

# **Work in Progress**

## **Valuing Vulnerability: New Definitions of Courage**

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# Valuing Vulnerability: New Definitions of Courage

Judith V. Jordan, Ph.D.

## About the Author

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## Abstract

In a dominant, Western culture that celebrates strength in separation and holds unrealistic expectations for independent, autonomous functioning, vulnerability is seen as a handicap. This system creates the illusion of an invulnerable and separate self, and uses individualistic standards to measure a person's worth. Since these unrealistic expectations cannot be humanly attained, these controlling images become the source of shame and disconnection. RCT suggests that there is value in embracing vulnerability and in providing support, both at an individual and a societal level, for the inevitable vulnerability of all people. Rather than espousing the individual, mostly mythical, traits of a "lone hero," RCT moves us toward new and important pathways to resilience and courage through connection.

A version of this paper was originally presented at the 2002 *Learning From Women Conference*, co-sponsored by Harvard Medical School and the Jean Baker Miller Training Institute.

It is always exciting to be here at the *Learning from Women Conference*, but as many of you know, this particular conference still fills me with the strangest mixture of excitement and anxiety. This year's conference seemed especially hard to prepare for. My topic, working with vulnerability and courage in connection, arose partly in response to the events of September 11<sup>th</sup>. But it seemed like these ideas have been speaking to me for a while, though unfortunately, rather softly and unclearly.

In a recent dream, I was sitting with Irene Stiver, saying that I just couldn't do this conference without her. We were sitting on a balcony of some stately-looking building with a lot of people. It turned out that we were already at the conference and Irene was saying, "I'm here, I'm here." I was feeling better as she spoke to me; it was a dream image of courage in connection, if you will. Many of you may know that Irene was here for the Harvard women's conference in 2000. That day is very much with me today as it was her last professional presentation. She was diagnosed with lung cancer a week after that conference and died four months later. I want to dedicate this talk to her. I also want to dedicate it to Jean Baker Miller, another dear friend and colleague who has taught me much about courage in connection. Jean first signed me on to present at an Orthopsychiatry conference in Toronto. When I protested that I was phobic about speaking in public and asked if someone else could give the paper I wrote, Jean gently suggested we should take the notion of voice seriously. She encouraged and supported me to come into my voice.

At that conference, my short paper on empathy and the mother-daughter relationship, given with much trepidation, engendered the following question from a man in the audience: "Dr. Jordan, would you care to comment on the implications of empathy for Marxist and Capitalist systems of government?" My mouth dropped open and I started to dissociate. Then

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I looked at Irene on one side of me and Jan Surrey on the other for the support that I knew would be there. With their silent encouragement, I managed to say, "That's an interesting question, I'm sure you have some thoughts about that," and indeed he did. He went on to give a short talk. The man's question was profound, but I just wasn't "present" enough to grasp its significance. The Relational-Cultural Model, while very relevant to the practice of therapy and personal relationships, is not just a sweet theory about "cozy" or "nice" connection. It presents a challenge to the dominant paradigms of separation, radical individualism, certainty and images of invulnerability both in and out of therapy.

To Irene, Jean, and all of my colleagues here, I thank you for helping create the courage to try to forge new models of human development and human connection and new ways of understanding women. And to all of you, I thank you for helping to listen us into voice, for encouraging us. I share my sense of vulnerability and my hope for the power of curiosity, openness, learning, and growing in connection. This work is partly about ideas, but it is also about our hearts, our lives, our hopes, and our passions.

## Courage in Connection

Courage is ordinarily depicted as a characteristic of the lone, separate person who defies vulnerability and fear. In a paper written in 1990, I suggested that courage, unlike macho defiance of fear, is the capacity to act meaningfully and with integrity in the face of acknowledged vulnerability. There is no real courage where vulnerability and fear are denied. According to the Oxford English Dictionary (1971), the word courage derives from the Latin root "cor" meaning, "heart" and it lists the first definition as, "the heart as the seat of feeling, thought." Traditional Eurocentric culture extols courage as a trait to be found in the solitary individual, an internal characteristic existing within a person who often faces her or his fate alone. This propagates a myth of "separate courage" rather than "courage in connection."

Seeing courage only as an internal, solitary trait eliminates an understanding of the way people help to engender and support one another's courage. It obscures the fact that we all need encouragement throughout life in order to stay vital and confident, to bring our most deep and real energy into connection. Courage involves bringing our truth into relationship. It often involves the courage to move into conflict. Bringing ourselves authentically into relationship leads to inevitable conflict around difference, and the

courage to move into conflict is essential for growth and change. Courage also involves building resistance to the radical individualism of the dominant culture, challenging the definitions that are imposed on the less powerful by the more powerful, and importantly, challenging the messages that make the less powerful "the problem."

Carol Gilligan (Gilligan, Rogers, & Tolman, 1991) alerted us to the importance of political resistance in psychological theory. Janie Ward (2000) has written about the special quality of resistance for liberation for African American adolescent girls. Patricia Hill Collins (2000) notes that "the authority to define societal values is a major instrument of power." She also notes that, in resistance, "There is a refusal to accept the applied definitions and identities from the dominant group" (p. 69). In resistance, we say to the dominant culture, "you cannot define who I am or convince me that I do not belong" (Ibid., p. 39).

As women and as people concerned with helping others, we need to resist the myth of the lone individual conquering nature, being master of his fate, in control, certain of and moving to a position of power over others as confirmation of his strength, and trying to maintain images of being invulnerable and independent. We need to offer models of courage that emphasize our ongoing need for connection and encouragement. Similarly, we need to challenge the construction that suggests desire for connection and need of others is the territory of weak and emotionally immature women. We need to challenge the dominant images of "power over" others, as they shape experiences of gender, race, class, and sexual orientation. We need to question the power of binary thinking that objectifies and creates opposition around difference (weak or strong, poor or rich, gay or straight, black or white).

When we have the courage to move beyond certainty and invulnerability we enter the world of learning, curiosity, and, dare I say, love. We risk the hope of becoming part of something larger, transcending the illusion of the separate self. We can enjoy the spaciousness of real humility or we can become paralyzed with shame, a sense of personal inadequacy. The need for certainty can lead to imposition of simplistic categorizations, whether they be diagnoses or social categories which distort the experience of both the namer and the named. To be present in life and in the therapeutic relationship, we must dwell in uncertainty. In order to do this, we must tolerate our own and the other person's vulnerability and we must create safe contexts and systems in which this can happen. In individualistic systems,

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understanding, courage, agency, and activity are seen as existing within the individual. The failure to meet the prevailing standards of strength and goodness are seen as problems of the individual.

“Be a man” is the highest exhortation in our culture. It carries a notion of courage, strength, and pride. How often have I heard as a compliment, “You think like a man,” or as a child, “You run like a boy”? A mother at a recent conference on gender came up to me at the end of one of my presentations. First, she told me that she was a longtime feminist and had tried to raise her son to think outside the usual gender boxes. She reported the following anecdote: her eight-year-old son was playing on a soccer team that had one girl who was a very skilled and competent soccer player. A player from the other team came up to this woman’s son and said, “You’re on a girls’ team, you’re a girl—you’re all girls,” followed by, “Neh, neh, neh,” the universal taunt sound. This woman watched her son’s reaction. He looked pained (the taunt had found its target) and angry, but he paused and retorted, “We are *not* girls!! We’re *not* girls!” Then he paused again and the look on his face changed completely. “We’re *not* girls. We’re—WOMEN!!!” This boy had somehow learned resistance and perhaps the fine art of Aikido: take the energy coming at you and go with it for your own empowerment. Apparently, the bully was completely nonplussed by this response and withdrew.

## Vulnerability

Vulnerability is defined in the Oxford English Dictionary (1971) as “susceptible of receiving wounds or physical injury; open to attack.” It carries the notion of not being adequately protected, unsafe. But of course, protection is a contextual term. In certain circumstances being open and psychologically visible is essential; in other situations, armor and protection are necessary. Depending on the context in which we feel vulnerable, we may in fact be in danger and open to injury. The experience of vulnerability depends very much on the relational context. In a system of radical individualism and cutthroat competition, vulnerability is often a fear-filled experience. In a violating, non-mutual and power-over system, vulnerability is a dangerous experience. And in a stratified and oppressive society, those at the bottom are continually forced into places of vulnerability and then reminded of their vulnerability, partly as a means to intimidate and control them.

Much of the struggle associated with creating new models of development arises from language. How

can we use the language of the dominant discourse, a language riddled with assumptions of separation and power over others. How can we develop new language or reframe old concepts in a context of connection? As Patricia Hill Collins (2000) said, “We are developing an epistemology of connection versus an epistemology of separation” (p. 71). In this vein, I would like to suggest that we reframe vulnerability as an experience in which we are open to the influence of others at the same time that we are open to our need for others. We feel we can bring ourselves more and more fully into relationship. There is an openness to mutual impact, a sense of being safe enough to move toward connection with others. When we are vulnerable, we are capable of being “moved” by internal affective experience, as well as being affected by other people. In an empathic or compassionate milieu, we honor emotional openness and reward trust with care and respect. Sarah Lightfoot (1999) said, “Making oneself vulnerable is an act of trust and respect, as is receiving and honoring the vulnerability of another” (p. 93). But we might also look at different kinds of vulnerability since the way we experience vulnerability is so dependent on the context within which it occurs.

Supported vulnerability occurs in relationships where one is provided the kind of caring that allows one to explore one’s full range of being in a safe and mutual context (like therapy). Mutual vulnerability occurs in growth-fostering relationships where both people experience a deep connection and openness to change. Forced vulnerability involves the exercise of power over others, sometimes including humiliation, being rendered vulnerable against one’s will. This is never “safe enough” vulnerability and is often experienced as traumatic vulnerability; there is too much loss of control, too much exposure, and abuse of the power differential. Humiliating others, reducing them to a state of frightened and demeaned vulnerability unfortunately plays a part in much of the subtle violence we see at personal and social levels.

## Illusion of Invulnerability

Vulnerability, per se, is not the problem for the culture or individuals. In fact, vulnerability is an inevitable part of being alive. It is *disowned* vulnerability that creates disconnections. An openness to being affected is essential to connection; without it, people relate inauthentically, adopting roles and coming from distanced and protected places. The dominant group (white, middle-class, masculinist, straight) celebrates the illusion of invulnerability,

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safety in power over others, armored separation and hyper-individualism. Living in the shadow of our national trauma of 9/11, I noticed shared sadness and fear in the people I spoke with. I also noticed the anger, the knee-jerk revenge, the “How could they do this to US?” expressed more at a national and public level, rather than at an individual level. There was some sense of humiliation and counter-humiliation. It was not just the sense of pain or being in touch with the suffering that we were experiencing, it was a sense of entitlement to the illusion of invulnerability. In my therapy practice there were enormous differences in responding. One client, terrorized as a child by an older brother, could not stop crying, but she made no connection between her own early awful vulnerability and the events of September 11<sup>th</sup>. Another woman, an abuse survivor, felt her whole life was unraveling and after four years of sobriety began drinking again. Yet another intensified her participation in *Amnesty International*. Another could not pick up the phone to call her family in New York from whom she was estranged. Several times in hearing a low-flying plane overhead both my client and I winced. We were, therapist and client, in a shared state of trauma, fear, numbness, and secondary traumatization. The veil of safety, seemingly so real but invisible (until it was threatened) for white middle-class people was suddenly ripped asunder.

The illusion of safety had never been there for citizens of Third World countries, for the mothers of inner city adolescents, for people of color, for gays and lesbians, for the mothers of the disappeared, in short, for all those who are marginalized and objectified. It was one of those invisible privileges, like male privilege or white privilege, which Peggy McIntosh (1988) addresses: *the privilege of assumed safety or invulnerability*. At the collective dominant culture level, we were all faced with the sense of our own vulnerability. Invulnerability was no longer an option. False reassurances were useless, shared terror was barely tolerable. Being present with, bearing the uncertainty and fear, acknowledging our universal vulnerability in the face of death, showing that we were touched, moved, and saddened seemed to help a little. Every client I saw had the same response: “I just wanted to be with those I loved. I felt I just wanted to touch and hug and be with my family, my friends.”

The consistency of this response and some of the gender differences in the retaliation response reminded me of the classic studies of fight or flight in the face of stress. For years the dominant and only truth in psychology was that in the face of stress, the

organism either fights or takes flight (or freezes). It has been one of the bedrock pieces of knowledge in Western psychology, the famous “fight or flight” phenomenon. It is very relevant to the issue of vulnerability. Stress involves feeling vulnerable, open to being influenced usually in aversive ways. Shelly Taylor and a group of graduate students (2000) at the University of California began to question this “universal truth” and found that the hundreds of studies of the fight or flight response to stress were done on males—male albino rats, male monkeys, and male humans. The conclusions from these studies were that in the face of stress, we either fight (are strong and courageous “real men”) or we flee (are vulnerable and cowardly). Furthermore, we respond alone, based on internal traits—either lone heroes or lone wimps. When Taylor repeated these same studies on females, a very different picture emerged. In the face of stress, females tend to move toward others, to take care of, to be in close proximity, to groom and communicate. They named this the “tend and befriend” response. Taylor and associates suggest that part of this may be biologically determined, that there is a release of oxytocin for females when they are stressed or too vulnerable. Oxytocin is the hormone that is released pre- and post-birth in mothers and in all women during times of stress. While I have no doubt that biology plays a part in this, I would be hesitant, as were these authors, to explain all the gender differences in that way.

I would like to point out, which these researchers did not, that the response to stress they found does not appear to be about just “getting support” or “calling a friend to complain” (nothing wrong with either of these), but there is a “befriend” piece. In our language, it is about something mutual—reaching out to give, reaching out to receive. It is about building connection, and to stretch it a bit, I think it is about the practice of building courage in connection. This helps us cope, helps us stay in our vulnerability, helps us feel we are part of something larger than our own particular fear. It’s interesting how much developmental models emphasize “growing bigger.” Even in this model, we talk about growth as if it’s about getting bigger or more expanded. I actually think of development as movement toward more integration, more responsiveness, more flexibility, more connection, and becoming a part of something larger. It is not the individual getting bigger, and certainly not the individual ego getting bigger. I heard two women in a line at the grocery store recently talking about mothering. They appeared to be strangers. One was a relatively new mother and the

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other was expecting her first child. The new mother was glowing and talking to the slightly anxious expectant mother and she said, “Being a mother is the most powerful thing I have ever done. You feel so small compared to your child and it’s so wonderful. You’re not the center.”

## Dominant Images of Control

The prescriptions for white, middle-class, heterosexual males are: be in control, be certain, be agentic, be a fighter, be at the center, and don’t be vulnerable, too emotional or needy. The good news is that only 20% of the population is now made up of this group; the bad news is they still hold most of the power. In these role prescriptions, there is an illusion of separation, invulnerability, and certainty. I sometimes refer to four myths that serve as the underpinnings for maintaining the societal status quo in the United States, particularly:

- The myth that we are separate; “You’re born alone and die alone” (any woman who has given birth might question this saying).
- The myth of a just world, or the myth of meritocracy; “We get what we deserve in life.” Therefore, CEOs deserve eight million dollars a year (but welfare mothers do not deserve “handouts”).
- The myth that we are invulnerable and in control; if we practice good self-care and vigilance, we will flourish.
- The myth that competition brings out the best in us and leads to the greatest productivity.

These myths support a developmental pathway of radical individualism, autonomy, self-sufficiency, and excellence achieved through competition.

To acknowledge a need for connection is to acknowledge vulnerability. We may move into narcissism and power over others when connections fail us or when the vulnerability of wanting connection is too threatening. In power-imbalanced, non-mutual, or unsafe relationships, vulnerability can become a place of fear and disconnection. The strategies of disconnection that Irene Stiver and Jean Baker Miller wrote about are developed to protect an individual’s vulnerability in unsafe conditions (Miller & Stiver, 1997). Part of the work of therapy is to create conditions of connection and safety that allow people to begin to relinquish strategies of disconnection and to come back into the vulnerability that is necessary to establish authentic connection. For some, especially those who have experienced trauma, this is a very slow, small-step process. People learn through the

careful attention paid to their pain, misunderstandings, and disconnections that a place of vulnerability need not always be a place of terror; it can become a place of growth, connection, and joy. Ordinary courage, the courage to move from old relational images that suggest negative consequences, to an experience of vulnerability, not knowing, and uncertainty, occur in the context of a relationship characterized by mutual empathy.

I am reminded of some therapeutic work on which I have been consulting. Karen is an inspiring, kind, and intelligent therapist with whom I always learn. The last time we talked, Karen told me of her work with a fourteen-year-old girl who is dying of a brain tumor. Karen works with the mother and daughter together. I’ll call the daughter “Diane.” Diane is at the end of her life and the doctors have told her that there is nothing more they can do. She is hoping she can stay alive for her fifteenth birthday because she loves birthdays. She is troubled because her friends seem to be pulling away from her. They don’t know how to handle her illness, her ultimate vulnerability. She knows this but it leaves her feeling scared and lonely. Her therapist, Karen, and I talk about the possibility of convening a meeting of her friends, to help them, possibly to help them be with Diane. In the shadow of death, we therapists sometimes find a way to step out of our own well-worn paths of neutrality or our individualistic mindset of working with the patient and her internal world. Karen, the therapist, tells me she has given both mother and daughter an identical bangle bracelet for each to wear so that when they can’t be physically with each other they will have the bracelet to be physically reminded of each other’s love. Karen comments that she, the mother, and the daughter burst into tears when these bracelets were given. I also cry as I hear this. There is a moment of silence, of connection, of unbearable pain. I feel privileged to be part of this work of healing and love. I am reminded of this therapist’s own experience of grief in losing her beloved brother to a brain tumor when he was 30. This information is not explicitly in the room with Karen and the mother and the daughter, but it is with Karen as she sits with this courageous pair. It is with me as I talk with Karen, who also exhibits tremendous courage in her work. In the meantime, the divorced father is seeking one more expert opinion. He, too, is living his love. Every parent I have ever known has talked about the loss of a child as the worst possible thing that could happen; even nonparents know that deep in their hearts. The vulnerability of being a parent is exquisite. It takes enormous courage to be open to the love and possible loss.

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## Mutual Empathy

Therapy is a deeply personal, alive, moving relationship of healing and change in which the connection between therapist and client serves as both the incentive and the vehicle for change (Jordan, 2001). Mutual empathy is at the core of change and responsiveness on the part of the therapist lies at the heart of mutual empathy. This movement of caring, empathy, and deepening understanding of one's experience of the other and the relationship is nurtured in an environment of profound respect and openness to uncertainty. June Jordan (1981) once commented, "While self-respect is essential, respect for others is the key" (p. 144). The practice of mutual empathy is predicated on mutual vulnerability.

Our work suggests that isolation is the primary source of suffering and that people come into therapy with both a yearning for connection and often a terror of the vulnerability that is necessary to move into growth-fostering connection. That is, in order for empathy to lead to growth and change, the client must be able to see and feel that he/she has an impact on the therapist and their relationship, i.e., she must be empathic with the therapist being empathic with her. In this corrective relational experience she sees that she matters, that she can be effective, and that she can evoke a response. Self-empathy and empathy toward others is fostered in this movement.

Careful, considered clinical judgment guides the responsiveness of the therapist. But in this real engagement between client and therapist, where both are open to change, and are vulnerable in differing ways, there is new learning and real healing of chronic disconnection. If a disconnection occurs (and they occur all the time) and the person is heard, responded to, and made to feel that her feelings and experience matter to the other person, then the connection is strengthened and transformed. It is in the healing of these acute disconnections that we gain a sense of trustworthy connection and being effective in relationships. We rework old relational images and strategies of disconnection.

If in the past another person, often someone with more power, had not been responsive to the representation of our feelings, we learned that we cannot have an impact on the other person or the relationship, and we develop strategies of disconnection to protect our vulnerability and our real feelings. Strategies of disconnection are, in fact, strategies of safety or survival. In order to keep unacceptable, unwelcome, and vulnerable aspects of ourselves from being exposed to an uncaring, possibly

violating other, we begin to disconnect from our internal experience and we begin to disconnect from authentic connection with this rejecting or hurtful other.

The vulnerability necessary to move from strategies of disconnection (protection, survival) back into the original yearning for connection is often terrifying. In fact, entry into therapy in and of itself can lead to an escalation of a person's use of strategies of disconnection. The therapist's task then is not simply to deconstruct the strategies of disconnection and push the client back toward connection. As Miller and Stiver (1997) point out, the therapist must be empathic with both the need for disconnection, the strategies of disconnection, and with the deep and ongoing yearning for connection. The therapist must honor the client's vulnerability. In addition to the personal sources of disconnection, societal sources, such as discrimination and power imbalances based on race, ethnicity, sexual orientation, and class, create enormous pain for people and must be acknowledged in the therapeutic work.

To the extent that therapy positions itself as a "power-over," "expert knows best," inaccessible, neutral, emotionally-disengaged enterprise, it aligns with the dominant cultural patterns that often create chronic disconnection in the first place, at both an individual and societal level. To the extent that the therapist is open to influence from the client, is responsive, engaged and not opaque, the therapist offers resistance to the traditional therapeutic norms of separation and disconnection, and offers a kind of vulnerability to change that allows the client to see, know, and feel that she has had an impact, that she makes a difference, and that she matters. This allows the client to move back toward connection, as well as to begin to grow in places where strategies of disconnection have kept the person walled off with the illusion of invulnerability. For therapists this involves a shift in values and understanding, from a model of purely intrapsychic growth of the client, culminating in autonomous functioning, to one that provides support for the client's inevitable vulnerability and helps create the courage to connect. But responsibly resisting dominant patterns of practice and creating new therapeutic paradigms creates vulnerability for the therapist and requires a surrounding community of resistance and encouragement.

Places of mutual vulnerability are often the places of potentially great growth or impasse in therapy. For instance, when clients let us know that we have hurt them, if we stay open, we can feel empathy with that pain and feel sorry for having caused it. We can feel

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the vulnerability of the other person in letting us know this and we can feel our own vulnerability in having created the pain. While we often feel an easy, open empathy when the client has been hurt by someone else, when we are the source of the pain, in addition to our concern for them, we may feel shame, inadequacy, defensiveness, a pulling away, disconnecting, shutting down, or armoring. We do not want to know the pain we create for others. In our defensiveness and shame, we may abandon our clients. Staying in our own sense of vulnerability, imperfection, and remaining with the person, rather than withdrawing to maintain an image of ourselves as the “all good” therapist, leads to powerful therapeutic movement.

### Therapeutic Authenticity

The question of authenticity and being real in therapy is a complicated one. I have called this the question of: “*How to be real and how real to be?*” Relational authenticity is one of the building blocks of Relational-Cultural Therapy. I think schematically of the model as being like a triangle with relational authenticity, mutual empathy, and mutual empowerment/encouragement at each apex. This triad creates growth-fostering relationship characterized by the five good things (Miller, 1986). It is in our struggles with how to be real and how real to be that our own vulnerability as therapists often surfaces. But as Irene Stiver (Jordan, 1992a) noted, “I can’t imagine a therapist being responsive in a growth-fostering way to the client’s vulnerability without opening up our own vulnerability. We are reframing the 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 acknowledgment of vulnerability alone is an enormous mutual experience in therapy” (p. 12). Working to be engaged and relationally authentic is about being responsive to the client, using anticipatory empathy to help us judge how, when, and to what degree our authenticity will serve the growth of the client.

Relational authenticity is not total honesty, spontaneous and complete sharing, or knee-jerk reactivity. It is not even really self-disclosure in the sense of telling one’s life story or sharing personal information, although there may be some disclosure of life facts in the service of healing chronic disconnections. It is about letting clients see their real impact on us, which is a process that, again, involves enormous clinical judgement and attunement. In order to shift patterns of chronic disconnection and the negative relational images that support them, we must

begin to see what impact we have on others, that we are not alone and helpless, that we can influence others, and that our feelings matter to others.

Our model suggests that chronic disconnection is the source of major pain and suffering in people’s lives and the therapeutic task is to begin to help the client move back into connection with her inner experience and with others. Chronic disconnections result from the kinds of disconnections that do not allow people to have an impact, to feel they are relationally competent. In order to shift this pattern and the relational images that support it, we must begin to see what impact we have on others, that we are not alone and helpless, that we can influence others, and that our feelings matter to others. Being real on the part of both therapist and client involves a certain sense of risk or vulnerability. The client may wonder, “Will I be heard, responded to, respected?” In therapy the client develops the courage to bring herself more fully into relationship and into creative action.

### The Question of Boundaries

Respect, clarity, and responsibility on the part of the therapist for the well being of the client are essential in working with vulnerability and capture for me the values that are often tagged with the concept of “boundaries.” Some of the traditional boundary concepts partake of the dominant paradigm of a separate-self, resisting influence, demarcating spheres of influence or control, in order to establish power over others as a way to ensure personal safety. It is important to remember that the “self” is a metaphor (Cushman, 1995; Jordan, 1992b). There is no such thing as a self. The bounded, separate self is a metaphor built on a model of separation rather than connection. I believe safety and psychological growth arise in good connection, not in the experience of self-sufficiency, autonomy, and boundedness. Growth-enhancing relationships depend on responsiveness, clarity, the capacity to represent one’s needs and feelings, respect, and the expectation of mutuality. In helping rework old protective strategies of disconnection and relational images that support isolation, it is essential that the therapist pay attention to the safety of the client.

The shift from a separate-self paradigm to a relational-cultural paradigm makes the current boundary concept problematic. I would like to propose that we rethink the traditional concepts of boundaries, to create a model that emphasizes the following:

- clarity;

- responsiveness, not reactivity;
- safety for both participants, which importantly involves respecting a person's vulnerability and not using one's power to take advantage of another's vulnerability; mutuality (one person is not making use of the other); and
- the need for both people to stay connected with themselves, aware of their own limits and stating those limits, as well as being clear about the possible consequences if there is not respect for those limits.

There is attention to mutuality and an awareness and respect for one's own and the other person's limits. It is important to *state our limits* rather than *set limits* on others. This is about respect, responsibility, and authenticity. In stating our limits and encouraging the other to state her limits, we are providing relational information. Perhaps if we think of a boundary as a place of meeting, rather than as an armored dividing line protecting against an impinging outside world, this concept would make more sense. (Jordan, 1996; Jordan, 1999; Miller et al., 1999).

### A Clinical Vignette

To illustrate some of these points in working with vulnerability, I'd like to share some clinical material. Ellen is a therapist who was trained in a more traditional psychodynamic model, with some emphasis on ego psychology and object-relations theory. Recently she became interested in the Relational-Cultural Model and began to introduce aspects of it into her work. However, her ongoing peer supervision group was largely made up of more traditional psychodynamic practitioners. Ellen was struggling with how "to do therapeutic authenticity" and how to be real in therapy. She is a caring and responsible therapist who has many years of experience. She came to me for consultation because she was feeling burnt out and increasingly resentful in her practice. She then reported to me several cases in which she felt she was being responsive, mutual, and real. But what she also reported was a narrowing of her own space, a sense that she was giving more than was comfortable, disclosing too much, and feeling "devoured" by her clients. Furthermore, her peer supervision group was questioning much of what she was doing, and kept reminding her, "remember your boundaries."

She had taken the call to mutuality and authenticity as a call to engage in total open and honest reacting. As a result, she was feeling incredibly vulnerable, as if her life had to be an open book, that

saying no or exploring the client's historical life material would always be hurtful and shaming. Over time she found herself disclosing more than was comfortable, wondering whose interests were being served, and feeling terribly anxious and shame-filled. The response in her supervision group made her feel even more filled with shame and she guessed following these supervisions she probably "closed down" with her clients, retreated to a more traditional stance, and disconnected.

As we talked she became aware that she was likely disconnecting even in the act of "giving" because the giving felt so imbalanced and forced. Her clients had begun to feel like her inquisitors. I wondered to myself how that must feel to her clients as well. She was caught between two values: wanting to be real, present, and vulnerable enough to grow, but not wanting to feel so exposed or ashamed. More clarification of how hard it was to integrate some of the new model with some of her original training was helpful, and we explored in some depth the importance of working with our limits, what relational authenticity means, and what kind of responsiveness best serves our clients.

Also, I shared with her some of my own learning while trying to navigate the growing edge around vulnerability—how I struggled to feel useful and protected enough for me to stay connected with myself and my client. I talked with her about my work with Cindy, someone about whom I had spoken before, but with a slightly different awareness regarding vulnerability. Cindy was a young woman who I saw many years ago. She was a courageous, creative, and challenging young woman, and one of my best and most energetic teachers. What she challenged in me was my image of myself as a certain kind of therapist and my need for certainty.

Cindy had been sexually abused by her stepfather from the ages of eight to twelve. Her efforts to alert her mother of her predicament at the time of the abuse were to no avail. In seven previous treatments she had been unable to talk about the abuse. She was labeled as suffering from paranoid schizophrenia, borderline personality disorder, and major depression. I was treating Cindy at a time (about twenty-five years ago) when I had had no training in working with trauma. Cindy had "fired" (or had been "fired" by) five previous therapists, and came to me because she had heard I was "different." She wasn't able to articulate how I was thought to be different, but she thought it had something to do with the fact that I listened better than some of her other therapists.

Shortly after starting our work together, she began

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to seriously question whether I really was a good listener. She found me unclear, unimaginative, and too passive, and furthermore, I really “missed the point” a lot of the time. I was—devastated might be too strong a word, but it’s in that direction—by her assessment of me. She also began to call all of her former therapists to complain about me. Each time I said something stupid or “off,” she would call someone to carefully describe my failure.

These other therapists, many former supervisors of mine at the hospital in which I was working, often approached me in the cafeteria to report that Cindy had called to tell them something unempathic or “stupid” that I had said in her therapy session. They would typically say, “Judy, *you* wouldn’t have said *that*” and I would have to admit that I had (she was a precise recorder of my errors) and I’d get embarrassed, feel exposed, and way too vulnerable. My image of myself as a good therapist, or at least as a good listener, was being severely challenged. I would leave the cafeteria, feeling raw, anxious, and incompetent. I dealt with my vulnerability at that time by not going to the cafeteria.

Although I am not proud of this, I would often try to interpret Cindy’s calls as hostility towards me, but I think the honest, bottom-line gist of most of my responses, gentle and well-intentioned though they may have been, was to somehow get her to stop exposing me. I didn’t like feeling so vulnerable or so inept. Slowly I figured out that this was not really about hostility or aggression (old model thinking), but more about connection and vulnerability. This young woman had been sexually abused behind closed doors by an older authority figure, her stepfather, someone she was told was trustworthy. She had been unable to protect herself. She had been plunged into terror, shame, condemned isolation, and intolerable, traumatic vulnerability.

In this therapy relationship she was triggered. In many ways the therapy situation itself is triggering for abuse survivors. There is an invitation into vulnerability, behind closed doors, with someone who has more authority and power, and who is supposed to be trustworthy. Strategies of disconnection are naturally and inevitably heightened when entering such a situation. It is protective and appropriate for abuse survivors to feel suspicious, guarded, and anxious upon entering these situations.

Cindy, in fact, having felt safe enough to disclose the abuse, began to feel increasingly vulnerable and unsafe. Rather than bolting from the treatment, as she had done before, or moving into major traumatic disconnections, which she did occasionally, she

figured out a rather creative way to make it safe enough to stay in treatment with me. She made our relationship public and she particularly illuminated all the hurts and failures for all the world to see. These hurts and failures, for her, were warning signs of impending danger and perpetration. The signals to her brain were calling out for emergency response. Despite her impulse to flee, she was able to channel that panic into creating a web of protection around her and us, composed of the other therapists she had invited indirectly into our therapy sessions. Further, she was able to alert me to the fact that she would not tolerate violation, and she also was able to bring both of us into some tolerable sense of mutual vulnerability.

A large part of my work, aside from merely staying with her in the not knowing, in the uncertainty, was also bearing my sense of shame and vulnerability. I really was trying to learn and appreciate the meaning of what some might call these enactments. I knew they were happening for good reason and it was my job, as best as I could, to figure out with her what it was all about. I think my willingness to go there with her was very important.

Before this whole dance ended, another one of my clients who worked on a suicide hotline arrived one day looking particularly smug. She said, “Another one of your clients called the hotline last night, and when I found out you were her therapist, I couldn’t contain my curiosity, so I asked her what she thought of you. She said she thought you were “smart but not very warm.” She paused and said, “That’s funny, I always thought you were warm but not very smart.” (Ouch!)

Cindy’s management of her own vulnerability and terrifying relational images left me feeling pushed out of my own comfortable, relational images of being a good empathic therapist into images of being angry, stupid, incompetent, and uncaring. But I think she had to go there partly because her own traumatic vulnerability was so great and raw and unsafe, and partly because I was not able to bring myself into more vulnerability—the vulnerability of not knowing. I kept trying to be the expert, in part because I thought it would be genuinely helpful to her, but also because I couldn’t tolerate my own vulnerability, not being certain how to help her. In some ways the connection was failing her; both her relational images and my relational images were not working to bring about connection. In desperation, she moved into a kind of end-run, a kind of exercise of power when she could not find the responsiveness she needed from me.

Slowly, I better understood the wisdom of her strategy to stay connected enough, which

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paradoxically felt like a strategy of disconnection, and of course it was both. And as I could work with, and somewhat relinquish my need to know and my need to be, or appear to be, certain or competent, she also could begin to move into more vulnerability. Her way of helping us both stay in enough connection to begin to work was ultimately brilliant. She made her own traumatic vulnerability more tolerable by bringing our relationship into the public. As each of our strategies for survival failed, but as we were also finding some safety with each other, we slowly began to take small risks and get comfortable with our vulnerabilities. But this place of interlocking vulnerabilities and efforts to avoid them initially led to impasse. I would say this is one of the greatest places of impasse in all therapies, particularly when we are working with early chronic disconnection.

Cindy found a way to take me to one of my growing edges, away from my need to be the expert, certain, and in charge. Eventually, I found a way to be in vulnerability that did not abandon either her or my own sense of responsibility and accountability as a therapist. We began to open up to an appreciation of the connection and our impact on each other, rather than getting caught in endless control battles. As I felt defensive and anxious, I subtly but surely moved into more “power-over” maneuvers. She helped me move into more vulnerability, where she could see her impact on me. We moved from being stuck, she in her traumatic vulnerability and I in my role as expert, to learning and growing together.

Things began to shift as each of our strategies failed and we slowly, through our misfiring efforts to get to connection began to move into the complexity of our fears and hopes. But this place of interlocking vulnerabilities and our effort to avoid the vulnerability first led to impasse. The dance captured so much of the complexity of working with vulnerability. There were movements toward power tactics on both sides in an effort to avoid vulnerability, which also meant moving into disconnection. Both of us had to begin to let go of some of our strategies of survival, to take small risks, and to be open to finding out that we could forge connection where disconnection threatened. For my part, I had to really listen and let her teach me. I had to bear my own, what felt like, enforced vulnerability. I had to find a way to stay in empathy when I was being told I was hurting her. At such times, therapists can so easily move into power-over our clients, often through subtle expert maneuvers like diagnosis, distancing, constructing the problem as being all in the client, and so forth. This is a complex response, not either/or.

I had to struggle with my need to be and look effective and caring—partially to the external audience that had been created and partially to an internal audience of former supervisors who were also booing, hissing, and only very occasionally appreciative. I had to be in my own uncertainty. She evoked feelings in me that were not easy, and I in her.

Cindy had to be open enough to take the risks; she had to entertain some uncertainty in her fixed belief systems and the relational images that informed her that vulnerability leads only to being taken advantage of or violated by powerful others. We couldn’t just alter that fixed, deep-in-her-bones conviction with talk; we had to live the solution, small failures followed by attuned responsiveness, to stay safe enough. She had to take in that she had an impact on me, that although I was capable of getting caught in my own needs to feel competent or look good, that even though I was slow and reactive, I was trying to be responsive to her. I was not going to use some cookbook, DSM III distancing, “power-over,” or artificially reassuring strategy to reassert control.

We both had to let go of our prevailing strategies of disconnection and develop more effective and nuanced ways of establishing safety in connection. We had to move out of the rigidity and stereotypy that fear engenders, and we had to appreciate our own and the other’s complex needs and feelings. As the therapist, I had the responsibility to focus energy on helping Cindy to get clear. I had to help establish enough safety so that connection could happen.

In this therapeutic context, the relational images, which were predicated on an expectation of violation in response to vulnerability, could begin to shift in the direction of differentiating safe and unsafe interactions. My misattunements could come to be experienced as simple misattunements or disconnections. When reworked in the context of responsiveness and concern, they could lead to stronger connection rather than to the previous isolation of chronic disconnection and the feeling of relational helplessness. Part of Cindy’s work was learning to differentiate the unsafe spaces within a safe-enough relationship, telling the difference between generally mutual and nonmutual relationships—no longer returning to the earlier relational images of global danger. Step-by-small-step, we managed to do this work together. This is the work of mutual empathy and building relational resilience and relational competence.

Another client once told me, when I responded that it was very painful for me to watch her self-destructive and dangerous behavior, that I needed to

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“go to the edge” with her, that therapy would not work if I was standing on completely safe ground and only she was at the edge. But we had to negotiate this, and I had to state the limits of what I could tolerate. If I went too far to the edge (beyond my personal or professional safety zone), I actually couldn’t stay present with her; I would be too filled with fear, resentment, or shame, unable to focus.

## Shame

Cindy and I were often derailed by shame. Shame particularly arises around vulnerability in a culture that so denies the importance and the inevitability of vulnerability. Cultures differ greatly on how they handle vulnerability (Jordan, 1989). While our North American dominant culture devalues and denigrates vulnerability, it is also invested in making sure that there is a group of vulnerable people, people who do not hold power and are prevented from gaining power. In such a situation when vulnerability arises, people often feel shame; it is a sign of weakness, unworthiness, being part of the less valued groups. But it isn’t just that vulnerability arises, it is actually engendered in the less powerful by the more powerful. And then people are shamed for showing signs of vulnerability: girls are shamed for being “selfish” or too needy, while boys are shamed for being fearful or dependent; women on welfare are shamed for needing assistance; women are shamed for wanting relationships too much. People of color are shamed, gays and lesbians are shamed, people with physical challenges are shamed, people without money are shamed, older people and people who are sick are shamed. The dominant system isolates and silences with this shaming, and thus subverts challenges to its power and avoids conflict from subordinate groups. If we are unable to stay with the vulnerability of shame, both in and out of therapy, it can also lead to serious disconnections.

When we are struggling to be certain and invulnerable (“strong”) we become less open, less ready to listen responsively, more rigid and dogmatic. Looking for certainty in therapy can lead to disempowerment for both client and therapist. Some of my most unhelpful therapy sessions occur when I am feeling a need to know, usually inspired by fear or helplessness or my shame about not being a “good enough therapist.” My need to be the expert, to know, often bypasses the resources of the client. Relational-Cultural Therapy depends on responsiveness, mutual curiosity, and courage—it is a dialogue. The not knowing, the questions, are always at the center.

I think I’ve always been asking the unanswerable questions: what is life about, what is the meaning of all this? It’s something I can’t quite control in myself despite my knowledge that there isn’t any answer, that, as Rilke (1934) says, we live the question. But I keep probing these issues with people, just as I keep pestering people with the question, “What makes for change in life, in therapy, in relationships?” My older sister, very aware of this tendency of mine that she’s been dealing with since I was probably five-years-old, recently sent me a note pad that said, “What if the hokey pokey is what it’s all about?” At its best, I think life is about learning and loving. I think movement and change is the natural order of things, that seeking connection is part of that order. I think things get “stuck” when we disconnect, when we move out of connection, when we claim too much for the self, when we fail to allow vulnerability, when we stop learning, and when we feel we have to have the answers. The questions for therapy, and perhaps for the larger picture of social change, are about how we can resist the forces of disconnection that impede the movement and change that connection creates. Connection is a powerful force for change.

## Love

I want to end by speaking briefly about love. I feel vulnerable about doing this and I had actually written some of this before the last Harvard conference and then omitted it at the last minute. Love as a healing force is spoken of so little in therapeutic literature. I see a lot of therapists in my practice. A frequent comment I hear about their clients is, “I just love her,” said with directness, lack of discomfort, and a good deal of clarity and feeling. I also hear, “She’s driving me crazy,” etc., but in the love statement the affect is direct, unselfconscious, and certainly resonates with the way I feel about the people I see in my practice. But I was thinking about how infrequently I have heard this kind of love spoken of in textbooks, case conferences, and supervision groups. Why is love, as part of the therapeutic relationship, part of the healing, spoken of so little in therapeutic literature, or in therapy itself? And, is love different from the desire to participate in growth-fostering connection? I would suggest that somehow the dominant culture’s emphasis on power and control has eclipsed our appreciation of love in healing and creating change. Intellectual insight and making unconscious conflict conscious have overshadowed the important work of connecting and creating growth-fostering

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relationships. In a patriarchal “power over” culture love gets narrowed to romantic, sexualized, and usually heterosexual relationships, which are themselves constructions of power imbalance. It becomes preempted and trivialized.

I myself get caught in this. For instance, when a client asked (not long ago enough for me to blame my response on youth or inexperience), “Do you love me?” I became anxious, imagining all the misconstruals, sexual, romantic, and otherwise, that might occur. I responded cautiously (and some of my cautiousness was appropriate), “Of course I care about you.” At least I didn’t do the “what makes you ask?” number. The question is not so surprising: Who doesn’t want to know if they are loved, in therapy or elsewhere? She persisted, “But do you *love* me?” Then I went into a long discourse on what I think love is and isn’t. I talked about the different kinds of love: friendly love, motherly love, romantic love, sexual love, agape, platonic love, lunatic love, unconditional love, empathic attunement, and on and on, using all the intellectualizing disconnections I could find. My client finally exclaimed in the middle of one of these, “Alright I see this makes you anxious. I’ll settle for your word *care*. You care about me.”

How different it was for Irene Stiver in addressing her clients at the end of her life! After Irene realized she would be unable to resume her clinical practice because of her illness, she asked Pam Peck and me to compose a letter to her clients. She wanted to let them know how sorry she was not to be able to say goodbye in person, and to convey her caring about them. Writing the letter was a very difficult assignment. Pam and I worked hard on the letter; and we came up with something that felt caring, respectful, sad, and appreciative. But when we read it to Irene, she said, “Well you’ve left out the most important thing. I’ve got to speak about the love.” She then dictated the following: “It has become even clearer to me that love is what it’s all about. Not only at this time, but also throughout our relationship, I have felt your love and deep caring for me. In turn, I hope that you feel my love for you. My hope is that you will hold onto this love and build on it in your life. Thank you for the privilege of being part of your life.”

Love is a state of vulnerability. In loving, we are affected strongly by the other person and we share that effect. We are also affecting the other person in deep ways. bell hooks (2000) wrote, “The mutual practice of giving and receiving is an everyday ritual when we know true love. A generous heart is always open, always ready to receive our coming and going. In the midst of such love we need never fear

abandonment. This is the most precious gift that love offers, the experience of knowing we always belong” (p. 164). I would add, we know that we matter, that the other matters, and that there is mutual responsiveness. We know that relationships matter. This takes us out of the narrow confines of the separate-self trying to assert its worth in autonomy and independence.

Love is ultimately about vulnerability, courage, and growth. Growth-fostering relationships are to my mind essentially loving relationships that connect us to one another and to ourselves. We open ourselves to vulnerability, we allow people to have an impact on us, we let people see that they matter, we care deeply about their growth and well-being. The concept of mutuality is easier for me to talk about in therapy than love, given the complicated baggage that the word love carries. But I think we should begin to reclaim the language of love, away from the sexualized, romanticized distortions of the dominant culture, and bring it back into the heart of caring and healing. Perhaps the language of love is the real antidote to the language of power-over others. bell hooks (2000) also wrote, “We can collectively regain our faith in the transformative power of love by cultivating courage, the strength to stand up for what we believe in, to be accountable both in work and deed” (p. 92). And Thomas Merton (1979) concluded, “We don’t become fully human until we give ourselves to each other in love” (p. 27). In love, we transcend separateness, we extend ourselves to others, we find ways to navigate conflict, we see that vulnerability is necessary to growth, and we move toward increasing mutual connection.

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