

EXPLORATIONS:
Challenges, Speculations, Risks

'Yes, but ... ': When Separation Creates an Identity Vacuum

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This paper explores the ethical and therapeutic dilemmas of working with clients who come in session after session with an intense need to rehearse and re-rehearse their own view, following a separation. This is a particularly difficult client group with which to work. Individuals may be suicidal, want help, and yet are much more aware of their own words than anyone else's. Four such clients are discussed. I will speculate why three out of four are male, look at the ethics of continuing to work with them, suggest possible strategies, and raise implications for therapist training. The 'Yes, but ...' is both the clients' and mine.

INTRODUCTION

'We were a wonderful family, sure I did some things I shouldn't [tears] oh my God, if I could only go back. It was all her nosy parents' fault. I could kill them. If they hadn't influenced her we'd still be together. I know I shouldn't have hit her, [more tears] and that time when I wouldn't let her get up, and she wet the chair [sobs] that was terrible, terrible. But really, she meant the world to me, and she must have known that. [Sitting up straighter, speaking defiantly]. I don't care what she says, I know we had a good marriage. [Slumping] What's the point of going on?'

I've heard this before, and before, and before. How did I respond last time? Or the other times? Clearly whatever I did, it had no impact. I've tried interrupting, I've tried hearing him out, I've tried—I'm feeling helpless, must be paralleling how he's feeling, how can I use that? But I've tried that. What did we talk about in supervision? 'Is he trying to convince me or himself?' He wants me to agree with him, I'm sure of that. Maybe it is that affirmation of his beliefs, his reality, that is necessary for him to shift. I do accept his pain and despair. Yes, but he doesn't seem to make a distinction between my acceptance of his feelings and my

not agreeing with the content of what he is saying. If I show even a glimmer of agreement to that, won't it entrench him in this very negative stance? If he's entrenched he will continue in these destructive thoughts and interactions. Why does he keep coming?

Over the years, I have had several extremely difficult clients who have triggered such thoughts. A couple of them have continued to come to counselling regularly over a long period of time. (One of those has since been transferred to a colleague, who also feels stuck and doubtful of progress.) If I can neither see that I'm helping them nor predict that I will be able to help, is it ethical to continue counselling? Yes, but these clients, at least the most extreme ones, have been, or stay, suicidal. Is it ethical to terminate counselling when they are being clear about their desperation, and when their regular attendance implies that counselling is useful? When asked if the sessions are helping, their response has been, 'Why, are you trying to get rid of me too?' I feel keenly this ethical dilemma and to date have continued to see the clients if they want to come.

This paper is a result of trying to tease out what is going on, what is different for this (blessedly) small group of clients, in the hope that a coherent framework might suggest something different to try. It is not a neat solution, rather a grappling with the most puzzling clients I face. The paper follows the development of my thinking. The first step was to group a very few clients—three men and one woman—in my mind. For the purposes of this paper I will call them Paul, Daniel, Thomas and Shirley. Daniel was the first. I worked with him for two and a half years. Paul came next, and it was then that I first felt, 'I've been here before ... it's another

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'Daniel'. Oh help!' He is still being counselled. Shirley overlapped Paul, and Thomas, a latecomer with whom I'm currently working, confirmed for me that there are common factors which can be identified. I came to find it useful to think of a continuum, on which a larger number of clients share a number of aspects with the more extreme ones. It has been helpful to notice what in particular seems to help the not quite so extreme ones, in looking for clues to assist me with the very hardest. And looking deeply at the most difficult individuals is also helpful for working with those who are less extreme.

CLIENT PROFILE

The first, and perhaps most telling, characteristic of these clients is that they come in, session after session, with an intense need to rehearse and re-rehearse their own view. Large sections of their dialogue may be the same from one session to the next. Of course, at the beginning of counselling, it is not uncommon for clients to need to tell their story, perhaps filling up the time for a session or two. What is so unusual is to have that persist. Each of the men has sought every form of help that they can think of: family court, their GP, counsellors at health clinics, and a psychiatrist to discuss their partner's behaviour. One had already been (unsuccessfully) to mediation. The woman was the exception: she was talking to *no one else* about the situation, but said the same things to me over and over. Men are more apt to be silent about their personal lives and feelings, women more apt to talk in detail with one or more female friends (Tannen, 1990), so there is in this small group of clients a reversal of gender stereotypes. The men tell me what they have said to each of the other professionals. They tend to have little focus on what is said *to* them, unless it is something which they construe as confirmation of their own views. Paul even told me, after quoting at length what he had said to the psychiatrist, that he didn't remember anything that the psychiatrist had said in response.

The second common factor is that all four are the unwilling partners in a separation. The marriages in question had lasted between thirteen and twenty years, which puts them all into the 'long' category; all four have indeed been legally married, rather than living in de-facto relationships. Further, there are children involved in all of these situations, and they are the focus of anxiety, recriminations, acrimony and, in several instances, legal battles. For the male clients, the other partner has never actively engaged in the counselling; the partners of two of the men came for one or two sessions only. The female client's husband came regularly, and was more prepared to experiment for change than she was. The men all have persisted with the counselling for a very long time. The woman terminated after sixteen sessions over a period of five months (even that is much longer than my average). All the men have come to session from time to time, if not regularly, with notes and lists of things they want to discuss. I consist-

ently found it *very* difficult to end their sessions on time, especially in the first six months of the counselling. All have been uncontrollably tearful. Finally, the four clients so wedded to their own view of the situation have all been violent.

Gender Issues

The second phase in the development of my ideas about these clients was to consider gender issues. When Paul arrived (passed on from a colleague who went overseas), I thought he was just another man trapped in the bad parts of patriarchy. Finding that a woman, Shirley, had a very similar profile forced me to think again. Conversations with colleagues have led me to believe that my own experience of three males to one female is a representative gender distribution. Why not half and half? A simple explanation could be that currently more women than men are the major initiators of separation and divorce (Jones and Seddon, 1991), resulting in this imbalance of unwilling parties. While this may be a factor, I believe there is more to it.

Men are more apt to be rigid and inflexible in their thinking than are women. Thus, men get locked into true/false, either/or ways of viewing experience (Jones and Seddon, 1991). Many patriarchal notions have inducted men into this way of being. Ann Wilson Schaefer (1981) writes about a 'White Male System' (WMS) of attitudes, and in so doing stresses that not all men fit into this 'system', and that there certainly are some women who do. She also understands that it is not a binary thing (one does or doesn't fit with the system) but rather that there is a gradation. Schaefer delineates four 'myths' which embody this 'system':

The first ... is that *the White Male System is the only thing that exists*. Because of this, the beliefs and perceptions of other systems—especially the Female System—are seen as sick, bad, crazy, stupid, ugly, and incompetent.

The second ... is that *the White Male System is innately superior* ... Anyone who does not belong to this system is by definition innately inferior. ... According to the White Male System, innate superiority and innate inferiority are birthrights which cannot be earned or traded away ...

The third myth is that *the White Male System knows and understands everything* ... Both sexes genuinely believe that men should and do know it all.

The fourth ... *it is possible to be totally logical, rational, and objective* (Schaefer, 1981: 8-10).

It seems to me that there are individuals, these clients among them, whom Schaefer would say have lost sight of the mythical status of these positions, and experience them as truth.

So, why isn't it only men who present this way? Again I turn to Schaefer. She talks about the necessity of learning the WMS, even if one is not a white male, because it is so pervasive and governs the functioning of our culture. Many women, she says, know and work with both the WMS and the Female System. Some, however, become immersed in the White Male System, and

function as if they were males. This links with the research cited by Juanita Williams:

The standards for evaluating mental health are different for males and females in our society ... the ideal personality is essentially a masculine model, and ... women who conform to the female model are then in the curious position of being 'normal' and deviant at the same time (Williams, 1974: 339-340.)

Because of these basic contradictions, such a woman might have to cling more tightly to her construct. I believe that fits for Shirley.

'Complainants'

Steve de Shazer's classification of clients was the next source of possible insight that I considered. He places people on a continuum, with their willingness to work for change and the clarity of their problem definitions being the step determinants. Those who cannot describe a clear complaint, or problem, and have no expectation for change, he thinks of as 'visitors'. Next come the 'complainants', who have a clearly defined problem, and limited expectation for change. Finally, there are the 'customers'. These clients are the ones who are clear about the problem and who will try anything to work for change (de Shazer, 1988). Daniel, Paul, Shirley, Thomas, and others like them, clearly have a complaint: their partners will not return to them and the marriage. They are suffering and the children are suffering. They have *hope* for change but not necessarily *expectation* for change. They clearly see that the locus of control over change is not in their hands, but in the hands of the one who left.

Many clients who come for post-separation counselling go through a phase where they exhibit similar behaviour. But with them there is movement; and signs of that shift may be present from the first interview. Not so with the type of client I am discussing in this paper. These people sit, in de Shazer's terms, somewhere *between* 'visitor' and 'complainant'. Compliments are de Shazer's recommended response to the 'visitor', and observational tasks for the 'complainant'. A 'customer' is given a task usually associated with an exception to the problem. It was helpful for me to realize that in spite of a litany of 'What shall I do?' from these clients, they are not 'customers'. De Shazer's continuum was useful for what *not* to do, but not for what *to* do. Yes, they are complainants, but ones for whom observational tasks will not help. *I tried that.*

Trauma

Most people whose partners make the decision to end the relationship are shocked and dismayed, even 'in shock'. And by the end of six weeks there is most often evidence that they are beginning to move through fairly common phases of recovery. However, these four clients appeared to be stuck. I believe that they are clearly reacting as trauma victims, and for me the professional literature about trauma sheds some light not

only on their apparent 'stuckness' but also on the perseverance of their story to the exclusion of all other stories. This was my next area of exploration.

In *The Body in Pain*, Elaine Scarry (1985) talks about physical pain's destruction of one's ability to use language. She asserts that this is because physical pain, unlike other interior states, does not have an object in the external world, an object that makes it possible to talk about the interior state. I take Scarry's point that physical pain isolates, turns one inwards, and interferes with language production. '*Psychological* suffering, though often difficult for any one person to express, does have referential content, is susceptible to verbal objectification' [italics hers] (Scarry 1985: 11) and therefore there is a body of literature about suffering. We value this literature (*Lear*, *Hamlet* and Sophocles' *Philoctetes*, for example), in part because it is the exception to the rule about the difficulty of articulating suffering. How much more it might be said of the psychic pain of my four clients that 'as the content of [their] world disintegrates, so the content of [their] language disintegrates ...' (Scarry, 1985: 35). In separation, the object in the external world—the beloved partner—is no longer present. From this perspective, it is easy to understand that their emotional pain is so great that it is a tremendous struggle for them to 'author' what they *do* say. It is just too hard to alter it, expand it, or let go of it. There seems to be a strong need to hold on to the 'truth' of their own discourse by hearing it again and again. It is repeated to be sure that that which was formed in such agony and at such cost is not lost. Should it be lost, what of substance could replace it?

Attitudes toward ourselves and our world are based on assumptions. Our dominant contemporary culture posits that people believe (or should believe): in personal invulnerability, in themselves as positive and worthy, in an orderly and meaningful world which is benign, and that people are trustworthy. One of the effects of trauma is that these beliefs are shattered forever (McCann and Pearlman, 1990). In *Terrible Knowledge* by Jeffrey Jay, a holocaust survivor is quoted as saying:

It's more a view of the world, ... of extreme pessimism ... And all the truth is harsh and impossible to really accept, and yet you have to go on ... So it's a complete lack of faith in human beings... *you bear one thing and you believe something else* [emphasis mine] (Jay, 1991: 20).

Add this experience to the difficulty with language, and no wonder traumatised clients cling to their own story, and do not 'hear' questions or statements or any other discourse. One wonders if verbal therapy is the appropriate medium for them.

Loss of Self

What is it that has turned the shocking, tragic, lonely experience of separation into paralysing trauma for this small percentage? Popular psychology has much to say about the importance of 'self esteem', and the person in the street might well say that in the separation, the

unwilling partner's self esteem has been damaged. Yes, but that is too much on the surface to account for the extreme response of these clients. Murray Bowen talked about a 'solid self'—a freer, more adult sense of who we are and what we want—in his theory of differentiation. It is part of a firmly grounded sense of personal identity, and not 'self-image' or 'self-esteem' (Schnarch, 1993). While I am a systems therapist, and I acknowledge and work with the primacy of relations and their role in delineating being, I also am influenced by a belief in what Edward Sampson (1989: 1) calls 'a self-contained individualism': a person has an awareness of self, separate from all others. This seems true for most of the people I encounter. However, Sampson goes on state that:

We do not begin with two independent entities, individual and society, that are otherwise formed and defined apart from one another and that interact as though each were external to the other. Rather, society constitutes and inhabits the very core of whatever passes for personhood: each is interpenetrated by its other (Sampson, 1989: 4).

He then proceeds to discuss how personhood has been experienced differently during different stages of history. We would currently be influenced by 'Advanced Capitalism', and within that context there is 'a reasonableness to the concept that self-contained individual actors [can] function autonomously' (Sampson, 1989: 4).

It has not always been so:

Within the primitive social form, kinship played a dominant role in defining the nature and scope of personhood. People were not meaningfully defined apart from their family units (Sampson, 1989: 4).

I have come to believe that these clients, in spite of living in an advanced capitalist society, have defined themselves, their solid self, their sense of personhood, exclusively in terms of their family unit: their adult family unit, not their family of origin. I see this as quite different from 'belongingness need' as discussed by Maslow (1954). Extended family validation is sought by the men, however, including in one instance the family of the separated partner.

Paul was born in the UK. His parents both died there before his separation. One brother is also dead and the remaining member of his family of origin, a brother, is in the Middle East. He has made the least progress of any of these four clients, in slightly over eighteen months of working with three different counsellors at our agency. He doesn't have an original family to fall back on, or to have input from. Even his thinking about what his parents *might* say is in the past. He can't imagine them in the here and now, aware of his current situation.

Each of these people has pursued interaction with his or her estranged partner, even though it rapidly turns into negative interaction: better than none. If such interaction is the only way to know and validate their self, their reality, their world, it begins to make sense. It is a double bind. Negative interaction leads to

disintegration, but so does no interaction. 'I know I shouldn't, but I just can't help myself.' The negative feelings and views of self are compounded, and the behaviour frequently elicits a further strong statement from the partner that the marriage was not good for them, and they *do not* want to get back together, thus threatening the foundations all over again. While there has been violence in all of the relationships, it is only the woman who has been violent during the encounters since separation. One wonders, however, if it is this kind of threat to his fundamental sense of self which induces men to break DVOs and to persist in interaction, even if it is so very negative.

This negative cycle entrenches the sufferer in fixation on the past, which they see as good, fulfilling, and meaningful, even if flawed. Raphael Samuel has said: 'In place of a better future, we use as our critical vantage-point a more immediately accessible past, and it is to make believe identities in the past rather than the future that we look to find a home for our ideal selves' (in Atwood, 1992: 308). Recently my colleague asked Paul, 'If you give up hope for the relationship and the family being reconciled, how will you know yourself?' Paul's response was, 'There would be nothing there.'

Hope or False Hope

Postmodernism has also supplied a facet of the framework I'm building about these unique 'complainants'. 'A constructionist approach,' as it is so succinctly put by Sally Foreman and Rudi Dallos, 'implies that the beliefs that people hold serve to guide their actions towards each other and these actions in turn serve to validate their beliefs' (Foreman and Dallos, 1992: 350). Because the response they get from the other does not fit with their reality, it must be discounted. These clients all experienced their marriages as healthy and central to their lives. They persist, in spite of the evidence of their partner's withdrawal, on insisting that the marriage was good and believe that if it weren't for outside influences, the spouse would acknowledge that truth. Family influence, mental illness, or inherited personal traits are etched into these clients' belief systems as reasons for their partners' difference of opinion from their own. It seemed to follow, then, that it would only take freeing from parental domination, a cure, or suitable effort of will for the errant spouse to change his/her mind and return to the matrimonial fold.

Hope in this imminent occurrence is strong and very persistent. Refusal to let go of this hope in spite of evidence that it is false is another common feature. And hope is so central to therapy. Jeffrey Jay in his article 'Terrible Knowledge' puts it this way:

Hope. It is the lifeblood of therapy ... the client's hope rests upon trust—in the goodness of human beings and in the possibility for mutual connection ... But what if the hope that is so central to therapy denies the client's fundamental experience of reality ... ? (Jay 1991: 20).

I believe that these clients come to counselling in large part to have confirmation that the hope to which

they clutch so desperately is justified, that their partner's separation from them is only a temporary aberration. Their hope in this *is* in keeping with their view of reality. Yes, but in all conscience, how can I confirm and feed that hope in the light of two years' separation, or court action for custody, or assertions from the other party that they have no intention of returning to the marriage? My inclination is to try to suggest that 'however tattered and ragged, ... life can be worthwhile, that joy, peace, freedom, love are still part of the natural order of things' (Jay, 1991: 20) and that this can be independent of the old relationship. This hope of mine for the client *does* deny the client's fundamental experience of reality. Around this hope, it is easy to get into an oppositional stance, and to fall into the trap of disputation with the client (Herr and Weakland, 1979).

It is as if these clients say, 'All right, for a brief moment I will acknowledge (never accept, mind) that the marriage is over. But, until this disaster struck, and my partner ceased to be her/his true self, we may have had normal ups and downs, but it was basically good for both of us.' This is their fall-back position. How can I even agree that both experienced a 'good' marriage when the evidence of the separation speaks so loudly? I can and do talk about dominant stories, and alternate stories (White and Epston, 1989), trying to make room for a both/and view rather than an either/or stance. Even this seems to threaten the fundamental reality of the client.

SUMMARY OF THE FRAMEWORK

So, there is an emerging framework. These clients have a clearly defined problem, and yet they see steps toward change as out of their control. They see the solution in terms of changing the external world, rather than their internal constructs. They are immersed in rigid, true/false thinking. Their separation from their partner, and the concomitant dissolution of the family unit, constitutes a major trauma for them. As a result, their facility with language is diminished—they become like stuck records. The assumptions they had about themselves as worthy, and the world as safe and meaningful, are shattered. They *know* that their pessimistic view is the 'truth' and are closed to the more positive nonsense of others; including, if not most especially, of professionals. Yet they constantly seek confirmation. Their fundamental experience of themselves, the 'solid self', came through their marriage and their family of procreation. Without that, they have no knowledge of who they are. They clutch at the hope that the family will reunite, or fight for custody so that at least they have a fragment of it. Finally, failing all else, they insist that their partners also experienced the marriage as good, until just before the catastrophe, because if they are wrong about that, what of themselves can they trust again?

SUGGESTIONS FOR COUNSELLING

What are the implications for counselling? To fully develop these notions is the stuff of another paper: what follows is perforce a sketchy outline. Counsellor frustration cannot be ignored. One of Alistair MacLean's heroes puts it very well: 'But my awareness was not of effort or exhaustion but almost wholly of frustration: the urgency so desperate, the progress so infuriatingly slow' (MacLean, 1961: 129). There is something about these folk that calls forth a lot of effort on my part (this paper is witness to that!) and there certainly are times when I feel exhausted. My frustration, however, is often palpable. Recurring discussion in supervision, focusing on counsellor frustration as a part of the system, is vital.

I wonder what would have been different with each of these clients if early in the piece I had matched their litany of events with an almost antiphonal response of something feeling and simple, like, 'I'm so sorry this has happened to you'? Perhaps with this, the client might have experienced acceptance and validation, and then been able to move on (Rogers, 1961).

I now have a clearer appreciation of how threatened the core of each of these individuals is without his/her family. With that in mind, would it be useful to look for times in which they *were* aware of themselves as individuals? For this to work, I believe that one would have to bring this hypothesis into the open, seek confirmation of it, and then move into questions which expand the notion of autonomy of the self: 'Let me see if I have this straight: you are telling me that without the family, you have no sense of self? I understand that. I'm curious, however if this has always been so? When in the past have you been aware of yourself as a strong individual? How is it that you have lost touch with your own strengths as an individual?'

These clients' long commitment to counselling is evidence of persistence. It would seem that each one is trying very hard not to give up—certainly not to give up on the hope of reunion. Perhaps this would more accurately be *not to give up on themselves*, even in the face of suicide attempts. What would collapse mean to them? Could they allow themselves not to function? To go to bed and suck their thumbs? At times I have been exasperated in that there seems to be a resistance (dare I use that term?) to moving out of the pain. If they could allow themselves to regress, would they have to face greater pain? Is it the facing of that pain which is needed for them to grow forward again as twentieth-century persons with a sense of themselves as individuals? Where does such an approach fit in my brief as a marriage counsellor? How would I be viewed ethically within the profession if I were to aid and abet collapse? Would others rush the client off to psychiatrists and medication which would mitigate the pain, but perhaps block the deconstruction and reconstruction of the 'solid self'?

CONCLUSION

As I have evolved the ideas in this paper, it has become clear to me that one set of ideas has not been sufficient to understand these clients. I have turned to several quite different frameworks: de Shazer's; gender perspectives; and trauma theory. I am just beginning to explore the frame of Object Relations Theory, and it seems to me that it may well shed additional light on understanding these very difficult clients. It is the aggregate which has been helpful.

I have come to feel that there are implications for the training of family therapists. Increasingly, I believe, there are therapists who are very effective with specific models which fit a particular range of client. Yes, but is it enough? There is no such thing as 'one size fits all' in therapy. To know the limitations of one model, one has to be somewhat aware of the scope of others. Are we as a profession also struggling with either/or thinking? 'I am a Brief Systemic Therapist', 'I am a Milan Therapist', 'I am an Jungian', 'I am ...' Yes, I believe in the need to be grounded in a coherent framework, but is one adequate? Instead of arguing the merits of one model versus another, we need from training onwards to encourage more both/and thinking in our paradigms. I am not suggesting that each of us should become proficient in an unending range of models, rather that there be respect for and acquaintance with a very broad range. Cooperation, rather than competition could give therapists and clients alike a firmer foundation and broader scope. Within the field, we need to parallel more what we are asking of our clients.

That's all very well, but these clients, sitting in the waiting room *now* are in need of help. While being mindful of ethical issues, it is important to find a balance between persisting with such clients, and calling a halt; between recognizing our limitations, and exploring new territory within our skills. Balance, too, must be achieved between humanistic, client-in-charge therapy and a framework which is more challenging to the client. To achieve this we must have endurance, faith in the process, a good supervision system, and knowledge of our limits. Frank Pittman (1992: 88) sums it up: '... if therapy is to empower people to make moral choices, rather than creating monsters of self-pity, it must go beyond self-awareness ...'

CLIENT EPILOGUE

After several years, Shirley has dropped out of sight, and I know nothing of her circumstances. About the men,

however, there is information. Each of them has now achieved custody of one or all of their children. They have picked up and moved on with their lives. For me, this is confirmation that their identities are integrally connected with their current nuclear family. The counselling may well have only provided a support net so that the client could hang on to life until the context of their living had changed.

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