

The Impact of Chinese Cultures on a Marital Relationship

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ABSTRACT

To illustrate the impact of culture on intimate relationships, we will describe couple therapy with a Chinese couple. This treatment was one element in our teaching for students, clinicians, and trainers in China, where we taught workshops in Object Relations Couple and Family Therapy and a continuous course in Psychoanalytic Couple Therapy at the invitation of Professor Shi Qijia at the Wuhan Hospital for Psychotherapy and Dr Fang Xin of Peking University in Beijing, respectively. Our hosts arranged for serial translation of our concepts, slides, videos, and group discussions – and of therapeutic consultations with various couples, to be observed live or on video feed to an audience of 70 mental health students, clinicians, and trainers. We taught our Chinese participants the Western view of relationships and unconscious dynamics. They taught us to understand couples' verbal expressions, imagery, and culture. The couple we will present attended for a series of five couple therapy sessions. With Gao Jun, our translator, seated between us, and the couple across from us, we made a semicircle facing the audience and used microphones so that we could be heard. It was unfamiliar, somewhat uncomfortable for all of us, and the necessity for serial translation slowed down the treatment, but it provided some insight for the couple, a learning experience for the audience, and a powerful lesson about intimate relationships in China for us. Copyright © 2011 John Wiley & Sons, Ltd.

Key words: unconscious marital dynamics, Chinese couples, marital assessment, social unconscious, cultural differences, countertransference

SESSION 1

Married for five years, the couple now lives in a city in Hubei Province from which they commuted to sessions. We will call them Dr A and Mrs B. Our first piece of learning was that married people do not have the same name because, in Chinese culture, the wife keeps her family name. Dr A is a hard-working 50 year-old professor of slight build, his hair still black, his clothes casual. Mrs B is 36 years old, a full-time mother. She used to have a shop which Dr A asked her to give up when she married, but she refused. Once her daughter was born she herself chose to stay home to look after their child.

Mrs B began, "We can't communicate. We see things from different angles. My husband disregards my opinion, and he feels criticized by any disagreement. For instance, he purchased a cup for 1000 yuen that I would not have thought worth 100 yuen. He doesn't care what I think, and he thinks I don't know anything. But I know what a cup is worth."

Dr A dismissed her complaint. He said, "Anyway, the issue about the cup really is not a big problem. The problem is her temper."

In the opening minutes, the husband and wife already reveal their difficulty in feeling valued and respected, and their difficulty in connecting. We notice that Dr A looks younger than his years but seems stern and anxious like the father of a rowdy adolescent. With long dark hair and warm skin tones, wearing a pretty long peasant dress, Mrs B looks as luscious as a peach, but with her dark glasses and angry tone she seems like an aggrieved television star. They do not seem a likely couple. Disconcertingly, both of them smile a lot while telling of their rage at each other and their disappointment in their marriage.

Dr A continued: "She gets quickly out of control with me, her mother, her sister, and our daughter, bossing them around, demanding that they serve her."

"No," she objected. "YOU treat ME like a nanny. You are always commanding me, and if I disagree with you, you react coldly or give me the silent treatment. The only way to deal with you is to ignore you and go numb."

David asked if there were any good feelings between them.

Mrs B said, "I feel it occasionally."

Dr A said, "I don't want a divorce because all wives are pretty much the same: Blaming, critical, and dissatisfied."

Mrs B said, "I could find a different husband, but I would be happier on my own, as I used to be."

David said, "I feel confused to see you smiling, even though you're speaking of anger, distrust and not getting your ideas across to each other."

Mrs B said, "This is because we grew up differently: In my family, there are lots of children. I was the youngest, and everyone took care of me. In his family, it is basically him and his mother who dotes on him. But he never sees her! In my family people express their opinions directly. In his family people don't speak up. So now, any comment from me and he feels blamed. He wants constant praise, as if I'm an adoring nanny for whom he can do no wrong."

We felt trapped with them in the repetitious cycle in which the couple stated mutual grievances and did not want to move out of the painful present.

Having heard the word nanny again, Jill asked, "Who took care of you as children and how did you feel about them?"

Mrs B said, "That isn't relevant because there is no concept of a nanny in my family. But he had a nanny for three years."

It turned out that Mrs B was talking of a nanny in adulthood, a woman who took care of Dr A before his marriage and helped him entertain his students and visiting professors.

"After we got married," Mrs B said, "The nanny refused to work for me as the woman of the house, and only served him. She referred to him and her as 'our family,' and I was left out. I think he was in love with the nanny."

Dr A said angrily, "This is all nonsense. She is just a nanny."

Mrs B said, "He treated the nanny more like a wife. When I said that I wanted rid of the nanny, he actually fell on the floor sobbing."

Dr A said to David, "I was mad at her for mistreating the nanny and demanding that I sack her."

Mrs B said, "I was stunned by this sobbing, and I wondered, 'Why do I have to endure this?' I don't need to be married. I used to have a shop. I was happy on my own. So I said it was her or me, but he refused to let her go. He loves the nanny more than me."

Dr A said, "I did let her go."

To Mrs B, Dr A's sobbing was evidence of a deep attachment, a greater love for his nanny than for his wife. To him, it was grief over the jealous irrationality of his wife and the loss of the kind of marriage he had hoped for. Either way it made him out to be the bad guy.

Jill suggested, "Perhaps you were angry that this woman met your husband's needs and not yours, loving him and not you."

Angrily, Mrs B said to Jill, "You have it wrong. I don't need anyone to meet my husband's needs. I can take care of him myself."

Jill replied, "I see you're angry at me when I get it wrong."

"No I'm not," said Mrs B sharply. "I am angry about the way he treated the nanny like a wife and treated the wife like a nanny."

Jill said, "I think I understand. Of course, as the wife you want to be Number One."

In this first session of five, we are just getting to know the couple. We are working at the surface of their power struggle. Our first impression is that Mrs B seems too young and beautiful to be with Dr A, and he seems too old and educated to be with her. He speaks logically, which she reacts against. She speaks in bursts of affect for which he has contempt. She rejects his dependency on the nanny, and he squashes her independence by having asked her to give up working at the shop. Our hypothesis is that she projects her dependency into him (for which he has a valency) and he projects his independence into her (like his mother). Each then attacks the other for hosting those hated parts of themselves. Each of them was a special child, and each wants to be Number One. We experience their angry reactions to not feeling loved and valued, and we sense the deadness at the center of their marriage.

SESSION 2

David asked about any reaction to the previous sessions or thoughts or feelings since then. They replied that they had no chance to be together. Dr A said he had had too much to do, and Mrs B just felt numb.

Mrs B said, "I probably feel nothing so as to avoid being irritated. I avoid quarreling because of our child. I try to ignore my husband, and just think about our daughter."

Interested in learning what the child might represent in their emotional life and in their marriage, Jill asked Mrs B to tell us about their daughter.

Mrs B replied briefly but warmly, "Our child is 4 years old. She is healthy physically and mentally, and she is lovely. He wanted me to have a nanny but I didn't want a nanny. I want to devote all my time to the care of the child and the house."

David asked how things were for them as children.

Dr A launched into a description of his life. "My mother was a respected career woman, a woman with a brain!" (Jill felt that he was insulting his wife by comparison.) He continued, "She could balance a family and a career. She's an art director, still working." Jill asked how Dr A's mother balanced family and a career when he was a baby. Dr A responded, "When I was three-years-old, I was sent to kindergarten. When I was six, my mother was sent to a re-education camp in the countryside and often couldn't make it home to see me. So I was fostered by other families. Sometimes I got to visit her in the camp. When I was 13 she sent for me to join her in Wuhan, to live with her and her husband, who I thought was my father. When I turned 20, my mother told me that he was not my father, only because my actual father had been rushed to Wuhan for hospitalization, and she wanted me to go to the hospital to meet him before it was too late. That's how I found out. I didn't know him. I didn't have time to think about the truth or what it meant. I am just grateful for my stepfather because he treated me well and educated me. I've been very lucky."

Dr A erased all conflict, curiosity, and loss in a stroke of luck, the same way he had obliterated any problem about being separated from his mother at the age of six for seven years. His childhood was impinged upon by the Cultural Revolution when intellectuals were persecuted and sent to work in the country.

Jill asked Mrs B to tell us more about her family's experience.

Mrs B said, "I am 14 years younger than he is, and I was raised in a family of four children with both our parents in the countryside. My parents loved each other. My mother was hot-headed and fought with my father constantly, which I hated, but he always gave in. That ended the quarrel. He let her get her own way. I was the youngest, my father's favorite. I was spoiled by not having to do any housework. My older sister was more competent than me. So she had to do everything, and this made her jealous of me doing nothing. When our parents were away, my sister made me do the housework, and beat me if I could not do it. When my parents came home I told them she had been doing this to me. So they beat my sister. This made her resent me. Being the youngest, I was too small or too slow to do the work. Even now my sister gets anxious watching me doing housework, and takes over. When I was to be married, my father said that now I was an adult I must learn to do housework. I said to myself that I must do what I ought to do, endure what I must endure,

and I have done that. I clean, I wash the clothes, and I prepare the food for my husband to cook. Because the nanny was sacked, I do everything, except cook."

Jill said, "Now I understand what Mrs B meant when she said that you came from very different backgrounds: Dr A was raised as an only child, without his mother in the early years, depending on others: Mrs B was raised in a family of two parents and three older siblings who took care of her. This raises the question of what kind of family you as a couple want to create. Do you want your daughter an only child (like Dr A) to be raised by an at-home mother (like Mrs B) and warring parents (like Mrs B's) or divorced parents (like Dr A's)? Jill added that one thing was still bothering her: "Dr A's statement that his mother was a woman with a brain, makes me wonder if he thinks that women don't usually have a brain. Do you think that Mrs B has a brain?"

Dr A gave a circuitous response. "I have happy memories of the Cultural Revolution. There was no loss for me. It was a wonderful time – children all playing and doing whatever they liked, no parents around to boss them. My childhood was a wonderland of playing and reading. I had books. I didn't have to go to school, so I read the classics. I learned English from reading Shakespeare. No-one mistreated me. It was a time of sunshine. The unhappiness is now. I never thought about whether a woman had a brain or not. I like women; I respect them; I think they are beautiful. But after I got married, I realized women really are disappointing, like people always said. Many of my women students are fine, better than the men, but after they get married women become unreasonable. In the old days it was thought that men had more wisdom but ..." David interrupted as he had noticed that Mrs B was laughing.

Mrs B said, "My husband is not answering the question to save face for me. But in fact he calls me simple-minded and hot-headed."

Laughing, Dr A said, "I do! She is."

Dr A glorifies the peer environment of his deprived childhood and tries to save face, while she gives an unabashed acknowledgement of herself as a spoiled favorite entitled to special treatment. Yet, Dr A holds his ground and keeps the conflict going, unlike Mrs B's father who gave her mother her own way to end the fight. Dr A has developed a defensive independence in reaction to the separation trauma due to the Cultural Revolution when his family was targeted because his mother was an intellectual and an artist. His younger wife was born after it ended, and her rural family was not in danger.

SESSION 3

Dr A arrived in an American college shirt, and Mrs B in her dark glasses, which she explained she wore for protection. When Jill tried to explore what she needed protection from, she snapped back, "From the sun. It has no other meaning." Jill felt shut down, as before.

Dr A said, "It was good to talk last time. There used to be groups for talking like the political meetings or the women's union where they would make you talk." He continued sadly, "Now no-one has a place to talk any more."

Mrs B said dismissively, "I never experienced those times."

David said, "Perhaps the large group feels like a large political association meeting making you talk."

Dr A laughed in recognition, and then observed thoughtfully, "You do raise a lot of questions."

Jill said to Dr A, "Indeed it might be hard to talk with strangers like us before a group this size, but I've noticed that you are a man who makes the most of any bad situation." Dr A nodded. Jill continued, "With no mother at hand, you found a foster family. With no wife, you found a nanny." Dr A interrupted, "Actually I didn't have a foster family. I lived at school in a crowd of kids in a wonderland of play and fun. There was no homework, and no standard education."

Jill asked him, "Then how did you catch up and earn a PhD?"

Dr A replied, "Everyone was at the same place and all started studying when exams opened up. Having been in the Red Guard, I could have been a good politician, farmer, or student. I learned English from my mother, became a good student, got good marks, and went on from there."

Jill asked Mrs B to imagine Dr A's childhood, so different from what Mrs B experienced in rural China half a generation later.

Mrs B said curtly, "I know the story." More compassionately, she added, "Of course it must have been difficult for him then, but he is a successful teacher and a good communicator, at least with other people, and so he looks normal. I know that the children of many parents who were sent to the camps ended up in jail. But he is too disciplined a person to end up like that." She cut off any further discussion saying, "To me it was simply a fact, and nothing I ever thought about. It's just what he experienced."

David said to them, "I feel that when Jill or I offer a comment, we are sometimes rebuffed. I believe that you shut us down to protect yourselves from hurt that you fear we might cause you, and that you might cause each other. You shut off communication to protect yourselves from rage and sadness, but it only causes more rage and sadness. You turn off your feelings, try to make the best of it, and try to sound grateful, to his mother and the nanny who meant so much to him."

Dr A brushed off David's empathy saying, "I am fine without them."

David then turned to Mrs B saying, "Your family was together in a loving, stable situation. Even if your parents yelled, you expected it."

Mrs B said, "But I didn't like the yelling, and they yelled a lot."

Jill said it was sad for Mrs B, who didn't like the yelling, that she had found herself yelling like her mother.

Mrs B said, "I don't want a marriage like that. I don't want quarrels. That's why I would rather be divorced."

David said to Mrs B, "You were a special child, treated as the favorite who didn't have to work. It was extremely painful to feel that your husband had a

special place for the nanny. As a wife, you found yourself in a jealous position more like your sister's than in your own usual position as favorite."

Mrs B corrected him, "The situation is not comparable because we were sisters in a family whereas in marriage I am the wife. I don't feel anything like my sister." And they were back on the cycle of the nanny trauma and loss. When Jill asked about any previous relationships that might illuminate the significance of the nanny, we learned that Mrs B had been with a man who had an affair, and Dr A had been in an unconsummated first marriage.

Dr A said, "We wanted to have sex but we couldn't do it. Since then I had a series of relationships that were eventually disappointing." Rather grandly he said, "Like the novelist said, 'Women are beautiful goddesses. They are sacred.' I adore them. That's what I was always searching for. Then I got her!"

Mrs B was laughing uncontrollably. It wasn't clear if she was laughing at him, or laughing in pleasure at his experiences. So Jill enquired.

Mrs B said, "I am laughing because it is so lovely to hear him talk like that!" Mrs B's laughing became quite hysterical, more like crying.

Jill said to her, "You are smiling but crying through your smiles, because it is hard for you to hear his love."

"It never occurred to me that someone of his age could sound so romantic, too romantic for a man of his age."

Intimacy and passion are less important in Asian than in Western marriage (Chen & Li 2007). Mrs B seemed taken aback to find romance in an older man she had married for his stability and fidelity. Like most Chinese individuals, Dr A and Mrs B grew up valuing social harmony (Greenfield, Keller, Fuligni, & Maynard 2003). On the contrary, Dr A stays remote from his family and Mrs B prefers being on her own. Yet, they are both deeply distressed by the lack of harmony in their home.

SESSION 4

The couple arrived for the fourth and penultimate session of the week, Mrs B without her dark glasses, and both looking more relaxed. They said that things had been going better since the sessions began, and Mrs B was yelling less. Suddenly, Dr A contradicted himself and said that he hadn't seen any difference, because he still lives in fear of her devil side coming out.

Jill and David felt puzzled, thrown off by this reversal. Jill felt shut down again, and had to deal with feeling hopeless.

Mrs B said, "This devil stuff is nonsense. My behavior is quite normal. You are the one who is peculiar."

Dr A said, "Say whatever you want about me. It's okay we're different." To us, he said. "She thinks we don't fit, but I think we're a match."

Jill asked how they matched at the time of their marriage.

Mrs B explained, "We were introduced by a matchmaker. We lived in different areas and spent hardly any time together. We were different, a business-woman and a scholar, but both of us were older and looking to marry. I chose him because he was reliable, not a man who would have affairs. I was not swept off my feet. It was a practical choice."

For Dr A, the choice had a different basis. "She was straight forward, easy to read, good-looking," he said. "She helped me through a nasty surgery, even though it was dirty work. That's when I realized that this is a woman I could live with."

David summarized that for Mrs B it was a practical choice of a man who would be faithful and for Dr A it was a choice of a woman who would look after him even if it was difficult. Jill reminded them that yesterday Mrs B had said that once married, she had found to her surprise that he was too romantic for his years, and perhaps she was also surprised by his sexual desire. Mrs B looked puzzled, as if the translation hadn't made sense. Dr A looked blank.

Jill continued, "Yesterday, you found Dr A capable of more than you expect from a man of his age in terms of romance – and perhaps of sexual desire."

Mrs B looked uncomfortable.

Dr A said, "After a few months of marriage, sex stopped going well. I work hard and I feel tired. There were so many quarrels the first year, I felt stunned and angry and did not have much desire. I was worried, and got advice that I needed to have a child to save my marriage."

Mrs B agreed, "Without the child we would be divorced."

Dr A said, "I love children. I was thrilled to have a child. I even gave up a special business travel opportunity so that I could be present at the birth."

Mrs B said again, "Our daughter eases our relationship. We agree never to quarrel in front of her because that would upset her, like it upset me when my parents quarreled. I don't want her to feel awful as I did."

David acknowledged that Mrs B's parents' anger had been deeply upsetting, and that she and Dr A did not want to visit their anger as a couple on their daughter, who was the light of their life. They worked well as parents but sadly not as husband and wife. Mrs B said that the child loves her father and mother equally. David responded, "Your daughter loves the two of you, and she wants the two of you to be together. She gets the best of you as parents, and you as a couple get what's left over once she's asleep."

Dr A said, "When she's in bed by 10 pm, that's when we talk. But it's always about divorce, and I have to go to work in the morning."

David said, "During the day with your daughter, sunshine reigns, and during the night things get frightening. Talking of night, makes me wonder about your dreams."

Dr A said, "I have not remembered any dreams since I got married. I used to feel weak and had lots of dreams, but since marriage I feel strong, and I have no more sweating, dizziness, or dreams."

Mrs B said, "I used to dream a lot but I don't remember dreams now. There's a dream I always used to have – of being in a river with big and little fish. All the fish were colorful and fat. I could only catch a little fish."

David asked if anything occurred to her about the dream.

Mrs B said, "I don't have any ideas about the dream, except that I always wondered why I always caught little fish. My friends said that the dream might mean I would win something in the lottery, a fat fish being a bigger win than a thin fish, but a big fish it would be too much to eat. A small fish is enough for me."

David asked, "When you 'caught' your husband, did you think of your catch as a big fish or a small fish?"

Mrs B said, "It never occurred to me."

Dr A said, "In my view a dream is not related to real life. It is child's play."

Again we felt rebuffed, our exploration shut down.

The couple is capable of dream and metaphor, but they shut down that capacity to avoid knowledge and pain, and they return to the concrete, closing us out of shared understanding. We notice that they are inhibited in dealing with sexuality, and that their marriage is based tenuously on gratitude and respect. Dr A appreciates her devotion to him during his illness. Mrs B values his treatment of her parents and his academic achievement. They are grateful for each other's devotion to their child, and as adult children Mrs B encourages Dr A to be more connected to his family and he is good to her family. They both respect the ideal of being a family with a child, but they do not respect each other. Mrs B admires her husband as a professor but not as a husband or a son, and he does not respect her as a businesswoman or wife.

SESSION 5

The fifth session opened with expressions of gratitude for the space to think about the implications of their lives as children without getting angry.

Dr A said, "For instance, I heard that I am too romantic, and you made space for me to listen and wonder what I did that was wrong."

Mrs B said, "He is an old man, and according to Chinese tradition he should have an old heart, but he has a young heart."

Jill said, "Dr A has a romantic view of a woman, but does he show his wife that he cherishes her every day?"

Mrs B said, "He's cold, he doesn't cherish the relationship, or his own mother. According to Chinese tradition, the relatives are supposed to be close, but he keeps distance."

Jill said that, as a young boy, Dr A was very close to his mother, and she was taken away from him. He had to do the best he could without her by teaching himself that it is safer to love at a distance. That was unlike the childhood

experience of Mrs B who had her parents every day, but they were quarreling, which is how they stayed close, and it is why Mrs B quarrels with Dr A.

Wiping away a tear as he heard this, Dr A said, "You are right, but I can't accept her way of loving me... always being harsh to me, always criticizing and suppressing me. According to Chinese tradition you shouldn't treat a person that way, if you don't want to be treated that way yourself. Speaking harshly is her family way, not mine."

Mrs B said, "Yes, our family is like that... loud, joking. He can't accept a joke. If I say something, he thinks I'm criticizing him."

Dr A said, "My wife and I have different backgrounds, educational levels, and sensibilities. My mother's way is that we should not be entangled. The Chinese are too entangled."

Dr A has been taught that the relatives should deal in reason not feelings, but Mrs B deals mainly in feelings and is annoyed by his being so rational, which to her seems cold, not considerate. Each of them respects his or her own family way of behaving, but they are in conflict about which model to follow. Each values having a family, but as a couple they are too focused on their child. Their intimate connection is through quarreling, not affection and sexuality. Dr A and Mrs B have an arranged marriage based on the ideal of *engqing*, not romance. *Engqing* refers to respect, appreciation, gratitude, and admiration for the fulfillment of spousal and filial duty (Chen & Li, 2007; Li & Chen, 2002). In Asian culture, *engqing* has been shown to secure marital satisfaction more reliably than intimacy based on attraction and romantic love (Ng, Peluso, & Smith, 2010). Divorce is becoming more common in China but it still creates a lot of shame.

As we moved to end the session, the Dr A said passionately and tearfully to Mrs B, "I do not betray you: I stay with you. My commitment is a true expression of feeling." We felt moved by his access to feelings, and sad that they would not be able to continue their therapy when we left China next day.

These sessions reveal what Dr A and Mrs B want in their marriage – Mrs B wants access to Dr A's feelings and vulnerability: Dr A wants his rationality to prevail over her emotionality. She becomes angry or numb to avoid painful communication. They tell us how they project their goodness into their daughter, the only place where they can love and feel loved. They learn to explore the impact of recent Chinese history and culture on each of their expectations and behaviors: He was born during the Cultural Revolution and had no school to go to and no mother, whereas her generation did not experience that deprivation and separation. Dr A is the only child in an intellectual family: Mrs B is one of four siblings in an agricultural family. Together, they have one child, because they live in a city and must follow the official one-child policy. Mrs B responds to dream work, but Dr A brushes it aside. Nevertheless he finds access to the expression of deeper feelings.

Having said Good-bye, we shook hands, except that Dr A walked past Jill, not even looking at her. She felt that Dr A was giving her the cold shoulder for leaving him. She felt it as pain in her heart.

It was at the moment of parting the trauma of Dr A's early abandonment by his mother was delivered fully into the countertransference. We then understood more fully how his pain must reach his wife who, because of her own insecurities, refuses to contain the pain, and gets rid of it by quarreling instead. It is sad that trauma becomes fully communicated, when there is no more time for metabolizing it. We cannot accomplish the level of change that Dr A and Mrs B need and will have to continue their conversation alone or with a local therapist.

CLOSING REMARKS

Dr A and Mrs B come from different areas of society and vastly different eras. Coming from the countryside, Mrs B's family suffered no loss or cultural trauma. Coming from academia, Dr A's mother was sent to the countryside for re-education in peasant values, and was separated from him for years. Dr A and his family suffered huge loss and trauma, which he prefers to deny. Instead, Dr A identifies with the ideals of the "Days of Sunshine" culture of his childhood, rational communication, and acceptance of separateness, whereas Mrs B identifies with the ideal of plain-speaking, emotional communication, and family solidarity. Dr A identifies with the value of academia despite its official suppression in his childhood, and Mrs B identifies with business not with agriculture. By the 1980s, when Dr A was in college, society, still devalued business, but valued knowledge: Intellectuals relegated to manual work during the Cultural Revolution were respected once more. By the 2000s, as China zoomed ahead in commerce, business was valued but not wholly respected.

The culture in which the spouses were raised is represented internally in the social unconscious (Foulkes, 1964; Hopper, 1996, 2003). The social unconscious is a constellation of social, cultural, and communicational arrangements of which people remain unaware, because they do not want to know about the social force-field in which they live, may not admit to what they know, or may not accept its impact in order to avoid feeling helpless in the face of influences too sweeping to control. The couple cannot clearly see the effect on them of the social unconscious. They simply feel angry, misunderstood, and afraid. With the social unconscious functioning to keep social forces out of awareness, some people may blindly accept their circumstances as normal, some develop symptoms of mental or physical stress they cannot explain, and some experience relationship difficulties. Dr A and Mrs B enjoy good physical health, but experience the effect of the social unconscious in terms of relationship difficulty. Even though Dr A and Mrs B have now been made aware of some of the social, economic, cultural, and political constraints in their foundation matrix, they may not feel empowered to release themselves without ongoing therapy. This couple's narrative and relating to us show how social change and personal dynamic factors interact as present and past collide in a marriage relationship.

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