Please note: This electronic file you are receiving is intended for one-time use only. Reprints may be requested at a charge of $1 per copy. All materials are copyright protected. No part of these files may be transmitted, distributed or reproduced in any other way without permission from the Wellesley Centers for Women. Please call the publication office at (781) 283-2510 to request additional copies.

Work in Progress

Relational Resilience

Judith V. Jordan, Ph.D.

Wellesley Centers for Women
Wellesley College **No.57**
Wellesley, MA 02481 1992

Work in Progress

Work in Progress is a publication series based on the work of the Stone Center for Developmental Services and Studies at Wellesley College, and it includes papers presented in the Center's Colloquium Series. *Work in Progress* reflects the Center's commitment to sharing information with others who are interested in fostering psychological well-being, preventing emotional problems, and providing appropriate services to persons who suffer from psychological distress. The publication also reflects the Center's belief that it is important to exchange ideas while they are being developed. Many of the papers, therefore, are intended to stimulate discussion and dialogue, while others represent finished research reports.

For those papers which were part of the Colloquium Series, each document includes the substantive material presented by the lecturer, information about the speaker, and, where appropriate, a summary of the subsequent discussion session.

Jean Baker Miller Training Institute

Founded in 1995, the Jean Baker Miler Training Institute bases its work on the Relational-Cultural Model of psychological development, which grew out of a collaborative process of theory building initiated by the scholars at the Stone Center. The Institute offers workshops, courses, professional trainings, publications, and ongoing projects which explore applications of the relational-cultural approach. At the heart of this work is the belief that the Relational-Cultural Model offers new and better ways of understanding the diversity and complexities of human experience.

The Robert S. and Grace W. Stone Center for Developmental Services and Studies

Creation of the Robert S. and Grace W. Stone Center for Developmental Services and Studies resulted from a generous gift to Wellesley College by Robert S. and Grace W. Stone, parents of a Wellesley graduate. The Center was dedicated in the fall of 1981, and its programs reflect the Stone family's interest in preventing psychological distress. With the creation of the Stone Center, Wellesley College has enlarged its long-established search for excellence. At Wellesley, the Center has the unique advantage of immersion in a community of scholars and teachers who can add the broad perspective of the humanities, sciences, and social sciences to the Center's psychological expertise.

The Stone Center is developing programs aimed toward the following goals: research in psychological development of people of all ages; service demonstration and research projects which will enhance psychological development of college students; service, research, and training in the prevention of psychological problems.

Correspondence and inquiries about the publication series should be addressed to Wellesley Centers for Women Publications, Wellesley College, 106 Central Street, Wellesley, MA 02481-8259.

© 1992, by Judith V. Jordan, Ph.D.

Relational Resilience

Judith V. Jordan, Ph.D.

About the Author

Judith V. Jordan, Ph.D., is Director of Women's Studies, Director of Training in Psychology, and Associate Psychologist at McLean Hospital, Belmont, Mass. She is also an Assistant Professor in Psychiatry at Harvard Medical School and a Visiting Scholar at the Stone Center, Wellesley College.

Abstract

Studies of psychological resilience have focused largely on the abilities of individuals to adapt to stress; some have emphasized factors within the person, like temperament or personality style which protect from adverse consequences of stress, while others have pointed to the benefits of social support. Each of these approaches, however, has been based on a "separate self" model of development. Thus they look either totally within the individual for resources of resilience or in a one-directional way from the point of view of an individual looking for support from another individual or group. The perspective put forth here suggests instead that resilience be seen as a relational dynamic. In particular, the concepts of supported vulnerability, mutual empathic involvement, relational confidence, and relational awareness are explored. Transformation through relationship also suggests not just a return to a previously existing state, but movement through and beyond stress or suffering into a new and more comprehensive personal and relational integration. Especially, in the case of disconnection, a primary source of stress in people's lives, resilience and transformation involve awareness of the forces creating the disconnection, mutual discovery of a path back into connection and building a more differentiated and flexible means for reconnecting.

This paper was presented on April 1, 1992 as part of the Stone Center Colloquium Series.

© 1992, by Judith V. Jordan, Ph.D.

Given that life subjects all of us to tensions and suffering and that relationships as well as individuals are buffeted by forces which create pain, disconnection, and the threat of dissolution, the capacity for relational resilience, or transformation, is essential. Movement toward empathic mutuality is at the core of relational resilience. When individuals move from mutually empowering and mutually empathic relationships (Miller, 1986; Surrey, 1985) into disconnection, they are often beset by a damaging sense of immobilization and isolation. They lose the sense of a life-giving empathic bridge. In describing this loss, one client spoke movingly of her identification with the elderly Alzheimer's patient who was abandoned, without identification, by relatives at a race track in Idaho. . . utterly alone, utterly helpless, unable to even name or speak the horror.

When people are unable to move from disconnection to connection, the resulting combination of immobilization and isolation may become a prison, (not unlike Jean Baker Miller's notion of "condemned isolation," Miller, 1988) and may contribute to psychological anguish, physical deterioration, and sometimes even death. Thus, we can no longer look only at factors within the individual which facilitate adjustment; we must examine the relational dynamics which encourage the capacity for connection. Reframing our understanding of resilience in terms of a relational model has implications for both psychotherapy and social change. Therapy, then, can be understood as largely an effort to explore and enhance the capacity for relational resilience. And in moving beyond personal resilience to personal transformation and social change, the relational context is central.

Traditional views of resilience

Rutter, who has written extensively on resilience, views it as evident in an "individual who overcomes adversity, who survives stress, and who rises above disadvantages" (1979, p.3). Block and Block (1980) refer to "ego resilience" in contrast to a condition they call "ego brittle." "Ego resilience refers to the ability to adapt flexibly and with 'elasticity' to changing circumstances" (Dugan and Coles, 1989, p.112).

Some researchers in the field of resilience have focused on factors within the person, like temperament or personality. Suzanne Kobasa has developed the notion of "hardiness," which is thought to protect one from the harmful effects of stress; "Persons high in hardiness easily commit themselves to what they are doing, . . . generally believe that they at least partially control events, . . . and regard change to be a normal challenge or impetus to development." (Kobasa and Puccetti, 1983, p.840). On the other hand, "learned helplessness," a condition studied by Seligman (1975), that "results when people believe or expect their responses will not influence the future probability of environmental outcomes," is seen as rendering people vulnerable to stress and depression (McCann and Pearlman, 1990, p.53).

Along these lines, some have suggested that girls develop "pessimistic coping strategies" that interfere with persistent problem solving efforts. This suggestion is based on studies indicating that girls' expectations of future performance are affected more by past or present failures than by successes, a kind of reflexive pessimism. Girls attribute failure to internal factors while boys tend to attribute failure to external factors and success to internal factors (Dweck and Reppucci, 1973; Dweck, Goetz, Strauss, 1980); girls blame themselves more than do boys and also take less credit for success; and studies indicate that college women are more self-critical than men in response to failure (Carver and Ganellen, 1983).

In several studies of resilience, freedom from self-denigration emerged as the most powerful protector against stress-related debilitation; mastery and self-esteem were also seen as important (Pearlin and Schooler, 1978). In general, women have been found to be "lower on self-esteem and higher on self-denigration than are men" (Barnett, Biener, and Baruch, 1987, p.319). Some have gone so far as to conclude that much of psychological literature "depicts women as having been socialized in a way that keeps them from developing resilient personalities" (Barnett et al., 1987, p.319). But, as Carol Gilligan notes, girls show an advantage in dealing with stress until they reach adolescence when they become more depressed, more self-critical and begin to move into silence (Gilligan, Lyons, and Hanmer, 1990). As she writes, "For girls to remain responsive to *themselves,* they must resist the convention of female goodness; to remain responsive to *others,* they must resist the values placed on self-sufficiency and independence in North American cultures" (Gilligan et al., 1990, p.11). We might well question how women's sense of worth can remain intact when the dominant culture denigrates the relational values which are at the core of our sense of aliveness and worth.

Role of control

In addition to the importance of hardiness and self-esteem, some have noted that stress is most clearly buffered by the sense of control, a personality attribute (Cohen and Edwards, 1986). Although there has been little observation of gender differences in the need to control one's environment, it might be argued that a generalized need to be in control may be more pertinent for men than for women (Pearlin and Schooler, 1978). A model of development that suggests there is a power/control mode into which males in this culture are socialized and an empathy/love mode into which girls are acculturated (Jordan, 1987) would imply that different coping strategies would develop as part of these general gender-related modes of being.

Indeed, studies have indicated that women's coping styles are more emotion-focused (talking about personal distress with friends, sharing sadness) and men's styles are more problem- focused or instrumental (taking action to solve the problem, seeking new strategies) (Lazarus and Folkman, 1984). In line with a research bias that generally overlooks complex context-person interactions, however, early studies on this dimension did not actually assess the degree to which control was possible in various situations. More recently, researchers have noted that emotion-focused coping is adaptive in situations where one actually has little control, and problem-focused coping is useful where one can effect change. In general, it may be that women inhabit worlds where, due to a lack of power, the possibility of changing things is unrealistic; hence emotion-based coping strategies may often make the most sense (Lazarus and Folkman, 1984). We have seen in the past year (in the Anita Hill case and in the public shaming of rape victims) that awful forces can be brought to bear against women who begin to feel they might actually have an effect on the system —

particularly if the patriarchal power system is threatened.

The "control hypothesis," furthermore, takes as a given, it seems to me, the notion that women really *do* control vast areas of our lives; and that this control protects us from an intolerable sense of vulnerability. It further supports the "just world theory" (Lerner, 1980) that is, that people get what they deserve and deserve what they get. This notion contributes to victim blaming (the rape victim must have provoked it) and preserves the myth that misfortune will not happen to me if I behave according to certain rules. The overemphasis on control also reinforces the blaming of those in the system whose sphere of influence is severely limited by established patterns of power.

Action arising out of emotionally focused coping is possibly more characteristic of a relational model than a power model. Women's consciousness-raising groups in the 60s and 70s have much to teach us about this, as do the earlier suffragists, birth-control pioneers, and more recently incest and rape survivors. As one survivor of therapist abuse put it, "When I felt I was the only one and it was my fault, I fell into a black pit. I felt isolated, self-blaming and utterly unable to do anything to make it better. When I can just remember to reach out and talk to someone, both the isolation and sense of immobilization change. And then actually, when I feel less alone and self-blaming, I find new ways to act. It isn't just talk *or* do, connect *or* solve. . . talking about feelings *is* doing and it helps me move into other action."

Separate self biases

In addition to an interest in intrapsychic or personality variables, such as control, many researchers have pointed to the beneficial and protective function of social support in minimizing the destructive consequences of stressful life problems (Cobb, 1976; Dean and Lin, 1977; Kaplan, Cassel, and Gore, 1977; Suls, 1982). In a 1982 study done in Georgia, James House found that men *with* multiple social ties were two to three times *less* likely to die than men without them (House, Robbins, and Metzner, 1982). Recent literature on stress and resilience indicates that social support can prevent low birth weights and premature deaths, and protect people from arthritis, tuberculosis, depression, alcoholism, and other psychiatric illnesses brought on by disconnection and isolation (Cobb, 1976). Beardslee and Podorefsky (1988) summarized the literature on stress and resilience, noting that relationships are protective in a wide variety of risk situations. The approaches which emphasize control, self-esteem, and social support, however, are all characterized by the bias of a separate self model; that is, they look either only within the individual for sources of resilience or, in a one-directional way, only from the point of view of one stressed individual looking for support from some other or others.

Few studies have delineated the complex factors involved in those relationships which not only protect us from stress but promote positive and creative growth. Thus many of the studies have simply counted the number of "social supports" that exist for an individual undergoing adversity but have ignored the *quality* of connectedness; more especially, few have looked at what interferes with movement into mutually enhancing relationships, or what hampers our capacity to transform potentially disconnecting experiences into movement toward greater connection and mutual growth.

A relational view of resilience

From a relational point of view, the focus of the inquiry might be: What makes for relational resilience and mutuality and ultimately encourages the transformation from isolation and pain to relatedness and growth? In exploring this, I suggest we need new models. I believe we must make the following moves:

1) from *individual "control over"* to a model of *supported vulnerability;*

2) from a one-directional *need for support from others* to *mutual empathic involvement* in the well-being of each person and of the relationship itself;

3) from separate *self-esteem* to *relational confidence;*

4) from the exercise of *"power over"* to *empowerment*, by encouraging mutual growth and constructive conflict;

5) from *finding meaning* in self-centered *self-consciousness* to *creating meaning* in a more expansive *relational awareness.*

I will now turn to these five ways of reframing our understanding of resilience.

From a model of individual "control over" to supported vulnerability

In the personal domain, one must be willing to risk the vulnerability of emotional responsiveness. Since we do not want to open ourselves to unnecessary risk, we must learn how to judge when our trust and confidence in the other person is warranted and when it is not. If our experience has

taught us to doubt other peoples' trustworthiness, we will have difficulty at the very first step of engagement.

The capacity to ask for and give support is an essential aspect of most relationships, not just those defined as "helping relationships." In a state of stress, personal vulnerability increases as does the need to enter a more supportive relationship.

Women in particular are asked to "hold" vulnerability and then are often scorned for it. Women are constantly told that we are more vulnerable in every way in a world that takes advantage of, rather than respects, vulnerability. "Both females and elderly individuals report feeling much more vulnerable to criminal victimization than do their male and younger counterparts, respectively" (Perloff, 1983, p.46). We are bombarded by media evidence that women are endangered; the statistics and lurid details on rapes, wife battering, and sexual harassment are daily reminders of women's vulnerability to greater physical strength and violence. Faludi (1992) suggests that currently we are all being battered by the backlash against feminism. In this year of setbacks for women, I personally have alternated between feeling demoralized and completely inadequate to the task at hand, and outraged at the injustices that have been allowed to occur.

But vulnerability per se is not the problem. Awareness of vulnerability, in fact, suggests to me good reality testing. It is the *disowned* vulnerability that becomes problematic. An openness to being affected is essential to intimacy and a growth-enhancing relationship; without it, people relate inauthentically, adopting roles and coming from distanced and protected places. Open sharing of our need for support or acceptance may be an essential factor in developing a sense of close connection. Therefore, part of what we are trying to transform is the illusory sense of self-sufficiency and the tendency to deny vulnerability. We need a model that encourages supported vulnerability.

From the need for social support to mutual involvement

Social support has been studied largely in the context of buffering stress or contributing to resilience following some particularly pernicious stress — "Having a confidant is one of the best buffers against the negative health outcomes, including cardiovascular disease, often associated with occupation-based stress and negative life events" (Barnett et al., 1987, p.358; Belle, 1982). A 1989 study at Stanford University of eighty-six women with advanced breast cancer found that those in support groups not only experienced less anxiety, depression, and pain than those who did not participate, but they also lived twice as long — thirty-seven months compared to nineteen months (Spiegel, 1991). While the researchers focused on the support *received,* it is likely that *both* the giving *and* receiving of support, a sense of *mutual involvement*, led to these remarkable outcomes. Women are more likely to turn to others for social support than are men, but women are also more likely to be expected to provide social support (Fischer, 1982). There are more reports of husbands being affirmed and better understood by spouses than of wives. Among college seniors, loneliness is negatively correlated with time spent with women but not with men (Wheeler, Reis, and Nezlek, 1983); that is, for both men and women, spending time with a man is less likely to alleviate the sense of loneliness than spending time with a woman.

One of the dimensions of support that researchers have examined is whether or not people ask for help directly or indirectly. Asking for support directly, which ostensibly is the most effective, is also seen as putting the person doing the asking most at risk — we feel most vulnerable when we let people directly know about our need. Studies have shown that people tend to be the most direct in seeking assistance in those relationships which are the most committed, such as marriage, and tend to be more indirect, (for example, stating a problem without explicitly asking for help), in relationships that are less established and reliable. People also sometimes wish that another person will know what is wanted without their having to state it directly; the care is considered better when another person is tuned in to our unstated needs (Duck,1990). Men, in particular, see having to make direct requests for help as a threat to their notions of masculine self-sufficiency. In many ways women, socialized to be empathic caregivers, are trained to pick up the unspoken needs of others, particularly male partners. This makes men's dependency and need for support much less visible. Ironically, however, when women need support in mixed-sex situations, they are often with men who have not been socialized toward caring and attuning to unspoken needs. Given that the open expression of needs is seen as weak, if women do express their needs more directly, they are often belittled for their "neediness" or seen as demanding.

While empathic sensitivity to the unspoken needs of others is an exceptionally important skill, it works for the good of both partners only if it is mutual. In

close relationships, we have the opportunity to learn one another's distress signals and intervene more effectively when support is needed; but we can hope to make the direct expression of vulnerability less toxic and threatening for all people. A portion of the difficulty arises because we live in a cultural milieu that does not respect helpseeking and that tends to scorn the vulnerability implicit in our inevitable need for support. The ethic of individuality and self-sufficiency still takes precedence over an ethic of mutuality.

From self-sufficiency to relational confidence

Acknowledging vulnerability is possible only if we feel we *can* reach out for support. To do so we must feel some *confidence in the relationship.* We must also have some confidence in our ability to create growth-enhancing relationships as well as trust that others will join us in that creation. A personal sense of worth or confidence ideally is not just feeling good about oneself but also involves a sense that one has something to contribute to others and that one is part of a meaningful relationship. Self-confidence, as an expression of independent, detached feelings of well-being, does not seem to fit women's experience, just as self-sufficiency does not seem a reasonable goal of human development. Rather, confidence in the other person (trust) and confidence in the relationship, if it is mutual, serve to support a personal sense of confidence and contribute more fully to a sense of well-being and possibility. Confidence in a relationship depends on mutual trust in the empathic response of the other and commitment to one another and to the relationship; it also grows from reliability, a shared purpose of making the relationship mutually enhancing for both people, and a determination to honor and respect each other. A history of successful resolution of injuries and hurts helps build this sense of confidence.

From "power over" to empowerment and mutuality

We must also learn to discriminate mutual from nonmutual relationships and discern which are the relationships that warrant our trust and confidence and which are not. Such distinction involves finding ways to evaluate when an interaction is mutually empathic and mutually empowering versus when it is imbalanced or governed by destructive "power over" dynamics. Commitment to an ethic of mutuality is essential. In a relationship we must learn to notice both when we are "reaching" or "touching" another person and when movement stops.

When one person is in a position of "power over" another, there can be little room for the kind of movement in mutuality that I am suggesting is essential to personal and relational resilience. "Power over" by its very nature dictates the form of relationship; one person has the ability to decide the rules for discourse and the direction that the relationship will take. The more powerful person also has the assumed *right* to receive support from the less powerful, whenever needed and on his or her terms. This system then is by definition rigid, not flexible, and decidedly not mutual.

From separate self to involvement

Very importantly, the capacity to move beyond the isolation that can both produce and accompany stress involves a movement out of narrow self-consciousness into the awareness of being part of something larger than the separate self, a "resonance with," whether this be a relationship with another person, feeling part of nature, or some aspect of spiritual involvement. It is when we feel most separate from others and from the flow of life that we are at most risk.

Some interpretations of the classic work on the type A personality, which found an association between hostility and coronary heart disease (Friedman and Rosenman, 1974), have suggested that hostility increases one's focus on the self, thus exaggerating one's feeling of isolation and separateness. More self-involved patients tended to have more severe cases of coronary artery disease, as well as a greater likelihood of depression and anxiety (Scherwitz, Graham, and Ornish, 1985). "The type A patient with more good friends had wider, less constricted coronary arteries than did the type A who was more typically alone" (Luks, 1992, p.95). These data suggest that our emphasis on boundedness, separation, self-sufficiency, and preoccupation with "numero uno" may not only have adverse consequences for us psychologically but may also be physically damaging.

From self-consciousness to relational awareness

The need to *receive* support which is cited in most resilience literature is thus imbalanced if it overlooks the broader need for mutuality and involvement — the capacity to extend one's interest beyond self. What is integral to a notion of relational awareness or relational resilience is moving from the self at the center of motivation and awareness to a broadening experience of "being with," being part of, of

transcending narrow self-interest and self-concern. This does not entail self-denial, but rather it is the movement from a paradigm of egoism versus altruism to one of relational awareness (Jordan, 1987).

Trauma: A challenge to relational resilience

Trauma, particularly those caused by other humans, e.g. sexual victimization, war, or physical violence, creates major disruptions in our experience of relatedness and thus threatens our capacity for resilience. "The role of others' reactions is central to many conceptualizations of victim response"(McCann and Pearlman, 1990, p.33), whether they be incest survivors not believed by parents or therapists, or Vietnam vets returning to a devaluing or hostile populace. One definition of trauma suggests that it is a "paralyzed, overwhelmed state, with immobilization, withdrawal, possible depersonalization, evidence of disorganization" (Krystal, 1978, p.90). The survival skills of the incest survivor — dissociation, hypervigilance, isolation, and lack of trust — all take a person out of connection; they lessen the possibility of successful use of support. Sroufe's description of the anxious avoidant baby who does not act as if she expects to be comforted by contact with the caretaker (Sroufe and Fleeson, in press) certainly applies to those who have been violated by a supposed loving and protective caretaker. Where an abusive relationship is defined as a loving relationship, the only outcome can be severe mistrust. As George Eliot wrote in *Middlemarch,* "What loneliness is more lonely than distrust?"(Eliot, 1872/1981, p.427).

Furthermore, there is complete disruption of self/other/world meaning systems in trauma. Epstein suggests the world is no longer seen as benign but malevolent, lacking in meaning, and unjust; others are seen as a source of threat, and the self is felt to be unworthy (Epstein, 1985). Janoff-Bulman observes that our basic assumptions about the world are shattered in trauma (1992). Rieker and Carmen (1986) note: "the child's task is to accommodate to a family in which exploitation, invasiveness, and the betrayal of trust are normal and in which loyalty, secrecy, and self-sacrifice form the core of the family's value system" (p.364). And Irene Stiver (1990) has written about this dynamic in dysfunctional families where when truth is denied and buried, shame, self-blame, and withdrawal are inevitable. The effort to retrieve some sense of connection through surface accommodation and compliance leads to an increasing sense of isolation and loneliness.

Trauma therefore impedes movement in relationship. When in trauma, we are inflexible, stuck, bound to repetition. Little can be learned interpersonally; we cling to those patterns that are familiar. Withdrawal into mistrust and isolation is rampant. Some have suggested that, ironically, "those individuals who are most vulnerable may be the least effective in eliciting support" (Ganellen and Blaney, 1984). A description of a composite case will illustrate some of these points. A young woman, survivor of repeated sadistic sexual abuse by her father, uncle, and brothers, would typically become enraged when I failed her in treatment (failures included asking a question that felt insensitive, suggesting a consultation, and many other instances that indicated a lack of understanding). These disconnections early in treatment often led to suicidal phone calls from undisclosed locations, with me feeling anxious and angry because of her refusal to tell me where she was. After some time in therapy, rather than communicating her distress through self-destructive action, she verbally expressed her outrage about our failures to connect. On one such occasion when I tried to convey some apparently inaccurate understanding, she erupted: "Why do you torture me? You act like you know it all." I responded that I had indeed made a mistake, that I did not intend to torture her, that I certainly did not "know it all"— far from it — and that I thought we both had to look at the problem in our relationship created by this misunderstanding. She retorted, "I don't want to hear how *we* have a problem with our relationship. . . this is all your fault and you better own up to it." In her eyes, hurt equaled abuse. If I questioned that equation, I was seen as trying to talk her out of her reality, something that her abusing father did constantly. When these moments occur I have to hold the tension of these differing perceptions: she feels abused and misunderstood while I feel unskilled in my failure to understand. We experience our interaction differently, although we can now agree that the misunderstanding and possible disconnection is troubling for both of us. Together we have to negotiate how we can "be with" these differences. I have to actively support exploration of this disconnection and encourage the eventual movement back into connection at the same time that I honor her sense of violation and her momentary need to move into protective distancing. Sometimes I have to do this when I may also feel like disconnecting. In this case, I "hold" the possibility for relational resilience, a responsibility that I view as central to my work as a therapist. As we move forward in our work together,

this responsibility will be shared more fully by both of us.

While some have stressed the sense of a loss of control and of meaningfulness in victimization (Seligman, 1975; Janoff-Bulman, 1992), I think more particularly that in instances of trauma involving violation by another person, we lose our trust in the goodness of others; we do not see another human being who responds to us in an empathic, responsive, and caring way. With chronic abuse and secrecy, we lose even our hope that there can ever again be a fully empathic, loving relationship with another person. It is not simply that what they do is beyond our control. It violates our most basic need to be cared about and responded to in a valuing, loving way. In abuse, there is a profound disconnection, a violation of human relatedness and meaningfulness in relationship that cuts deep. Finding ways to reestablish the caring connection or the belief in the possibility of love as a response to vulnerability is essential.

Few who have been severely taxed or injured by trauma would choose the path of suffering to accomplish growth. As Harold Kushner, whose book *When Bad Things Happen to Good People* was in part a response to the premature death of his beloved son Aaron, wrote, " If I could choose, I would forego all the spiritual growth and depth which has come my way because of our experience" (Kushner, 1981, p.133). But working through trauma and severe stress can in fact lead to a deepening appreciation of the preciousness of life, a wisdom that eludes those who maintain illusions about their own invulnerability; it also creates an abiding respect for the power of human connection accompanied by an increasing awareness of our absolute need for the love and support of others. Further, it can lead to an expansive desire to assist others who are victimized or injured; the movement toward helping others often becomes key to the transformation of private pain and isolation into compassion for the suffering of all human beings.

Relational resilience in therapy

In therapy we fundamentally build a relationship in which we can explore and seek to understand patterns of mutuality, resilience, connection, and disconnection. I will briefly point out the ways that the reframing of relational resilience can inform our understanding of therapy.

Supported vulnerability

Often when people begin therapy the need for safety is paramount. And at such times, the movement into a place of supported vulnerability may be the most important work. Dependability, respect, care, and empathic listening contribute to a sense of security.

In therapy, clients learn how to recognize when they need support, what kind of support they need, how they can ask for it and from whom. Clients become aware of those things that interfere with asking for support or bringing themselves more fully into relationship — shame, pride, fear, anger, split off experiences, inability to find trustworthy partners, etc.. Where there has been doubt about the dependability of others, therapist and client together try to build new relational images and expectations which include a sense of trust, commitment, and respect; we rebuild the broken empathic bridge; we explore the tendency to approach or avoid others in response to problems so that the client can begin to question automatic reactions in either direction. The mutual need to give support, to empathize, also grows as clients move beyond the initial heightened self-concern and painful vulnerability which accompanies the beginning of treatment. Ultimately we need to create meaning and confidence in a caring human community that we are both part of.

Flexibility

After the initial phase in which the client begins to develop a sense of trust in sharing his or her vulnerability, he or she becomes more flexible and increasingly differentiated and self-protective in decisions about whom to trust and in what ways. Demos (1989, p.5) writes "Resilience requires the ability to discriminate between situations and people and select only the most appropriate responses from among one's repertoire for each occasion." As therapists, we encourage recognizing those situations where disconnections may be protective versus those where reengagement and growth is possible. When the possibility for mutuality exists, we try to help the client look at the maladaptive ways she may avoid engagement. One client became very critical each time she started to feel close to her therapist; as she became more vocal about the therapist's faults, the therapist often became defensive and thus distanced from the client. Attending to the disconnection that was created by these dynamics became crucial to the therapy. It involved the therapist's ability to move out of her own need to be "right" and her willingness to look at how her distancing created more pain for the client. For her part, the client also had to examine her tendency to

move into attack when she felt more open and vulnerable. Together they had to bear and examine the tension that was created in these moments and find new ways for moving beyond these potential impasses and disconnections.

Empowerment and conflict

Among therapy's central goals is the encouragement and empowerment of individuals to most fully and creatively live their own truths in a way that is respectful of other's lives. Validation of experience, which often includes directly noting the contextual factors which contribute to difficulties, assists in this process.

Learning to trust that we can be ourselves, be different from one another, with the possibility that difference can lead to growth-promoting conflict, is also essential to authentic relating and creative action. We encourage clients to be more comfortable with moving into conflict in relationships by exploring the development of conflict with us (Jordan, 1990).

Mutuality

In therapy the client develops the courage to bring herself or himself most fully into relationship and into creative action. Inauthenticity takes us out of real mutuality. People who have learned to manage the image of themselves which they present to others or who have suppressed true responsiveness are often relieved to let another really see them. One client (among many who share a similar feeling), a very competent and intelligent woman, commented that she is very adept at figuring out what people want and gives it to them in order to either get something in return or to be liked. She derives little real pleasure from this dynamic, however, feeling secretly that she is "manipulative" and that the positive feedback she receives is not about her real sense of herself. She thus feels fraudulent. She does not feel either instrumentally or socially competent. (How often have you heard a man worry about being "manipulative" rather than effective and instrumental?)

The moments of disconnection and isolation are not just times of pain but contain possible lessons which both therapist and client must be prepared to take in. We learn from empathic failures. As Steiner-Adair (1991) and Miller and Stiver (1991) have noted, therapists must become sensitive to our own disconnections and try to discern what is happening when we or the other person is moving away from connection. Disconnections must be named and understood.

Relational confidence

As misunderstandings are renegotiated and empathic failures are reworked, the client slowly develops a sense of relational confidence. The very capacity of the therapy relationship to not only withstand but grow through the shared work on anger, hurt, and pain contributes significantly to the sense of relational confidence. As one client commented: " In the beginning when I'd get mad at you, I expected you to retaliate. I kept looking for the slightest sign that you weren't treating me fairly. Now I figure, you can take my anger; I know both of us will work to make some sense of the whole thing together. It feels very different, sturdier."

Relational awareness

While therapists address individual problems and personal change, we also work on developing "relational awareness" which gradually becomes as important as the kind of self-consciousness that is so prevalent, but so paralyzing, for many people when they enter therapy. First, we must shift our focus from one which primarily looks at the intrapsychic, the characterological, to one that focuses on relational elaboration. We engage in articulating, tracing, and getting to know relational movement from connection to disconnection and back into connection in the here-and-now. We foster an awareness of self, other, and relationship.

While much of the research on resilience has pointed to the importance of instrumental competence, the need to control, or the need to feel in control, as central to personal well-being and growth, a relational point of view would rather emphasize the need for mutual involvement and mutual empathy. As much as we all enjoy the sense of figuring something out, effectively working on something in the external world and seeing ourselves as competent individuals (what many have called mastery or efficacy), the need for a kind of relational competence and belonging is powerful and primary as well.

Transformation and social change

Unlike resilience, transformation suggests not just a return to a previously existing state, but movement through and beyond stress or suffering into a new and more comprehensive personal and relational integration. In the case of disconnection, transformation involves awareness of the forces creating the disconnection, discovery of a means for reconnecting, and building a more differentiated and

solid connection. The movement into and out of connection becomes a journey of discovery about self, other, and relationship — about "being in relation." The importance of connectedness is affirmed, and one's capacity to move into healthy connection is strengthened. This is indeed transformative.

By speaking of transformation rather than just resilience we move beyond a notion of recovery from individual pain to a sense of greater integrity and integration in the human community as well. Joining others in mutually supporting and meaningful relationships most clearly allows us to move out of isolation and powerlessness. Energy flows back into connection. Joining with others is a powerful antidote to immobilization and fragmentation. It is thus an antidote to trauma. Moreover, the ability to join with others and become mobilized can further efforts towards a more just society.

I would like to suggest that we live in a traumatized and traumatizing society today. Four million children in the United States between the ages of three and seventeen experience acts of violence, 38% of adult women have experienced at least one incident of incestuous or extrafamilial sexual abuse in childhood, 1,700 women die each year as a result of domestic violence. In 1984, 37 million Americans experienced criminal victimization. Since 1975 more than 700,000 refugees from Southeast Asia have come to this country, many of whom witnessed endless tortures and deaths — two million deaths in Cambodia alone (McCann & Pearlman, 1990). Each day we are bombarded with details of murders, assaults, tragedies, and global tensions.

As therapists, we must move beyond dealing with individual pain; we must become part of a larger solution by joining with others to transform the social conditions that contribute heavily to individual pain. We can replace an ethic of individualism with an ethic of mutuality. As feminist theorists have been noting, the personal *is* the political. We cannot continue to pathologize individual adaptations to socially destructive patterns. Therapy should not become a part of the problem by suggesting that the pathology is individual and that the solution is individual. We should not become a part of the problem by reinforcing the isolation of women from one another. An African-American panelist at a conference recently noted that African-American mothers often explicitly teach their daughters how to survive in a racist society; the comparable teaching of *all* girls about how to survive in a *sexist* society rarely occurs in either black or white families.

Patriarchy and existing power structures depend on the isolation and disempowerment of women. Women are pitted against each other in competition for men and in the demeaning of women who choose to be with women. Women of color are separated from white women. Feminists are characterized as "ballbusters" and "angry bitches." Women fighting for reproductive freedom are portrayed as murderers. Those who speak up against rape, harassment, or job discrimination are seen as troublemakers, to be doubted and judged.

Those involved in social change will need to find ways to be resilient and move toward transformation, in much the same way we have suggested individuals need to move. This transformation can be accomplished through extensive use of support networks, finding the places where change is possible, and finding ways to live with those situations that are utterly beyond movement. It may be as simple as heeding Simone Weil's (1983) suggestion that we ask our neighbor, with compassion, "What are you going through?." We might then add: "Is it *necessary* that you go through it? If so, I will stand with you as you go through it. If not, I will help you change it." Much individual suffering could be prevented if as a culture we truly appreciated our essential interdependence and the bankruptcy of "power over" models. We might accept the inevitability of much suffering, but apply ourselves arduously to the elimination of that suffering which need not be. This is a question that faces us all in our own lives; as therapists we must help people grapple with it daily: "Is this suffering necessary?" If it is, we must support one another, develop compassion, become resilient. If it is not, we must find ways to move through it and thus to transform the conditions creating unnecessary suffering. As Audre Lorde has suggested, "The only pain that is unbearable is wasted pain" (Lorde, 1984, referred to in McDaniel, 1989).

Discussion Summary

After each colloquium presentation a discussion is held. Selected portions are summarized here. At this session Drs. Cynthia Garcia Coll, Natalie Eldridge, Jean Baker Miller, Irene Stiver, Janet Surrey, and Beverly Tatum joined Dr. Jordan in leading the discussion.

Garcia Coll: I'm fascinated and agree totally with your notion of thinking about resilience as part of relationship rather than as a personality characteristic. I'd also like to think about how we could put some of these ideas into practice. There's a lot of anecdotal

data that show that many survivors of early stress and trauma do better when they have had some mentoring relationship — a teacher, an older sibling, an aunt — who was very significant when there were no other people around. I'm trying to think how we can define mutuality in that kind of relationship where there's someone much older than you and there isn't the usual kind of give and take. How would you use your five principles with an example like the case of children surviving difficult situations because they had a very important relationship with an older person?

Jordan: I think that those five factors may exist differently at different times in a person's development; probably what happens with a mentor or other valuing adult is that the child is provided with a relationship of supported vulnerability in the sense that she has somebody supporting her growth, the right to be a child and the right to be in a vulnerable position. That piece may be more important than some of the others at that stage of development. One of the things that I was interested in when I began this paper, but never actually addressed adequately, was understanding why it is that some people are resilient when others are not. If you take two people's histories that might be quite similar in terms of trauma, and look at the facts and at where they are in their lives and how they feel about themselves, you see tremendous differences. I was very interested in trying to understand those differences. I think having someone there who really believed in you, who really nurtured you, who really supported your confidence is terrifically important.

Miller: Are you thinking that mutuality can't be when someone is much older or more developed than the other?

Garcia Coll: I'm just questioning how you define it when there is that difference. How do you define mutuality when there is a power imbalance, such as an imbalance of power with age, or with a teacher and student?

Stiver: It's similar to the struggle that therapists have where obviously there's a power imbalance. It depends on a different kind of perspective about the relationship as opposed to teaching or being an expert. It really is the attitude of respect in engaging in the relational context. We have to look at the power difference when there are age differences and in therapy.

Jordan: Yes, there are differences in authority, there are differences in roles. I think it is the mutual responsiveness, having an impact on the other person...that doesn't mean having the *same* impact on each other, but there's a kind of movement. There isn't a fixed response and there isn't a fixed notion of the way each one is to be in all situations.

Question: I'm often struck when we talk about differences by the fact that we forget the shared values that underlie the differences. I think this is relevant to this discussion. Even though there are big differences between people in age or culture, or gender or whatever, there may be an underlying human dimension that permits people to connect in a very essential way so that these differences are not impediments. We get lost when we focus on the differences. We need to recognize them, but let's not forget the human ties that bind even a very young child and a very old person, or people from different cultures or whatever. I would urge us to remember our shared values and perspectives.

Question: I was thinking of a client of mine who said her grandparents really listened to her...the grandparents learned from the child...and enjoyed her. It isn't only that a child learns from older people, she is really listened to. And the same is true for the therapist. As an older person can learn from a child and get many good things, a therapist can get many good things from a client. We learn from our clients too.

Question: I was interested in the point that Dr. Jordan was making about the movement from separate self to involvement in relationship. You mentioned that health could come from connection with persons, or spiritual connection, or with nature...or anything that imparted to the individual a connection with life itself. I was wondering if you could talk more about that.

Jordan: I wasn't necessarily trying to compare the different things, but I was trying to expand a little our (my) notion of relatedness. Most of what we're talking about is obviously human relationships, and that's the clearest way to address the whole issue of connection. But I think there's something vitally important about our feeling of being in a flow or in a process and not separated out from other beings or nature; it's about being part of something larger than ourselves. In a culture of individualism and separation there is the danger of constantly separating people out, not just from each other in terms of their sense of "power over" or self-sufficiency, but from their entire context and the environment in which they live and on which they depend. I think it is important for us to be respectful of our connection with nature and other beings, as well as with other people.

Question: We hear a lot these days, about the so-called vicarious traumatization that therapists experience from dealing with trauma all the time. I'm interested in what you think contributes to therapists' resiliency.

Jordan: That's a very important question. Just today I met with a group of therapists treating trauma survivors to make plans for what to focus on in our discussions next year. It became very clear, as people began talking about our own pain in doing this work — our own uncertainty — that what we really want to pay attention to is how can we support each other. I think one of the most painful things about the early work with trauma survivors was the way our vulnerability as therapists sometimes got interpreted by other therapists, i.e. that if you were starting to feel affected by the work, what we might now call secondary traumatization, it was a sign that there was something wrong with you, that your "boundaries" weren't good, that you were over-involved. There was a lot of criticism. As a result, when we were doing this work, not only were we feeling the effects of the work with the clients but we were also being judged by fellow professionals who were saying there was something wrong because we weren't keeping more distance and aloofness. It's terribly important to come together in groups. In the meeting I had today we decided not to come in and give a nice, neat case presentation but for all of us to list those areas of vulnerability in the work we're doing — the places where we feel "I don't know what to do" or "I feel so terrible when I hear about this that I go home feeling the pain." We, a group of both senior clinicians and relatively novice therapists, want to help each other learn how to manage those feelings and be with them and not be ashamed of them. I think highly of the work that Janet Yassen, of the Victims of Violence Program, does with people working with trauma. She helps them in finding ways to give to themselves, to heal themselves. She has a lot of specific suggestions.

Miller: In addition to what you just said, it might help therapists to realize that working with abuse survivors isn't just a medical enterprise; it's an unearthing of a whole vast, hidden violation that's gone on in which we're all linked. Some sense of that is very helpful.

Eldridge: In some ways we think as clinicians we're particularly skilled in relational work, but I think as clinicians we're particularly vulnerable to isolation and so the question about resilience in therapists is a very critical one. The secondary post-traumatic stress work that some of us need to do may help us all, as a profession, see that we need to nurture those relationships that will give us resilience in this kind of work.

Question: I've been coming to these lectures for quite a long time. And I feel what you're doing is really important. In this world that surrounds us it's one of the few places that's like an oasis of some kind of sanity and support. I know there are a lot of therapists here in the audience. I am a professor and my question is that I'd like to support you somehow if I could know how to do that. I have resources, personal resources, I deal with young people. How can we help you? You've been giving to us for so long.

Jordan: You just did. Thank you. I'm serious; the response we get from all of you is enormously sustaining to us.

Tatum: I'd like to respond to your question because I'm also a professor. One thing that's very important is to spread the information by incorporating it into the courses that you teach. I teach courses in theories of personality. I see many, many theories of personality text books that don't say anything about relational theory. Bringing that information to students' attention is a very important way that you can support the work.

Question: Starhawk, in talking about the "power over" system, uses the metaphors of the insides of our minds resembling the battlefields and the jails. I was wondering, when all of us have grown up in a society that embraces "power over," how do we begin to recognize and deal with our own inclinations toward "power over," both in interpersonal relationships and therapeutic relationships.

Jordan: That is such an important and difficult question. I feel we have to develop more sensitivity to our own use of power. We have to know how to recognize the particular way we move into "power over" dynamics. We don't like to think of ourselves as exercising "power over," yet we all do in certain situations and have lots of ways of hiding from it. There are even people who enjoy the exercise of "power over" others. We need to learn to recognize when we are beginning to exercise "power over" others as a solution; we need to question the usefulness of that strategy. That recognition and awareness is a very important first step. Then we must work on developing other ways of moving in the relationship, of thinking about transforming the "power over" to empowerment.

Surrey: It means really having relationships where we can be honest with each other and really

listen to other people's experience of us. We need to generate a context where we can accept that we are going to find ourselves, at certain times, using "power over," because we can't help but find them. How are we going to work together with these instances, as opposed to feeling there is something wrong about us that's secret and awful— a reaction that is constantly being generated in the culture? And that's very difficult for women especially. Ignoring our own privilege, it's easier for white women to talk about women as victims and not to see the way that we're also part of other oppressive systems. We need to walk around with that consciousness in a much more sensitive way.

Question: In view of what you were saying, Judy, about the necessity of mutuality in social support and of giving support as well as accepting it, which I found a very revolutionary idea — I never thought of that — I'm curious, how does psychotherapy work? Obviously, I'm not a clinician. But if the client is not giving anything to the therapist, and I think that's often true in the client's view, and you say it's necessary to have a mutual relationship, how does therapy work?

Jordan: I don't believe that clients are there to give to the therapists, but I do believe that the clients are there to change. The therapist is there to help the client with those changes. But therapists grow enormously and learn. Perhaps it's more useful to talk about it as teachers and learners. The goal should never be for the therapist to "get" something from the client. But we do create a lot together and in that growth-enhancing relationship, both people grow. Some of my clients have been my most important teachers.

Surrey: The whole language of giving is problematic. Learning with, being together, enlarging, connecting is more what we're talking about. The opportunity to connect as a therapist is a privilege. It gives me a tremendous amount. I learn a tremendous amount. I'm not going in there with my problems; there are other places I bring problems of my own. The focus is on the client's experience. We are trying to grapple with the question of power in therapy. How do we talk about mutuality when there are power imbalances? Sometimes I think that groups are far better than individual therapy because they allow people to participate in these kinds of connections in more equal ways — ways that are less stilted, less confusing, and less potentially abusive.

Stiver: If you take Judy's notions of vulnerability alone — the health promoting aspects of being able to express or show one's vulnerability as opposed to hiding it — I can't imagine a therapist being responsive in a growth-enhancing way to the client's vulnerability without opening up her own vulnerability. We are reframing traditional therapy style by saying that one has to be open to one's vulnerability in order to be able to foster the process. The acknowledgement of vulnerability alone is an enormous mutual experience in therapy.

Jordan: I also think there are times when we all need to protect ourselves by not sharing where we are. Part of the question of vulnerability is that we have to decide when it is safe to let other people see who we really are and when it isn't. We need to find ways to do that.

References

Barnett, R., Biener, L., & Baruch, G. (1987). *Gender and stress.* New York: The Free Press.

Beardslee, W. & Podorefsky, D. (1988). Resilient adolescents whose parents have serious affective and other psychiatric disorders: Importance of self understanding and relationships. *American Journal of Psychiatry, 145:1,* 63-67.

Belle, D. (1982). Social ties and social support. In D. Belle (Ed.), *Lives in stress: Women and depression.* Beverly Hills, CA: Sage.

Block, J.J. & Block, J. (1980). The role of ego control and ego resiliency in the origins of behavior. In W.A. Collins (Ed.), *Development of Cognition: Minnesota Symposia on Child Psychology, 13.* Hillsdale, NJ: Erlbaum Associates.

Carver, C.S. & Ganellen, R.J. (1983). Depression and components of self-punitiveness: High standards, self criticism, and overgeneralization. *Journal of Abnormal Psychology, 92,* 330-337.

Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine, 38,* 300-314.

Cohen, S. & Edwards, J.R. (1986). Personality characteristics as moderators of the relationship between stress and disorder. In R.J. Newfield (Ed.), *Advances in the investigation of psychological stress.* New York: Wiley.

Dean, A. and Lin, N. (1977). The stress-buffering role of social support. *Journal of Nervous and Mental Disease, 165,* 403-415.

Demos, V. (1989). Resiliency in infancy. In T. Dugan and R. Coles (Eds.), *The child in our times.* (p. 3-22), New York: Brunner/Mazel.

Duck, S. (1990). *Personal relationships and social support.* Newbury Park, CA: Sage Publications.

Dugan, T. and Coles, R. (Eds.), 1989. *The child in our times: Studies in the development of resiliency.* New York: Brunner/Mazel.

Dweck, C.S. and Reppucci, N.D. (1973). Learned helplessness and reinforcement responsibility in children. *Journal of Personality and Social Psychology, 25,*

109-116.
Dweck, C.S., Goetz, T. & Strauss, N.L. (1980). Sex differences in learned helplessness: IV. An experimental and naturalistic study of failure generalization and its mediators. *Journal of Personality and Social Psychology, 38,* 441-452.
Eliot, G. (1872/1981). *Middlemarch.* New York: Signet Classic, p. 427.
Epstein, S. (1985). The implications of cognitive-experiential self-theory for research in social psychology and personality. *Journal of the Theory of Social Behavior, 15,* 283-310.
Faludi, S. (1992). *Backlash: The undeclared war against American women.* New York: Crown Publishers.
Fischer, C. (1982). *To dwell among friends: Personal networks in town and city.* Chicago: University of Chicago Press.
Friedman, M. and Rosenman, R.H. (1974). *Type A behavior and your heart.* New York: Knopf.
Ganellen, R. & Blaney, P. (1984). Hardiness and social support as moderators of the effects of life stress. *Journal of Personality and Social Psychology, 47,* 1, 156-163.
Gilligan, C., Lyons, N., Hanmer, T. (1990). *Making connections: The relational worlds of adolescent girls at Emma Willard School.* Troy, NY: Emma Willard School.
House, J., Robbins, C. & Metzner, H.L. (1982). The association of social relationships and activities with mortality: Prospective evidence from the Tecumseh Community Health Study. *American Journal of Epidemiology, 116,* 1, 123-140.
Janoff-Bulman, R. (1992). *Shattered assumptions: Toward a new psychology of trauma.* New York: The Free Press.
Jordan, J. (1987). Clarity in connection: Empathic knowing, desire and sexuality. *Work in Progress, No 29.* Wellesley, MA: Stone Center Working Paper Series.
Jordan, J. (1990). Courage in connection: Conflict, compassion and creativity. *Work in Progress, No. 45.* Wellesley, MA: Stone Center Working Paper Series.
Kaplan, B. H., Cassel, J.C. & Gore, S. (1977). Social support and health. *Medical Care, 15,* 47-58.
Kobasa, S. C. and Puccetti, M.C. (1983). Personality and social resources in stress resistance. *Journal of Personality and Social Psychology, 45,* 839-850.
Krystal, H. (1978). Trauma and affects. *Psychoanalytic Study of the Child, 33,* 81-117.
Kushner, H. (1981). *When bad things happen to good people.* New York: Avon Books.
Lazarus, R.S. & Folkman, S. (1984). *Stress, appraisal and coping.* New York: Springer.
Lerner, M. (1980). *The belief in a just world.* New York: Plenum.
Luks, A. (1992). *The healing power of doing good.* New York: Faxcett Columbine.
McCann, L. & Pearlman, L. (1990). *Psychological trauma and the adult survivor.* New York: Brunner/Mazel.
McDaniel, J. (1989). *Metamorphosis: reflections on recovery.* Ithaca, NY: Firebrand. 71-73.
Miller, J.B. (1986). What do we mean by relationships? *Work in Progress, No. 22.* Wellesley, MA: Stone Center Working Paper Series.
Miller, J.B. (1988). Connections, disconnections, and violations. *Work in Progress, No. 33.* Wellesley, MA: Stone Center Working Paper Series.
Miller, J.B. & Stiver, I. (1991). A relational reframing of therapy. *Work in Progress, No. 52.* Wellesley, MA: Stone Center Working Paper Series.
Pearlin, L. I. & Schooler, C. (1978). The structure of coping. *Journal of Health and Social Behavior, 19,* 2-21.
Perloff, L. (1983). Perceptions of vulnerability to victimization. *Journal of Social Issues, 39,* 41-61.
Rieker, P. & Carmen, E. (1986). The victim-to-patient process: The disconfirmation and transformation of abuse. *American Journal of Orthopsychiatry. 56(3),* 360-370.
Rutter, M. (1979). Protective factors in children's responses to stress and disadvantage. In M.W. Kent and J. Rolf (Eds.), *Primary prevention of psychopathology, vol. 3, social competence in children.* Hanover, NH: University Press of New England, 49-74.
Scherwitz, L., Graham, L. & Ornish, D. (1985). Self involvement and the risk factors for coronary heart disease. *Advances, 2,* 2, Spring, 6-18.
Seligman, M. (1975). *Helplessness.* San Francisco: Freeman.
Spiegel, D. (1991). A psychosocial intervention and survival time of patients with metastatic breast cancer. *Advances, 7,* 3, 10-19.
Sroufe, A. & Fleeson, J. (in press). Attachment and the construction of relationships. In W.W. Hartup and Z. Rubin (Eds.), *Relationships and development.* New York: Cambridge University Press.
Steiner-Adair, C. (1991). New maps of development, new models of therapy: The psychology of women and treatment of eating disorders. In C. Johnson (Ed.), *Psychodynamic treatment of anorexia nervosa and bulimia.* New York: Guilford Press.
Stiver, I. (1990). Dysfunctional families and wounded relationships: Part I. *Work in Progress No 41.* Wellesley, MA: Stone Center Working Paper Series.
Suls, J. (1982). Social support, interpersonal relations and health: Benefits and liabilities. In G. Sanders and J. Suls (Eds.), *Social psychology of health and illness.* Hillsdale, NJ: Lawrence Erlbaum Associates. 255-279.
Surrey, J. (1985). The "self-in-relation": A theory of women's development. *Work in Progress, No. 13.* Wellesley, MA; Stone Center Working Paper Series.
Weil, S. (1983). *Gravity and grace.* New York: Octagon Books.
Wheeler, L., Reis, H. & Nezlek, J. (1983). Loneliness, social interaction, and sex roles. *Journal of Personality and Social Psychology, 45,* 943-953.