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Learning at the Margin: New Models of Strength

Judith V. Jordan, Ph.D.

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Publications Office - Wellesley Centers for Women
Wellesley College, 106 Central Street, Wellesley, MA 02481
Phone: 781-283-2510   Fax: 781-283-2504

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Learning at the Margin: New Models of Strength

Judith V. Jordan, Ph.D.

About the Author

Judith V. Jordan, Ph.D., is Co-Director and a Founding Scholar of the Jean Baker Miller Institute at the Stone Center, which is part of the Wellesley Centers for Women at Wellesley College. She is also an Assistant Professor of Psychiatry at Harvard Medical. Dr. Jordan is co-author of Women's Growth in Connection, editor of Women's Growth in Diversity, and author of numerous chapters and working papers exploring the practice and applications of Relational-Cultural Theory.

Abstract

This paper was originally presented at the April, 2000 Learning from Women Conference sponsored by the Harvard Medical School and the Jean Baker Miller Training Institute. It explores the ways in which marginalization and the use of power-over maneuvers and privilege contribute to disconnection at a personal and societal level. Strength in vulnerability is proposed as an alternative to strength in isolation. The author suggests that courage is created in connection and the distorting effects of the myth of the separate-self must be challenged in order to appreciate the power of connection. This paper examines specific ways to resist the disconnecting and disempowering effects of hyper-individualistic values both in and out of therapy.

Understanding the dynamics of power and privilege is central to any discussion of the personal and societal effects of connection and disconnection. Awareness of one's own position in the dominant hierarchy is also an essential piece of this inquiry. I am committed to working to improve the lot of all women and men, and as a woman I experience the marginalization of gender; yet I stand squarely in the privileged center in many ways, and I have much unearned advantage in my life. Just to name some of my unearned advantage: I am white (in a white dominant, racist culture); I was born into a middle class family (education, enough money, a lot of safety in a small town); and I am metabolically and accidentally thin and tall in a world that esteems thin and tall. My list of unearned privilege is quite lengthy, but when I try to come up with unearned disadvantage I am hard put to find it. At one time being a woman felt like a source of disadvantage, but more and more this feels like unearned advantage! I have a worrying, slightly depressive chemistry, I'm over 55, aging and aching, and as an adolescent my height (6 feet tall) seemed like a terrible disadvantage, still none of these things represents a major, lasting source of marginalization or disadvantage.

A range of marginalizations exists in this world from traumatic oppression to dismissal or trivialization. Some places at the margin are places of oppression. Some are also places of powerful perspective and strength. All are potentially places of disconnection, fear, and pain. And all marginalization is an assault on our humanity and our dignity. Some people develop amazing capacities to resist and transform the dehumanizing, objectifying forces that marginalize. Some cannot.

Patricia Hill Collins (1990) notes, "each individual derives varying amounts of penalty and privilege from the multiple systems of oppression that frame everyone's lives" (p. 229). Audre Lorde (1984)

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observed, "the true focus of revolutionary change is not merely the oppressive situation which we seek to escape, but that piece of the oppressor which is planted deep within each of us" (p. 123). There are few pure victims or oppressors, few who exist only in the dominant, privileged mode or only at the margin. In working on the problems of objectification and dehumanization, we must recognize and "own" our places of privilege. In order to move toward empathy, true connection, and toward a model of deep human caring, we must acknowledge our vulnerability and find ways to support the vulnerability of others.

Margin and center are not actual, real places or static categories, nonetheless they are useful metaphors to address imbalances of power, privilege, and oppression (hooks, 1984).

I don't want to idealize or valorize marginalized groups. The pain and woundedness of being pushed to the margin, excluded, devalued, stigmatized, or oppressed are nothing to celebrate. Marginalization poses a major threat to our sense of connection, to our authenticity, often to our physical well-being.

In what Patrician Hill Collins (1990) calls the "matrix of domination," "people become objectified into certain categories such as race, gender, economic class, and sexual orientation. Once categorized, they are either relegated to outsider status, with the dominant society shoring ups its strength, maintaining its values, and affirming its rightful place as the measuring stick by which all others are to be judged" (p. 228). Powerful social groups, including the mental health profession, name what is normal and what is deviant, what is inferior and what is superior. The power to name is profound and most of us in the helping professions must acknowledge our own positions of power in this area.

Let us look at what happens to marginalized groups, whether they are women, people of color, gays and lesbians, working class individuals, or welfare moms, and so forth. People at the margin are defined as "objects": they are seen as being at the margin because of some essential failure of character or effort. The myth of meritocracy and the myth of the level playing field support this distorted understanding of privilege. That is, people who have not "made it" deserve the place they occupy. While the notion of center and margin is not a dichotomous category, the process of marginalization suggests that if you are at the margin, you are incompetent until proven otherwise; if you are from a marginalized group and are successful in terms of the center's definition, you are the exception to the rule; if you are not successful, it proves that you *are* the problem and are inferior in some core way. In fact people at the margin are actively socialized to believe that they *have* failed, that they *are* the problem and occupy a position of disadvantage because of inherent unworthiness. This is more than a "lose-lose" situation. This is at the core of disempowerment and disconnection.

The group at the center makes the rules and names the situations and conditions of privilege and disadvantage. The prevailing attitude toward those who do not enjoy the privilege and power in a given system is one of denigration. In mental health parlance we pathologize the experience of people at the margin. This is obvious in blatant sexism, racism, or heterosexism, where broad strokes of negative stereotypes are aimed at individuals with various characteristics who are deemed inferior by the naming group.

As Joyce Fletcher (1999) notes, more subtle invalidation occurs in some of the approaches of "helping" or dealing with people at the margin. One approach is that of *assimilation*: let's bring "these people" in, fix them, help them be more like us (the dominant group). Inherent in this approach is the notion that "we" have nothing to learn; we do not need to change. A second approach is one of *accommodation*: we will accommodate to the unusual characteristics of this group. For instance, vis-à-vis women, we will accommodate to their need to spend time with children by creating a mommy track. Or we develop a welfare system that punishes and blames mothers who are working hard to raise their children. But the hidden belief is that women are weak; they need special treatment and this supportive treatment is made very visible and is resented (unlike the abundant invisible support given the dominant group). A third approach on the part of the dominant group is to *celebrate difference*: in this approach the group continues to be marginalized and treated as "different." While at first glance this can look like acknowledgment and honoring of the special qualities of the group, it is often a kind of dismissive treatment; women are "good with people," "let's put them in human resources departments or in childcare," and pay them next to nothing. Each of these models suggests change is one-directional. Those at the center, in power, dictate the norms and standards and impose them on the people with less power who need to change.

An alternative approach, consistent with the relational model of mutuality is one of *transformative* change through mutual learning (Meyerson & Fletcher, 2000). It is built on a two-way openness to change, tolerance for uncertainty, empathic listening,

and a conviction that all real movement and growth promoting change must be in relationship and mutual. Furthermore, it depends on the belief that engagement with difference is enhancing to all participants. Ultimately, change depends on transformative learning for all participants through mutual empathy and empowerment between center and margin; assimilation and accommodation produce only unilateral change. We are looking for change at a systemic level. But forces operant in the current organization of the culture, that, in a shorthand way we can call the forces of patriarchy or ethics of domination, interfere with the creation of real paths of mutual change and transformation in almost all segments of the society.

People are pushed to the margin to the extent that they differ from the dominant group. Isolating, silencing, shaming, disconnecting, and stigmatizing are all used to disempower them. At the extreme, people who are different are traumatized with emotional abuse, racism, anti-Semitism, heterosexism and are often forced to disconnect from their culture of origin. Severed connections among people on the margin and between the margin and the center serve the needs for power of the dominant group. These severed connections ultimately sap the energy and vitality of the whole culture.

The existing models of strength in this culture, both in and out of the mental health field, follow from the values of the dominant, privileged group. As Jean Baker Miller (1976) noted, "In Western society men are encouraged to dread, abhor or deny feeling weak or helpless, whereas women are encouraged to cultivate this state of being" (p. 29). Yet feelings of weakness are universal; we all have them. The denial of weakness and gendered notions of strength distort both women and men. Models of strength, both in our psychological theories and in the culture at large, emphasize strength in separation, supremacy of thought over feeling, objectification, and instrumentality. In general, there is an assumption of the primacy of separation and individualism and a belief that control and power over others is the route to safety and well-being.

Alan Johnson (1997) calls it "the great lie of patriarchy." While this is supposedly a model of strength, it basically rests on a fear-based model that denies vulnerability. As bell hooks (2000) notes, "fear is the primary force upholding structures of domination. It promotes the desire for separation, the desire not to be known. When we are taught that safety lies always with sameness, then difference of any kind will appear as threat. The choice to love is a choice to connect to find ourselves in the other" (p. 93). A clinical vignette sheds light on some of this:

Brenda's father was dying of cancer. He was stoic, and financially extremely successful. When his health began to deteriorate he did not let his family know how sick he was. Brenda's mother later told her "he didn't want you to worry." Brenda noted, "Maybe he *was* trying to 'protect me,' but I think he was also caught in being a strong man to the end. And I felt abandoned. His version of being strong felt weak to me. I wish he could have let me know his vulnerability. I wanted to be there for him. And the way he set it up, he died before I even knew he was terminally ill. He was alone with his fear and now I'm alone with my sadness at not having been able to be with him."

Resistance

A notion of *strength in vulnerability,* or *supported vulnerability,* is a core concept in rethinking our understanding of strength (Jordan, 1992). This notion involves openness to being moved. The first step in transforming existing models of strength is in resisting disempowering definitions of self and worth that emerge from those at the center. bell hooks (1990) notes that the margin can be "more than a state of deprivation." It is also the site of "radical openness and possibility, a site of resistance"; the chosen margin becomes a "site of transformation" (p. 22). Patricia Hill Collins (1990) noted, "empowerment involves rejecting the dimension of knowledge whether personal, cultural, or institutional that perpetuates objectification and dehumanization" (p. 230). These constitute the most horrible forms of disconnection and isolation. When we feel most separate from others and from the flow of life we are at most risk. "Oppressed people resist by identifying themselves as subjects, by defining their reality, shaping their new identity, naming their history, telling their story" (ibid., p. 229).

Resistance involves transforming disconnection into stronger connection, and creating communities of resistance. At the core of reistance lies the goal of shifting the dominant culture from a culture of "power-over" and separation to a culture of empathy, love, and mutuality (Jordan, 1997), from a culture that celebrates the elevation of the individual to a culture that emphasizes community.

Often people who enjoy more of the benefits of the center position suggest, I think quite cynically, that people at the margin can be leaders in social change because "they have less to lose." While it is true they

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may have more to *gain*, people who are marginalized actually put themselves at great risk when they begin to confront the injurious practices of the dominant center: they are bombed, lynched, shamed, arrested, beaten, and more. More benignly, those who protest or complain are sometimes referred to as participating in a "cult of victimization" or a "culture of complaint." I have suggested in other places that we might celebrate the art of complaining as an act of creative resistance to destructive stereotypes (Jordan, 2000). But we must know that rarely will our complaints be welcome. We will be labeled whiners, complainers, or political troublemakers, lacking humor and balance.

People at the margin have been wounded, injured, and disempowered by existing power structures but many have also developed incredible powers of survival, resistance, and ultimately transformation. How does someone on the margin retain voice, connection, impact, and visibility? How does anyone, marginalized or not, become an agent of change? The forces of denigration are abundant. Girls are rewarded for silence and obedience. They are objectified. In the times of slavery psychiatry had a diagnosis of drapetomania, "an insane desire to run away." It was not enough to torture and kill those who sought freedom, the culture also had to pathologize the very human need for freedom itself. Today our professions often pathologize the need for connection by calling women too dependent, too needy, or too emotional. Objectifying and shaming are powerful tools to isolate and silence perceptions of reality and value systems that diverge from the mainstream.

Shame is the experience of feeling unworthy of empathic response from another; one senses that one's being is not worthy of love or connection and that one's love is also not adequate. In shame, people move into isolation and disconnection; both of these experiences contribute to silence, a loss of voice. The spiral of shame arises as we are unable to speak our authentic experience to another for fear of rejection and judgment; we move into more isolation. Ultimately, we find ourselves in what Jean Baker Miller (1998) calls "condemned isolation," the experience of feeling outside the human community, isolated, immobilized, and self blaming. The antidote is to be respectfully and empathically "listened" back into voice and ultimately back into connection.

Shaming acts to control, silence, and disempower people, to create doubt about their constructions of reality and to elevate the dominant set of values. While outright force is used to intimidate and silence (witness the prevalence of lynching in the post civil war south), harassment, objectification, and shaming are still rampant in attempting to disempower and frighten marginalized groups. For instance, as I was preparing this paper, an article in *The Boston Globe* noted that hate crimes against gays and lesbians in Massachusetts increased by 20% in 1999. According to the Gay, Lesbian, and Straight Education Network, high school students hear anti-gay comments an average of 26 times a day. Ninety-seven percent of the time teachers who witness these comments do nothing. Gay, lesbian, bisexual, and transgendered persons represent about 30% of all documented teenage suicides (*The Boston Globe*, April 11, 2000). This is about the effects of shaming and controlling.

In another article two days later (April 13, 2000), *The Globe* reported that there is more targeting of black women by U.S. Customs officials for strip searches for drugs, this despite data documenting that this group is *less* likely than any other to bear illegal hidden drugs. Black women U.S. citizens are *nine* times as likely as white American women to undergo strip searches but less than *half* as likely to be concealing illegal drugs. What is that about if not shaming, marginalizing, and objectifying? In the face of such blatantly unjust and oppressive intrusions on personhood the individual has little recourse. But clearly communities of resistance, in this case a group of black women who decided to sue the U.S. Customs and publicize these injustices, can make a difference.

What I have learned in talking with and reading about people who *have* made a difference, who have contributed to social change from various conditions of marginalization, is that connection, love informed by a desire for justice, and community action are the most effective responses to marginalization. Resistance is a first step that paves the way for transformation.

While this is an oversimplification, I tend to think of a five-step-process of resisting disempowerment and disconnection. I might add that these steps serve not just to promote systemic change but personal change as well.

1. **Awareness**: First there must be awareness of the process of disempowerment and then the capacity to name it.

2. **Naming:** In naming it, we also try to "source" it, say where is it coming from. This helps us move out of a tendency of self-blame or accepting the blame that others cast on us, which is part of the shaming, silencing strategy of disempowerment. Coming into voice and out of the isolation of self-blame and internalized shaming brings about movement and sense of possibility.

3. **Connecting:** As a third step we connect, to find allies, to find encouragement, to create a validating, growth-fostering community. While I name this as step three, connecting actually precedes and follows from all these steps. It is essential to the process of empowerment and resistance.

4. **Critical consciousness:** This develops in the context of an encouraging community. With our allies, we can begin to strategically confront and challenge crippling stereotypes or internalized sources of oppression. This may involve using anger in the service of justice.

5. **Assess the risk in the context of connection**: Facing the challenge of disempowerment and disconnection can occur only in the context of strong enough connection. While there is never any absolute safety and we must always assess the risk involved in our efforts to confront hostile or disempowering forces, the development of strong connection stands at the core.

Janie Ward and Tracy Robinson have developed a wonderful schema to develop “resistance for liberation” for African American adolescent girls (Robinson & Ward, 1991), and Carol Gilligan (1982) and her colleagues have given us enormous insights into the development of political resistance.

When Rosa Parks, with great courage and integrity, refused to surrender her seat to a white man on a bus in Montgomery, Alabama in December, 1955, sparking a major chapter in the civil rights movement, she was not alone, but was already a part of a larger movement for social justice, a movement that both empowered her and gained courage from her courage. It is partly the American way to make the communal, relational forces that support the courage of individuals invisible. We prefer to perpetuate the image of isolated heroes that reinforces the status quo of hyper-individualism. Appreciating the relational roots of courage in no way undercuts the absolute courage of the individual but it strengthens our sense that change occurs within social contexts, not within the lonely but brave hearts of separate people (Jordan, 1990).

The idea that strength occurs in connection, not separation, is a powerful challenge to the dominant paradigm. Disconnection from ourselves and from others is one of the potential risks and costs of marginalization. Creation of internalized self-hatred, shame, lack of self-worth, and trauma is in large part what marginalization is about.

New Models of Strength

As Jean Baker Miller noted in 1976, “women’s great desire for affiliation is both a fundamental strength, essential for social advance and at the same time the inevitable source of many of women’s current problems” (p. 99). Some have said that resistance and revolution begins with the self, in the self. I would say it begins with a redefinition of the self, a movement toward apprehending that relationship, not separation, is primary in people’s lives and toward claiming the strength found in connection not in separation. This profound shift moves away from believing that separation is the primary human condition to percieving growth-fostering relationships as the core source of safety and meaning in people’s lives.

I would like to suggest that our new models of strength emphasize the qualities of courage, care (love and empathy), compassion, community, good conflict, and competence (The Six Cs). Courage, which I have written about previously (Jordan, 1990), involves the capacity to act meaningfully and with integrity in the face of acknowledged vulnerability and fear. The root word, *cor*, means heart—coming from the heart. Courage is not a trait encapsulated in the solitary individual. It is constantly created in connection through encouragement. We see this in the stories of change agents time and time again. This creation of courage is one of the most important things we can do for one another.

As Tessa Thompson, a teen victim of date violence who now helps other victims said, “The courage to give is the fuel to live” (Waldman, 2000, p. 78). Most importantly, we encourage one another to be able to move into conflict, to stand in a place of difference, to create what bell hooks (1990) calls “an oppositional world view” (p. 15). We need to “listen one another into voice” and into courage. As Brenda Ueland notes, “critical listeners dry you up” (Ueland, 1999). In moving out of objectification and isolation, toward mutual respect and growth, we help each other *see clearly, speak strongly, and seek allies.*

Strength in Vulnerability

Human vulnerability is a fact of life. Because we love, we inevitably suffer loss. Furthermore, we all live in aging bodies, we are subject to physical illnesses and psychological injury, we die, we control far less of our lives than our control-driven culture would have us believe. Psychological vulnerability, or openness and responsiveness, is essential to authentic connection and mutuality. It is the place of our

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growing edge. Strength in vulnerability may seem like a paradox, but with a sense of supported vulnerability, when others see, know, and respect our vulnerability, we are open to real growth (Jordan, 1992). If we find collective support we gain the courage to stay open and responsive rather than resorting to the use of power over others or encapsulation and disconnection.

When connections fail us, we often seek protection through "power-over" rather than "power-with" actions. There are times when discernment allows individuals to decide when "protective inauthenticity" may be called for. Clearly we all make decisions on a moment-to-moment basis about what to share, disclose, or what access to allow. Authenticity is not a moral imperative to "be totally honest." Authenticity is a complex process of assessing one's own risk and gauging the impact of certain truths on the other while respecting the needs of the relationship.

Joyce Fletcher (1999) talks about making relational practice visible and of taking small risks in hierarchical systems. This involves challenging systems in which relational practice and competence is made invisible, taken for granted, or marginalized. When people feel unsafe we become less authentic and this often spirals into increasing disconnection and isolation. Maureen Walker has said, "Marginality is about social disconnection, personal and political violation, and pain. It can be and often is disabling. It can be and often is a place of piercing perspicacity; as bell hooks has suggested, a position from which to discern, confront, and subvert the machinations and the delusions of the center. It is often on the margins that we encounter and experience the transformational gifts that enliven and strengthen our relational capacity" (Walker, personal communication).

Therapy

I believe that a key to these transformational gifts is in the supported vulnerability that develops in some of these places on the margin. I do not want to glorify places of suffering. Maureen Walker recently told me of an article called "Why I want to bite R. D. Laing." It was about Laing's tendency to idealize emotional suffering. The relational model recognizes our need to move from an illusory sense of self-sufficiency and a tendency to deny vulnerability toward realization of supported vulnerability. In the central movement of mutual empathy in therapy, both therapist and client are open to being affected and moved. Using the relational model, therapists are invited to be more real, more vulnerable, more mutual. This is not about factual self-disclosure, equality, or losing the larger frame of the therapeutic relationship, but about being deeply and respectfully engaged in a process of change. In opening to being moved emotionally, the therapist ideally practices strength in vulnerability.

Traditional models prescribe a kind of distance, mystification, or opaqueness (and please do not believe these models are a thing of the past; they are alive and well and influencing many therapists). Therapists practicing with new models move out of the "certainty" of old ways of doing therapy. New models invite us to move toward our own personal edge, to our professional edge. This shift does not mean moving out of a zone of safety for both client and therapist; feeling "safe enough" is essential to building healing connection, and protection of our clients is core to our ethical principles. But, it means moving out of a kind of false certainty into more open learning with our clients, which can lead us to a difficult sense of vulnerability and possible shame.

Expectations for therapists can be especially shaming when we are starting out in the field, when our vulnerability is often extreme. I still remember my very first therapy hour with my very first client. My entire intern class sat behind a one-way mirror taping the session so that we could go over it together in minute detail later with a brilliant but incredibly critical supervisor. I remember being so nervous I could barely talk (my mouth was stone dry) and I remember looking at the video later, thinking, if you didn't know I was the therapist, you would surely think the client was the therapist and I the client. I said the right things like "How can I can help you?" (I probably should have asked "How can I *possibly* help you?"). I was a wreck. The client did a great job helping me be (and appear) more competent than I was. That also reminded me of another time when a new client, in her shame about coming into therapy, said to me "If you really knew me you wouldn't want to work with me in therapy." At that time the thought crossed my mind, "If you really knew *me* you wouldn't want to be in therapy with *me*!"

As therapists we need to move out of images of ourselves as perfectly empathic. The creation and protection of inflated self-images often becomes the source of profound isolation. We have to face our own limitations. We cannot assume that the client is the only one who connects in less than perfect ways. Often movement out of connection for therapists occurs around experiences of uncertainty or vulnerability. These are often the occasions when our expectations for ourselves, our expectations to be able to *do* something helpful, leave us feeling helpless or

flawed. Often we hold unrealistic images of what a "good" therapist should be.

I must constantly avail myself of the wisdom of valued colleagues. I remember one consultation early in my work with the relational model. This consultation occurred when I was experiencing a particularly rough time with a client and I was in a particularly vulnerable period in my life. I was trying so hard to be "strong" for her. And I remember Irene Stiver doing a consultation; Irene often comments on the phenomenon of how well our clients know us and how well they protect us from what they know. I remember Irene saying, "Judy she knows you're going through something rough. She doesn't need to know the details but she needs confirmation from you that you are a little preoccupied, a little disconnected." Of course she did, and as soon as I was able to do that our impasse softened. I had this image of being strong, consistent, rising above my own human limits and I shut down and disconnected when I couldn't match this image.

Shame sometimes keeps us from seeking the dialogue or consultation that could help us stay in connection with our clients during these hard times. The dominant, white middle-class culture's overvaluation of control and certainty carries over into the culture of therapy. As therapists, we often become armored or defensive and disconnected when we are uncertain, ashamed, and anxious. As therapists, we need to ask ourselves what our places of fear and unworthiness are? What happens when clients seek to meet us psychologically where we feel most vulnerable?

Certain clients will take us to our growing edge more than others. I remember one young woman who actually left treatment before I thought we were finished. We worked together for several years. She had been in a fair amount of therapy before she began seeing me; most of these therapies lasted about six months and then some impasse would develop. She kept in touch with one former therapist whom she valued and trusted. In the early months of our work together, she engaged in self-destructive cutting and ingesting pills. I was worried, felt vulnerable, and sometimes helpless and not sure if I could help her.

Although I did not know it at the time, she confided to this former therapist that I was the first person she trusted enough to share her chaos with. The therapist commented to her, "So I guess Judy should feel complemented that you're winding up hacking yourself to pieces because you trust her so much!" She just kept taking me to my edge and hers, too; she would talk about needing to walk the edge and needing not to be alone. When I reached the limit of what I could tolerate and felt her safety was at stake, I let her know I could go no further. I stated this in terms of my limitations. Sometimes I'd say, "I know you need to go there to feel connected and alive but I just can't handle how frightened I get when you're that vulnerable and I worry about your safety. Can we try to figure something else out that is respectful of both of our needs and will also protect this relationship?"

Years after she stopped therapy with me and had gone on to do some extraordinary work with another younger therapist, she contacted me, I thought to probably rake me over the coals. She actually called to say that she knew I'd had a really hard time with the vulnerability of working with her but that seeing that I cared, that my caring made me feel scared sometimes, was really helpful to her. She commented that my willingness to *not* go on "automatic pilot" as other therapists had done (in her words "covering their own asses") and my willingness to be vulnerable with her meant I had some trust in her, in our relationship and in our ability to work through some of the places of fear.

Therapists sometimes are kept from communicating what they're actually doing in therapy (even when they're doing very fine work) because they fear censure and shaming from colleagues. In talking about my therapeutic work with many groups of clinicians over the years, many people say, "Oh yes, of course, this is the way I've always done it but I've always been in the closet with it or I can't tell other people what I'm doing because they'll think I'm doing it wrong or there's something wrong with me." They often add, "But my heart won't let me do it the way I was taught, with all the distance, objectivity, and non-responsiveness." Shame isolates us professionally and keeps us from growing in connection.

I might add that as teachers and supervisors in the field of mental health we are also vulnerable to shame. Recently, I gave a two day workshop in Pennsylvania. and as part of it I did a small segment on sexuality about which I felt a little nervous, vulnerable, and exposed. I thought it went okay but I was glad when that segment was over. As I glanced at the evaluations at the end of the day, most were pretty positive but one comment jumped out at me: "Great conference except for that inane diatribe on sexuality!"

My recurring question, professionally and personally, is "What facilitates healthy change and growth in people's lives?" This exploration of the margin and vulnerability is yet another variant of that question. If we are in touch with our vulnerability, it

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seems to me we can move either into fear and shame or into humility and connection. I believe humility and compassion are essential to real connection, to real healing, and to change in both the therapist and the client. And the movement to humility depends on being in an empathic context. We need to accept our limits, not as major faults and places of shame, but as part of accepting who we are as human beings. We need to practice self-empathy and empathy for others. People tend to strive for specialness or they become encapsulated in egocentricity or narcissism when connections fail. Isolation breeds striving for superiority or "power over." When we have to assume a position of "better than," we move out of mutual connection. This need to feel "better than," or lack of belief in connection, in part creates the need for power-over others.

Therapists too must work from a place of caring and humility. This is, after all, humble work. We have few, if any, absolute answers; we bring caring, we practice fluid expertise with our clients, a back and forth of learning and growing; we invoke certain relational skills and qualities of attention and awareness; we bring commitment to the well-being of the client. Our own lives sometimes do not reflect the best of our own understanding and hopes; and sometimes that is a source of shame. For instance, I am painfully aware of how tenaciously I cling to the privilege of the center in many ways despite my very deep and real appreciation of the people who can choose the margin as a place of protest, justice, and integrity.

In a recent workshop on shame, a group of therapists and mothers wrote anonymously about their experiences of shame. Many therapists spoke about the shame of being seen as less than perfect, sometimes simply as too human, by clients. I was reminded of Harry Stack Sullivan's observation that "everyone is much more simply human than otherwise" (Sullivan, 1953, p. 32). One woman wrote about being in a loud tug-of-war with her three-year-old over a bag of Oreos in the supermarket, both of them literally on their hands and knees pulling as hard and stubbornly as they could when a client of hers walked down the aisle.

For therapists who are making use of new models of therapy, who are, in some ways, at the margin, the processes that are invaluable for any group at the margin also apply: Connect, find encouragement, develop critical consciousness toward disempowering belief systems, work on your shame, become part of something bigger, join a group to explore alternative ways of working, make a commitment to the healing relationship, and make a commitment to understand your work with trusted colleagues and allies. You do not have to be a relational expert; I can't even begin to tell you what a nonexpert I am in relationships (my colleagues here could, however!) and yet my commitment to understanding and expanding our ability to connect is deep.

Vignettes

I want to close by sharing several vignettes of women who in different ways came from the margin and acted with encouragement for the empowerment of others. They represent strength in vulnerability and they represent to me the power of service, spirit, and love.

Kris Rondeau

Kris Rondeau (material from personal communication and Hoerr, 1997) who played a prominent part in the 1988 victory of the Harvard Union of Clerical and Technical Workers, described herself as a small town hick from a working-class family who was very depressed as an adolescent. She also described herself as committed to correcting social injustice. After graduating from college, Kris got a job as a lab assistant at Harvard Medical School where some fragmented movement toward unionization was already occurring; Kris was interested. What Kris objected to most at Harvard was the coldness of the institution. She wanted to help construct a union that helped people, made them feel they were apart of something important.

She felt that anger was a poor organizing tool. Instead, she and her colleague-friends wanted to "teach people to have confidence in themselves, to take responsibility for changing their situation in life, to form a community so strong that nobody on the outside would chip away individual self-confidence and frighten members into submission" (Hoerr, 1997, p. 86).

The anti-union campaign that Harvard mounted was built on creating fear and lack of self-confidence. It was big and powerful. However, the women organizers at Harvard were very persistent; Kris' husband described her as "relentless." They were also playful. For instance, when asked at a social event what she did for a living, Kris said, "I shovel shit at Harvard Medical School." To which someone responded, "Oh, that must be *good* shit."

Kris believed that the women workers wanted to be part of something more intimate, more human than Harvard management was willing to provide. The entire union organizing effort was built on connecting

women with other women, on developing personal relationships with each worker. After 11 years, two lost elections, and endless denigrations from both management and traditional unions, the Harvard Union of Clerical and Technical Workers—3500 strong, mostly women—won the election. Despite her incredible personal courage and perseverance, Kris later admitted that during much of the process, "We thought the guys were right." Her message was not to defeat or humiliate, but to transform an unjust system that would benefit both worker and institution and to do it by establishing connections.

Ella Baker

Ella Baker was one of the original organizers of the Southern Christian Leadership Conference and a driving force in the formation of SNCC (Student Nonviolent Coordinating Committee). She believed in the concept of "group-centered leadership rather than leadership-centered groups" (Grant, 1988, p. 6). She noted of Martin Luther King: "…the movement made the man...it wasn't the man who made the movement" (Grant, 1988, p. 103). Basing all of her work on "developing the strength in others," she was instrumental in drafting the SNCC statement of purpose which said: "Through nonviolence, courage displaces fear, love transforms hate, acceptance dissipates prejudice, hope ends despair, peace dominates war; faith reconciles doubt. Mutual regard cancels enmity. Love is the central motif of nonviolence." (Grant, 1988, p. 130). That about says it all!

She commented on the paradox of struggling to become part of society, the quest to belong, alongside the inevitable question about whether one really wanted "in." She asked "is this the kind of society that permits people to grow and develop according to their capacity, that gives them a sense of value, not only for themselves, but a sense of value for others?" (Grant, 1988, p. 215). Ella Baker also noted, "Struggling myself don't mean a whole lot. I've come to realize that teaching others to stand up and fight is one way my struggle survives" (Grant, 1988, p. 216).

Vignette 3

A client, in speaking about her mother's dying , recently pointed out that the sick and dying are often marginalized in this culture. The Stone Center Theory group on chronic illness and disability taught me a lot about this experience (Halen, Reid-Cunningham, Snyder-Grant, Stein, & Tyson, 1999). But in reflecting on my client's comment, I began to realize a lot of this topic for me is about my mother. She taught me a lot about courage, about margins and about being thoughtful about what we do with privilege. She also taught me a great deal about vulnerability, illness, and dying. My mother was a bright, independent physician at a time when women doctors were anomalies. She devoted her whole life to various struggles to empower women. She was a birth control pioneer with Margaret Sanger, studied and wrote about syphilis, opened a free birth control clinic, and was outspoken about women's rights. She provided free care to many of the inhabitants of the rural county where we lived in Pennsylvania. She sponsored the opening of the first child guidance clinic in our area, helped find funding for young women who wanted to become doctors, and was an early proponent of socialized medicine (which did not lead to her popularity with other physicians). Many in the town were appalled by her ideas and I remember as a child occasional bomb threats, and visits from clergy who predicted (in front of me) that she would burn in hell for her ideas.

I'm sure I idealized her courage. But the one thing I remember that she feared was old age and senility. She was a fiercely independent woman and the thought of dependency on her children or others troubled her immensely. Playfully, but with a real underlying seriousness, she made a pact with her sister that if she ever became senile her sister should shoot her. And as fate would have it, this proud, fierce woman was diagnosed at 70 with Alzheimers Disease, and her sister did *not* shoot her. While her mind didn't work, her heart had an undaunting resilience. Often when someone would walk into the room after an absence of five to ten minutes, her face would light up and she would say, "Oh I'm so glad to see you. Thank you for coming." She was a connector. Then she would resume picking at her bedspread or talking to an imagined baby that was often with her.

Many people stopped coming to visit. To them she was "gone." Her downhill course lasted ten years. Two weeks before she died, her brain failed to send the command to swallow and she literally was unable to take in food and water. But her body wouldn't let go as she slipped into a coma. At midnight the night before she died, I, her youngest child and her "baby" to the end, slipped into her room and sitting with her, my hand cradling her neck in some instinctive posture of support, whispered, "I'm going to be okay… your baby's going to be okay...we'll still be connected." At seven-o'-clock the next morning she quietly slipped out of life.

I don't want to glorify her illness. It was ugly, humiliating, and painful. It took a terrible toll on her and on her caregivers, although it also gave some of us a chance to show deep love. It was not a relational

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picnic and the long slide into the final phase of the illness was one of heartrending fear. Ironically, in this disease that so decimates the brain and destroys so much of what we think of as the self in our culture, her heart, her connectedness and loving spirit, her relational being endured to the end, giving, teaching those who could stand to listen and bear witness.

As Maureen Walker noted (personal communication), "When we learn from models of strength on the margin, we learn something about the gifts of vulnerability." Thank you, Kris Rondeau. Thank you, Ella Baker. Thank you, Mother.

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