses, including the discourses concerning

gender. We share the common viewpoints and ideas of our particular time and place. Through recurrent, day-to-day practices and meanings, the discourses of gender differences are maintained. Thus, patriarchal relations cannot be explained solely by the intentions, good or bad, of individual women and men. They exist in the social institutions and practices of society (Baber & Allen, 1992). As Hanne Haavind (1984) has observed, female subordination and male domination are concealed rather than revealed in gender relations by both men and women. Male domination in the family is often not labeled as such because we do not regard the husband's power as stemming from a desire on his part to dominate. Acceptable masculinity involves domination, but a domination that appears reasonable and not striven for. Similarly, ideal femininity does not have to be completely passive. Femininity can involve aggression and initiative as long as they are not used to dominate men.

The Mirrored Room

The therapy room is like a room lined with mirrors. It reflects back only what is voiced within it. When there is a one-way mirror and reflecting team, they too reflect back what has been provided. If the therapist and family are unaware of marginalized discourses, such as those associated with members of subordinate gender, race, and class groups, those discourses remain outside the mirrored room.

The idea that meaning emerges in social interaction is widely accepted in family therapy and has been prominent since the work of Gregory Bateson and his colleagues. However, the complexity of naming and meaning-making seems to have been reduced in family therapy to a simple view of therapy as a meaning-generating system separated from the social context and wider culture. Although this interactional view goes beyond the idea that an individual can simply generate any meaning he or she might wish, it still disregards the way language and concepts have evolved, been selected, and given prominence by the language community. We do not only use language; it uses us. Language is recursive: it provides the categories in which we think. As Bruner (1986) points out, language "imposes a point of view not only about the world to which it refers but toward the use of the mind in respect to this world" (p. 121). Discourse theory suggests that we do not develop meaning out of a void, but out of a preexisting, shared language, and through discursive practices that reflect and reenact the traditions, power relations, and institutions of the society.

Some therapists seem to regard meaning as newly created in the therapeutic conversation, which allows them to disregard the meanings associated with the positions individuals occupy in the society (see, for example, Anderson & Goolishian, 1988). One result of such context-stripping is that participants come to be viewed as equal despite their different positions in various social hierarchies. However, regardless of the therapist's intention or desire to be no more than an equal co-author of a new narrative, the meanings embedded and enacted in the shared language accord different authority to different participants. Structural inequalities influence the therapeutic conversation; what can be spoken about and who can speak it are issues of power. Thus, a therapist is accorded greater authority and expertise by the society than the person(s) seeking a therapist's help in resolving problems. This is reflected in the clients paying the therapist rather than the therapist paying the clients for sessions.

In the therapy session, the conversation of the family and therapist arises from and is determined by the prevailing concepts and ideologies of the language community. As Anderson and Goolishian (1988) have noted, "psychotherapy cannot ignore the categories used by people" (p. 373). Drawing on Rorty's (1972) metaphor of the mirror, they go on to say that the therapist is not simply a mirror reflecting more accurate representations of reality. This is an important point with which I agree. But, I am concerned that it overlooks what is reflected—not reality but, rather, the dominant discourses circulating in the therapy room and the familiar concepts and categories that prevail. It is this construction of reality that determines the therapeutic story of the recollected past and the projected future (Crites, 1986).

DISCOURSE ANALYSIS

The view that meaning is generated in the mirrored room independently of the prevailing ideologies can be contrasted with an approach to discourse that is self-reflexive and examines both prevailing ideologies and marginalized discourses. As the opening sketches forecast, I will draw examples from the discourses of male-female relationships. What such discourses have in common is that they disguise inequality. Explanations based on essential differences and complementary sex roles, a focus on separate spheres for men and women, and *quid pro quo* solutions to family problems are part of the dominant discourses. These can be appealing to therapists and families alike because they seem to support the ideal of equal relations between the sexes and disguise differences in power and choice (Goodrich, 1991). For example, caring—a presumed, essential female quality—can be understood in relationship terms as a way of negotiating from a position of low power. People in positions of weakness usually have been found to rely on weak-influence tactics (Sagrestano, 1992). Furthermore, because of their higher status roles, white men generally elicit weak strategies from others. Often, when a woman argues with her husband, she appeals for caring, while he evokes principles. But in a relationship where she has more power, as in dealing with her children, she now emphasizes rules while it is the children who appeal for caring. The presumption of essential gender characteristics masks the relations of power.

Many discourses intersect and interact to create the cultural narratives we are familiar with. At any point in time, there co-exist several different discourses that define what is expected of men and women in relation to each other, and that produce feminine and masculine identities (Hollway, 1984, 1989). These identities then become part of an individual's "nature" and constrain and impel an individual's choices. Let us examine, in turn, the male sexual drive discourse, the permissive discourse, and the marriage-between-equals discourse and see how they fare in the mirrored room. In each case, the dominant discourse favors masculine interests and needs. There are, of course, other discourses. For example, our society privileges a discourse of heterosexual relations, obscures a discourse of female desire, and promotes a discourse of female victimization (Fine, 1988).

The cases and illustrations have been selected to highlight aspects of the dominant discourses. Of course, understanding how some discourses are more influential than others does not preclude a therapist's providing a context of listening, openness, caring, and respect, or determine what a therapist will focus on (see Griffith & Griffith, 1992). Some of the cases illustrate how a therapist can give salience to parts of a client's story in order to bring in alternative discourses. In a previous article, I analyzed some of these cases from the perspective of power issues (Hare-Mustin, 1991). Here I focus on discourse analysis and clarifying how a therapist may sustain or challenge dominant discourses.

The Male Sexual Drive Discourse

The dominant discourse in the production of meanings concerning sexuality has been identified by Hollway (1984) as the male sexual drive discourse. It needs little introduction because it is so familiar, both affirmed by experts and typically regarded as common sense. The woman is seen as the object that arouses and precipitates men's sexual urges. Men's sexual urges are assumed to be natural and compelling; thus, the male is expected to be pushy and aggressive in seeking to satisfy them. Whereas men's sexuality is seen as direct and primitive, women are seen as the object of men's sexual drive. Often, women are also viewed as inflaming men's natural sexual urges.

We see evidence of the male sexual drive discourse about men's need and women's compliance not only in the home but also in the day-to-day practices of men toward women who venture into public space. Women are open targets on public streets, and young women particularly, unless accompanied by a child or a man, are subjected to free and evaluative commentary and also to expressions by men of "what I'd like to do" (Bartky, 1988). Women in this way are reminded of their subordination and vulnerability.

Bring Her to Her Senses

A teenage girl with a cough and headaches was brought by her father to see his therapist. He told the therapist to bring her to her senses. The daughter had been accompanying her father on his frequent visits to another family. She complained that the head of the family made sexual advances to her, but no one believed her, including the therapist. Yes, the therapist was Freud, and the patient, Dora (Freud, 1905/1963). This is a classic case of sex, lies, and headaches, storied and restoried (Hare-Mustin, 1991). Donald Spence (1987) has called it a landmark of persuasion unsurpassed in the clinical literature. It is useful to re-examine in terms of the dominant discourses because it is easier to see the possible meanings of behaviors situated in another time and place than to recognize the meanings embedded in one's own social context.

Dora's father often took her along to the K household where he was having an affair with Frau K. The husband, Herr K, had been making sexual advances to Dora since she was age 14, apparently encouraged by Dora's father. Freud never met Dora's mother, but diagnosed her as having a "housewife's psychosis," based on reports of her by Dora's father.

Freud's view of Dora was embedded in the male sex drive discourse, the patriarchal discourse of his era. He assumed that a man had a right to have his sexual needs met, and any young woman would appreciate the attentions of a man like Herr K, be flattered by them, and accede to them. Freud regarded Dora's symptoms as signs of hysteria that he saw resulting from her aroused and disguised sexual desire. When he tried to press his views on Dora, she quit analysis, leading to her being labeled as not only disturbed, but also disagreeable, untruthful, and vengeful. The involved adults denied her allegations; however, some time later, those involved acknowledged that her claims about Herr K were true.

Freud's understanding of the case was compatible with the dominant discourses of his day; he did not recognize that his work arose within a specific social and political context. He gave no credence to Dora's story. Freud was unable to shift from his theory that a seduced girl was the seducer of the man she aroused, and that she in turn was aroused and flattered by the man's advances: a female's story that contested this discourse was regarded as untruthful. As Foucault (1979) has argued, psychoanalysis is a potent discourse through which we construct a particular kind of self, rather than a neutral tool or an instrument of self-discovery and liberation.

A Sissy Male

Masculinity is defined largely by the male sexual drive discourse, a set of prescribed personality and behavioral characteristics associated with heterosexual men. The male sexual drive discourse is a discourse of patriarchal heterosexuality whereby male domination is expected and endorsed. Men who are not conventionally masculine are not

regarded as real men, as Stoltenberg (1989) has pointed out. Stereotyped notions of gay men depict them as not masculine in personality and behavior, just as stereotyped notions of lesbians depict them as not feminine.

But what about the sissy male? Allan Hunter (1992) examines this question and describes his experience as, what he calls, a "sissy male," noting that the term "sissy" is entymologically derived from "sister" and connotes the sense of being like a girl or woman. The man with little or no interest in trying to dominate women or compete with other men challenges the male sexual drive discourse. In recounting his experience, Hunter reports he was attracted to women, but he feared that unless he acted like men were supposed to he would never have the close relations and sexual experiences he wanted with women.

Domination and power conflicts are eroticized by the male sexual drive discourse. Hunter admits being concerned that sex would lose its sexiness if it lacked elements of the hunt, the chase, and the seduction. As for the woman, love makes the woman who is loved feel singled out as special and different from the general run of women who are not perceived as equal or interesting people.

The sissy does not have a sense of identity dependent on how different he is from women. For Allan Hunter, the hard part was finding women who were also outside the dominant discourse, for women are not used to playing with men who do not embody masculinity, and who expect women to be seductive teases or passive subordinates. He observed that being outside the dominant discourse can be rather risky and frightening for both men and women.

Cries and Whispers: A Case of Therapist Sexual Abuse

The Boston beauty and prize-winning poet Anne Sexton was in therapy for many years. She was glamorous, talented, troubled, depressed, often suicidal, and frequently hospitalized. Sexton's early therapist provided 300 tapes of therapy sessions to the author of a recent biography (Middlebrook, 1991), with the approval of Sexton's daughter who is the executor of Sexton's estate. The release of the tapes drew enormous criticism and provoked an outcry among psychiatrists and psychotherapists over the issue of confidentiality. Alarmed letters and comments appeared in *The New York Times* from leaders in the field who said that this use of tapes, even if Sexton might have approved, would destroy the trust of patients. The noted historian of psychoanalysis, Peter Gay, proclaimed "I would despise any analyst willing to do this" (quoted by Stanley, 1991).

But something else was overlooked. How can we understand the silence of the profession on the sexual abuse of Anne Sexton by her second therapist, who had an affair with her? The destructive consequences that sex with a therapist can have for a patient are devastating and well-documented, including boundary disturbance, inability to trust, feelings of guilt and suppressed rage, severe depression, and serious suicide risk (Hare-Mustin, 1992a). The dominant discourse of the male sexual drive apparently overrode the ethical standards of the profession regarding sex between therapist and patient. The explanations for sex between therapist and patient reflect the male sexual drive discourse: that men's sexual desires are compelling, and that women arouse them by being provocative and seductive. Thus, when the prior therapist learned of the affair, he tried informally to intervene but stopped short of reporting it to the medical review board. The persistence of the view of the woman as seducer was evident in *The Psychiatric Times* where psychiatrist Peter Kramer (1991), in apparent disregard for the therapist's responsibility for what takes place in the therapy session, recently proclaimed, "*She* soon seduced *him*" (p. 5; emphasis added).

An alternative view was presented by Pollitt (1991) in her review, "The Death Is Not the Life." She noted that anyone who suspected that psychotherapy had been bad for women would find plenty of confirmation in the Anne Sexton case. I see the focus on confidentiality as a smoke screen that served to cover up the sexual abuse by the therapist. The dominant discourse supported an outcry over confidentiality and hardly a whisper about sexual abuse.

Father-Daughter Incest

Let us see how the dominant male sex drive discourse provided a network of interpretations and assumptions within which a case of father-daughter incest was understood (James & MacKinnon, 1990). The dominant discourse regards women's lack of interest in sexual relationships with their husbands as abnormal or dysfunctional. In contrast, men's "need" for sex is seen as normal and functional. In this family, the father had been entering the room of his 16-year old daughter at night and fondling her genitals when she appeared asleep. Distraught and uncertain, the daughter disclosed what was happening to her mother.

The wife's submissiveness pervaded her marriage. She was intimidated by her verbally abusive husband. He took charge of the family in numerous ways, from maintaining strict control of family finances to regulating and restricting the children's social activities. The problem of inequality in the marriage was not addressed. Because the wife was afraid to disagree with her husband, he perceived her submission as agreement. Thus, he regarded them as equal and the decisions they made as "fifty-fifty."

The discourse of male sexual drive involves the belief that men must have a sexual outlet in the person of a woman if they are to feel like "real men." The accepted implication is that a man is owed sexual rights by his marriage contract. The

mother who has withdrawn from her husband is often seen as the cause of the incest. Thus, it is seen as "natural" for a father who feels unsatisfied or inadequate to exploit sexually his less powerful children. Because of the presumption that a man's sex drive is urgent and must be satisfied, the failure of a mother to protect her children is often treated as more reprehensible than the sexual abuse perpetrated by the father. We see that the male sex drive discourse includes the idea that women are responsible for the moral conduct of men. But when this case was viewed in the context of a patriarchal social structure, the therapists saw it through the lens of the discourse that allows men to attempt to control through intimidation and women to submit.

Another aspect of the male sexual drive discourse was revealed in the case of Rick, a man who was found guilty of sexually abusing his 13-year-old stepdaughter, and served time in prison. Only after a period in therapy did Rick later reveal that he had been abused as a child by an adult male relative. In describing the case, Miller (1993) drew attention to the problem of the abuser's secrets and shame: "One of the most problematic aspects of disclosure for male victims of sexual abuse is that it puts the male in a 'female' position. If he has been sexually victimized, he is 'like a woman' as a sex object" (p. 190).

Male victims of sexual abuse, according to Miller, often do not disclose their own experience, maintaining either a detached air of indifference or a coldly angry stance. They would rather be identified as perpetrators than seen as victims, however more compassionate the view of them as victims might be. This further illustrates how the dominant discourse of the male sexual drive defines acceptable masculine behavior.

The Permissive Discourse

The permissive discourse is one that seems to challenge monogamy. It gives both sexes the right to express freely their sexuality. However, permissiveness has different effects for men and women because of their different positions in society. For men, permissiveness can mean open sexual access; for women, permissiveness can mean pressure to accede to men's urging for sexual activity. In combination with the male sex drive discourse, the permissive discourse serves further to coerce women to meet men's needs by labeling reluctant women as up-tight and teases, or as frigid. Many women report they often give in to men's pleading for sexual activity because it seems so important to men (Hollway, 1984). As Gavey (1992) points out, "to say that women often engage in unwanted sex with men is paradoxically both to state the obvious and to speak the unspeakable" (p. 325). The dominant discourse prescribes compliance to male initiatives. Consequently, there is no space for unwanted sex; it remains largely unrecognized or even condoned.

Within the dominant permissive discourse, women are often made to feel they have no right to be hurt or betrayed by male infidelity because women are theoretically allowed the same liberties. Thus, women may not feel justified to complain about men's exercise of sexual rights to which they are presumably also entitled. The permissive discourse justifies men's sexual freedom while punishing women who object to it by denying the validity of their objections.

Sexual Freedom or Plain Truth?

In this case, arguments over the husband's alleged sexual encounter with another woman led to a couple's deteriorating relationship over several years (Smith, 1991). Arriving home unexpectedly from work, the wife found the front door uncharacteristically locked. Her husband answered the door, undressed except for a pair of jeans. His brother's woman friend emerged from the bathroom partially dressed and straightening her clothes. The bed sheets were ruffled and stained with semen. The husband was vehement in his denial that anything improper had taken place, saying that he had had an erotic dream, ejaculated, and then his brother's woman friend had stopped by on an errand.

A therapist could readily take a neutral stance with this couple, not supporting either story while the wife became more agitated in the face of her husband's denials. This would provide the customary evidence that women are emotionally over-reactive and give distorted versions of the truth while men deal with facts. Or a therapist could reaffirm the permissive discourse of sexual freedom for each of them. However, what I found interesting in this case was the therapist's response to a woman's different place in the permissive discourse.

The therapeutic approach involved reframing the entire dispute as a comparison of good and bad storytellers, rather than a debate over sexual freedom and truthfulness. The therapist asked both members of the couple to tell their stories about the event. The therapist remarked on the vagueness of the husband's story, in contrast to the detail and vividness of the wife's story. The therapist suggested that they both work on their stories: the husband should try to add more drama and detail as his wife had, since hers was a better story. After several sessions the therapist asked the husband to tell the wife's story, but the husband argued that he could not do so because her story was not true and his was the "plain truth." The therapist finally persuaded him to do so. The husband told the wife's story, and she was much relieved. After a hastily contrived ritual of burning their stories, the couple went home and subsequently reported that their relationship was much improved.

This case could be seen as one where, for several years, the wife had been told that what she saw was not "true." In the face of male authority, a wife is often expected to give way, just as Dora was expected to give way to Freud's meaning. When the wife did not accept her husband's account, she was told that she had a problem, that she was crazy. What the

therapist identified as the crucial issue was that this woman's experience was being denied. Without addressing the issue of truth, a task was arranged that confirmed rather than denied the woman's experience. The issue was dealt with, not as one of trying to settle an argument about truth-telling or sexual freedom, but as recognizing the meaning of the wife's experience, however much the experience might be at variance with the dominant discourses of permissive sexuality.

Breaking Up a Marriage

The way the permissive discourse can have different consequences for men and women, particularly married men and women, is illustrated in another case. A husband's infidelity may be implicitly tolerated by the permissive discourse, but a wife who is unfaithful is often regarded as devious and irresponsible. This is particularly so if she is a mother who gives up her "natural" role as nurturing caretaker and wifely helpmate.

In this case, a therapist received an agitated telephone call from a husband who complained that his wife of 12 years had run off with the delivery man, and someone should bring her to her senses (Walters, *et al.*, 1988). When the therapist saw the couple together, the husband directed a tirade against his wife for humiliating him and abandoning their three children. The wife remained silent and downcast. Alone with the therapist, Olga Silverstein, the wife recounted how she had become pregnant when dating him and had given way to her parents' and his insistence that they marry. Now, 12 years later, she was unhappy in the marriage and felt trapped. Since her husband handled all the money, the house and car were in his name and she had no financial resources of her own. But most of all, she could not find a legitimate reason to break up the family. How did the wife choose between her husband and the lover who carried her off?

The therapist did not view this wife's choice as being which of the two men she wanted and should respond to, that is, in terms of the male sex drive discourse. Rather, the therapist saw her choice as one between her desire for independence and her desire to be secure in the submissive pattern in her marriage. On its surface, the case appeared to reflect the permissive discourse of sexual freedom and choice. However, the therapist suspected that the attraction to the lover might not be the issue. She realized that a woman's leaving one man to go to another, as a way out of a marriage, would be more acceptable to society than a woman's choosing to leave a man because she was unhappy. The delivery man was the wife's way of leaving the marriage. The dominant discourses of sexuality do not admit of nonsexual preferences. Thus a woman is allowed to do for "love" what she could not do for herself. Three years later the couple had divorced, but the lover was no longer in the picture. The husband was remarried. The wife was finishing a degree, working part-time, and caring for the children.

The Discourse of Equality

Another dominant discourse is the marriage-between-equals discourse, which allows marriage to conceal the extent of male domination and female subordination. As Weedon (1987) has pointed out, power is only tolerable in the liberal-humanist tradition if it masks a substantial part of itself. Marriage in the United States reflects the problem of how to manage inequality in a society whose ideal is equality. Inequalities related to gender are traditionally considered unintentional and incidental. The dominant discourse regards men and women as "naturally" so different that they cannot be compared. Thus, the husband is unable to help with household chores because he needs to recover from the stresses of work, or the wife does the cleaning because she is compulsive about the way the house appears. Recall that it was the reputed concern of Dora's mother with maintaining the household that led Freud (1905/ 1963) to label her as having a "housewife's psychosis." As I pointed out earlier, both men and women participate in this discourse and cooperate in concealing women's subordination and men's domination, and in reframing differences as equality.

Sustaining the Myth of Equality

Let us examine the marriage-between-equals discourse in what Arlie Hochschild (1989) describes as the myth of upstairs/ downstairs. When the wife, Nancy, arrives home from her job as a social worker, she scurries between stove, sink, and washing machine, her 4-year-old Joey dogging her footsteps. Meanwhile her husband, Evan, gets irritated if she even asks him to set the table. After dinner, it is Nancy's responsibility to get Joey to bed. "Joey's problem" emerged as a prolonged series of bedtime demands, ending up with Nancy exhausted and Joey in his parents' bed at 11 p.m.

Evan did not see why he should accommodate his life and activities to his wife's choice of a demanding career. Nancy was exhausted. She could no longer feel any interest in sexual relations with Evan; however, it troubled her to seem to be "holding out" on him. Notice that Nancy accepted the male sexual drive discourse, that it was the man's right to have his sexual desires met.

Ultimately, the crisis in the marriage was resolved by Nancy doing the "second shift" at home. The mythic solution Hochschild described was the elevating of the garage to the full moral and practical equivalent of the rest of the house. The "upstairs" was defined as Nancy's responsibility—meals, childcare, shopping, laundry, housecleaning. The "downstairs" was Evan's responsibility—the garage and his basement workshop, as well as the dog. This arrangement resulted in Nancy's cutting back her career work to half-time.

In order to maintain the marriage-between-equals discourse, the couple rezoned the territory. The perception of the marriage as fair required that disparities between Nancy's hours of leisure and Evan's be transformed into differences in their personalities. Evan described himself as laid-back and easy-going, while Nancy was compulsive and well-organized. This explanation fit the dominant discourse, that men and women are "naturally" so different, have such different talents and interests, different traits and ways of being and knowing, that they cannot be compared. Such essentialist ideas have been called "ruses" by Michael White because they disguise what is taking place; they obscure operations of power (see Tamm, 1993). One problem with essentialist views about men and women is that they have become reified and support the very inequities they were meant to undermine (Hare-Mustin & Marecek, 1988; Riger, 1992).

Many therapists in the mirrored room would have focused on solving "Joey's problem" and getting him out of his parents' bed. Such an approach would likely be oblivious to the issue of equality. The myth of upstairs/downstairs satisfied both Nancy and Evan, and probably would have satisfied many therapists, too.

A Woman Artist

The discourse of marital equality is violated when one partner pursues his or her interests with such clarity and focus that the label "selfish" is readily applicable. This violation is more apparent in a woman than a man because, as Bepko and Krestan (1993) note: "Not just the marital structure but the preferred form of all heterosexual relationships [is one] in which man is the performer, the woman his audience, he the important one, she the support system" (p. 107).

Katherine Bradford is a highly respected abstract painter whose experience is described by Bepko and Krestan. She was in her early thirties, married, and had two children just starting school when she decided she wanted to be a serious artist and commit a great deal of time to painting, and not just be a hobbyist who did watercolors in her spare time. In her marriage, Katherine had tried to bury her wishes and see herself as the wife of an important person, but her marriage consumed the energy she wanted to put into her painting. She could not handle both. Katherine observed that male artist friends took themselves seriously, spent money on lots of paint, and had a sense of entitlement. Looking for models, she saw Georgia O'Keefe as an artist who had a real sense of herself, of her own worth.

The marriage-between-equals discourse does not allow the kind of independence that Katherine asserted in choosing to commit herself to painting. She realized she could have stayed busy in the marriage, perhaps buying art or doing something related, and denied her deepest wishes. She might have reframed her marriage around a myth, as in "upstairs/ downstairs," and never recognized why she was unhappy or depressed. The traditional discourse of marriage for Katherine would have expected her to be fully involved in the relationship and the little daily tasks that supported it, and not in herself. As Bepko and Krestan observe, women lead interrupted lives, interrupted by the needs of others or their own awareness of inattention to those needs.

In the traditional discourse of marriage, love equals taking care of. Men are expected to do this by economic provision, women by personal services and putting the other ahead of one's self. Men are expected to disregard their needs for relatedness because it will weaken their masculinity—their confidence and dominant position. Women are expected to give of themselves to men and children. What is unequal about these seemingly balanced expectations is that the woman is expected to be an enabler, to make a partner happy at the expense of her "self." For a woman, love equals self-lessness. The discourse of equality makes a woman uneasy if she focuses on herself, her interests, her needs. Instead, as Bepko and Krestan point out, she measures herself by her commitment to others, hoping that this will make her loved and respected.

Discourses and Values

What happens in the mirrored room if questions about dominant discourses such as the male sex drive discourse, the permissive discourse, and the marriage-between-equals discourse are not brought into the conversation? As Waldegrave (1990) has observed, therapy enshrines patriarchal meanings, supporting rather than challenging hierarchies of gender, race, and class. The possibility of reorganizing families is limited by the discourses that the therapist and family bring into the room. Dominant discourses that influence how men and women think and behave serve an important function: they disguise inequality. Too often, the discourses that provide alternative meanings for subordinate groups circulate only outside the mirrored room. In looking for the "unsaid," therapists still may not look beyond the dominant discourses. Thus, the therapeutic conversation, which has been described as "an open conversation," must still take place, like other day-to-day practices, within the prevailing discourses. I have suggested through case examples and illustrations that alternative meanings can be brought into the therapy room.

How do we decide which discourses we should support, which alternative meanings should be brought into therapy, which changes we are interested in? One might ask, for example, what privileges feminist understandings over bigoted misogyny, or pluralism over racist practices? Theorists vary on the question of who is to define the criteria for making ethical choices. Many traditional theorists privilege those who are disadvantaged. Thus, John Rawls, a leading theorist of social justice, regards justice as seeing things from the perspective of others. In his second principle, he proposes a method for selecting among competing interests: those individuals who are the most disadvantaged should be accorded the greatest

benefit (Okin, 1989). Similarly, a postmodern view, such as Foucault (1979, 1980) puts forth, takes an orientation opposing totalizing regimes.

Postmodern theories, such as social constructionism, have been criticized as being relativistic, as saying that one opinion is as good as another, or that it is all just a matter of semantics (Minnich, 1990). But the postmodern view of knowledge is that values infuse all knowing; postmodernism typically values diversity, plurality, and choice.

Another observation is made by some feminist philosophers who have argued that "the concern with relativism is an artifact of precisely the polarized thought that feminist epistemologists have criticized" (Bohan, 1993, p. 14). For example, Harding (1987) has pointed out that the traditional absolutist-relativist dualism, with its warning about the quagmire of relativism, is the fearful reaction of the dominant group whose position of according truth-value to certain things and not others is under attack. The notion that relativism is an evil to be avoided is itself a culturally embedded claim, shaped by political ends.

From a postmodern stance, all views are relative. The ultimate truth-value of any observation cannot be determined; what we have thought to be objective is not objective (Hare-Mustin, 1992b). This should propel us into dialogue about values and ethics, about what is good in human life and important in public philosophy. Values infuse all knowing, leading postmodernists to ask not only what is concealed by dominant discourses but also why it is concealed. What is the utility of a statement; what ends does it serve?

Because discourses are constituted by shared understandings, they involve the values and mores of everyday life and everyday practices that construct those values. As Cushman (1991) observes: "Far from being a radically relativist or amoral philosophy, social construction is rooted in the moral. But it is not a moral code that receives its authority because it is removed from, transcends, and is superior to the particulars of everyday living. The everyday is real and moral, it is just not transcendently real and moral" (p. 207). This view contrasts with the way decontextualized theories legitimize, justify, and perpetuate current arrangements of privilege and power.

Other postmodern thinkers (for example, Stigliano, 1993) see the possibility for a nonrelativistic ethics as resting on the uncertainty of human existence rather than on an essential moral order unchanged through time and space. To live in a social setting requires cooperation, a network of involvements between people, a network created by and dependent upon their promises. It is out of the interactions and conversations in such settings that ethical traditions emerge. Thus, for post-modernists, judgments about discursive practices are based not on their truth-value but on their function and ethical implications.

CONCLUSION

The postmodern moment has been called politics at its most intense (Shotter, 1991). Competing discourses and multiple views circulate in the society. However, while some discourses constitute the prevailing ways of thinking and acting, others are obscured from the mainstream view, on the fringe. Postmodern thinkers regard knowledge as partial and ambiguous, and they challenge dominant discourses by calling attention to marginalized and subjugated discourses. They see so-called correct representations as arising not from chance twists in conversation, but as shaped by the specific practices that constitute them in that time and place. The taken-for-granted cultural framework that emerges serves a set of power relations. Beliefs that come to be regarded as natural do so only because they reflect the most powerful interest groups in society.

The therapeutic conversation is also not idiosyncratic. Both the process and content in the mirrored room are limited by the discourses that are brought into the room. Thus, there is a "predetermined content" to therapy—that provided by dominant discourses. Conversation can be oppressive, not so much by what it includes as by what it excludes. Therapists who do not recognize this will fail to do more than render existing norms a little less onerous for those most disadvantaged by them. When the range of discourses in the therapy room is too limited and ignores the points of view of those subordinated by race, gender, class, age, sexual preference, ability, and the like, therapy becomes the pursuit of self-replicating images. These images provide the illusory glitter of truth in the mirrored room.

How is the therapist to escape the mirrored room where dominant discourses prevail? How can one step outside one's nonconscious ideology and question it? Of course, one is never entirely free of the ways of thought in one's time and place. Nevertheless, those who work in this area can develop self-reflexivity (Morawski, 1990). This means trying to provide a special vision that can challenge the assumptions of dominant discourses rather than merely going along with them. It also means that the therapist's own influence, the therapist's authority, must be acknowledged rather than denied. Some therapists are moving in this direction, questioning their own views and questioning why those are the questions they are asking (Madigan, 1993).

What tends to be overlooked in a conversational approach is that whenever therapists speak or refrain from speaking they are taking a stance (Real, 1990). As a critic of constructivism has observed, the influence of the therapist does not disappear by failing to acknowledge it or by renaming it something else (Minuchin, 1991). When therapists are unaware of the embeddedness of their views and how they participate in discursive practices, they are unlikely to be open to

alternatives that are being obscured. I have drawn on postmodern ideas to suggest ways of increasing therapists' awareness of the often unacknowledged but prevailing discourses concerning the relations of men and women.

What shimmers and bounces off the mirrored walls of the therapy room are reflections of dominant discourses that are as pervasive as the air we breathe. They can blind us to the marginalized discourses in the world beyond the mirrored room. A postmodern orientation reminds us that all realities are constructions, and some are more influential than others. By opening up the possibility of alternatives, a postmodern view moves beyond existing practices to their transformation.

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