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Commitment to Connection in a Culture of Fear

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Commitment to Connection in a Culture of Fear

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About the Author

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Abstract

This paper was originally presented at the May 2004 Learning from Women Conference sponsored by Harvard Medical School and the Jean Baker Miller Training Institute. It examines the ways in which cultural and personal denial of fear and vulnerability contribute to a sense of isolation. Fear is manipulated in hierarchical settings to ensure the preservation of existing power arrangements. In a culture built on exploitation of fear, people do not experience the safety necessary to let their inevitable vulnerabilities show. Unmitigated chronic fear in an unsafe context leads to a traumatic sense of disempowerment and personal immobilization, whether it is in war, childhood sexual abuse, living with a battering partner, or, perhaps in a more subtle way, in being immersed in messages of un-safety, danger, and having no influence in the larger public domain. Through mutual empathy we can heal these places of fear and disconnection. Mutual empathy arises in a context of profound respect, authentic responsiveness, humility, non-defensiveness, an attitude of curiosity, mindfulness (staying with the "not knowing"), and an appreciation of the power of learning. Movement out of isolation helps us pass through fear to hope and ultimately leads to growth and more connection.

Introduction

Fear is often a useful and, at times, a lifesaving affective signal. It is also the ultimate reminder of our vulnerability. Fear moves us to escape from danger. At its best, in the right context, it moves us to seek safety in connection. In a culture or situation that supports vulnerability, fear leads us toward engagement; we turn to others for help and comfort. At a core level we all know our ultimate dependence on one another, and we live with awareness of our own mortality and the mortality of those we love. The deepest and most abiding human fear may be the fear of disconnection and isolation.

Some have called our current era the "age of anxiety," with over 50 million people in this country suffering from various anxiety disorders. American culture has been specifically referred to as the most anxious, frightened society in history (Shaw, 1994). While fear, vulnerability, and emotional suffering are inevitable aspects of life, the experience of fear is distorted when connections are not safe, when vulnerability is not supported, and fear is denied or viewed as a sign of weakness and unworthiness. Furthermore, fear is often stimulated by those in power as a way to disempower and exercise social control over others. In fact, fear is the cornerstone of "power-over systems." "Directing fear in a society is tantamount to controlling that society" (Altheide, 2002, p. 17). Today we are witnessing the way the dominant-ruling group fuels people's fears: about weapons of mass destruction, about Iraq, about our personal safety in the face of anthrax, about the dangers of gay marriage and gay families, to name a few. A recent full-page ad in the *Boston Globe* pointed to very selective and erroneous "scientific evidence" documenting the destructiveness of same-sex parenting. This was clearly aimed at showing that not only children, but also the "good life" as we know it (i.e., patriarchal marriage) would be destroyed

by the deviance of same-sex loving couples daring to establish families. We can learn much about a society by the way it addresses fear and vulnerability. Are vulnerable and “different” populations punished as weak “losers?” Are they possibly viewed as dangerous subverters of the status quo? Or are they seen as those whose disadvantage is to be responded to with compassion and care? And might they be seen as those whose difference could provide creative energy for the whole society? Is power used to control and subjugate or to empower and encourage?

Our culture endlessly amplifies fear. We live in a culture of violence, and we are exposed to it daily. The media stimulates our fear, then advertisers step in to offer relief. There is well-publicized crime against children from strangers, although the more hidden dangers from their nuclear families are made less public. We know that women are least safe in their own kitchens and bedrooms where partner abuse and murder occur at an alarming rate (so much for the success of the patriarchal family!). Aggressive solutions to international problems are undertaken with little apparent regard for the devastating human consequences of war and military invasion. Terrorism, a horrible disruptive process whose real aim is the creation of destabilizing, unremitting fear, can send us not just to our places of vulnerability, but to a defensive preoccupation with being invulnerable, or safe in armed isolation.

Lest we think that a climate of fear is an unintended outcome in systems based on establishing dominance, I’d like to suggest that the creation of fear is central to establishing control over others. In a book called *The Peculiar Institution* (Stamp, 1989) about American slavery, a slave master is quoted as giving the following prescription for the management of slaves:

1. Establish and maintain strict discipline.
2. Implant in the bondsmen themselves a consciousness of personal inferiority.
3. Awe them with a sense of their master’s enormous power.
4. Persuade the bondsmen to take an interest in the master’s enterprise.
5. Impress the slaves with their helplessness, to create in them a habit of perfect dependence upon their masters.

A Charlestonian slave master added that the only principle upon which slavery could be maintained was “the principle of fear,” or as a North Carolina

mistress noted, “make them stand in fear” (p. 146). Fear is not an accidental consequence of institutions that exercise power over others; it is the driving force that deepens and expands the power and the potential for abuse. Fear is first created *within* the non-dominant groups in order to control them, and then fear *of* the non-dominant groups is created within the dominant group to rationalize their control over the non-dominants. It is an insidious, double-edged sword meant to buttress the power of those at the top.

In more subtle ways, creation of fear plays out in patriarchal white families, hierarchical corporations, and schools. Seventy-six percent of students in a Midwestern study said they have been bullied and 14% had severe reactions. Everyday 160,000 children miss school due to fear of attack or intimidation (Fried & Fried, 1996). The 1993 *American Association of University Women* study, “Hostile Hallways,” indicates that “85% of girls and 76% of boys reported being sexually harassed at some point in school” (p. 60).

Shame, disrespect, and humiliation all are based on fear. Vulnerability is vigorously shamed in our culture and humiliation often involves enforced and exposed vulnerability. Categorical disrespect or prejudice, the dismissal of a person based on stereotype, is a frightening process of dehumanization and fear-induction. There is ample evidence from developmental studies that people’s immediate response to fear is to reach out for a caring other (Taylor, 2002). We also reach out to care for others who are in distress. While early attachment theorists would suggest that this movement toward others naturally declines as the child internalizes maternal function, there is accumulating evidence that this reaching out to engage in times of fear and stress is a lifelong pattern if it is not curtailed by socialization practices which make turning to others a sign of weakness.

Denial of Fear

While North American 21st Century dominant culture generates and feeds on the fears of the less powerful, it is also heavily invested in the denial of fear, the denial of our need for connection, and the manipulation of fear for sociopolitical/economic reasons. In the socialization of boys especially, signs of vulnerability and fear are severely punished. In fact, adolescent boys die in alarming numbers in car accidents and daredevil feats as they are determined to demonstrate the absence of fear. To be fearful is to be “a girl,” a wimp. A woman came up to me at the end of a presentation I gave on raising boys and girls.

She said, "I'm a feminist, I've raised my boys with feminist values. My 8-year-old son was on a mostly boys' soccer team. There was one girl on this team, who was an exceptionally skilled player. At one of the breaks, a boy from the other team came up to my son and taunted him. 'You're on a girls' team, you're a girl—you're just girls.'" The mother said her son looked upset, hurt, and angry and struggled with a response. Eventually her son countered with, "We are *not* girls. We're *not* girls." Then he paused and a change came over his face. "We're *not* girls. We're—WOMEN!!" One of the primary rites of passage into manhood for American boys is defiance of fear. As Miriam Greenspan (2003) noted, "the culture of patriarchy punishes fearful men and fearless women" (p. 182). In the film *Iron Jawed Angels* (2004) about Alice Paul, a little celebrated suffragette who led a hunger strike in support of women getting the vote, a psychiatrist who was called in to document Paul's insanity refused to do so, noting, "Courageous women are often called insane."

Vulnerability defines our humanity. Fear signals our vulnerability. Denial of fear and vulnerability creates our most profound alienation from others and ourselves and generates our worst isolation. The answer to vulnerability and fear is not denial, greater development of unilateral power and dominance, or stockpiling of emotional or material weapons. Rather it is through connecting and establishing a sense of meaning that involves transcending the separate self. My sister said to me recently (half in jest but half seriously I think), "I feel like I'm here to serve others but sometimes I wonder what the others are here for?" According to Robert Putnam (2000) who wrote *Bowling Alone*, "Americans have become steadily more disconnected from one another and from public and private institutions over the course of the last 25 or 30 years" (p. 26).

An ethic of "self-interest" prevails in Western psychology. We have compulsively focused on the self and its ability to achieve. We have been led to believe that self-interest is healthy and is to be encouraged, and that lack of self-interest is a sign of pathology. As Dale Miller (1999) points out:

The psychological theory of self-interest becomes a self-fulfilling prophecy. Self-interest is not simply an abstract theoretical concept but a collectively shared ideology. The theory of self-interest has spawned a norm of self-interest, the consequence of which is that people often act and speak in accordance with their perceived self-interest solely because they believe to do otherwise is to violate a powerful descriptive and

prescriptive expectation. (p. 1053-4)

Contrary to much psychological theory which posits that infants are born greedy and aggressive and alone ("You're born alone, you die alone" ... no mother made that one up!!!), we at the *Jean Baker Miller Training Institute* believe that self-interest and primary aggression are no more basically human than the desire for connection and the capacity to love. *The Seville Statement on Violence* (Dalai Lama & Cutler, 1998), made by 20 top scientists from around the world, noted:

It is scientifically incorrect to say that we have an inherited tendency to make war or act violent. That behavior is not genetically programmed into human nature. We have the potential to develop into gentle caring people or violent aggressive people; the impulse that gets emphasized is largely a matter of training. (p. 58)

Data on giving and volunteer work (Luks, 1992) indicates that giving to others—participating in generative activity with others—increases our sense of well-being and our physical health. Mutual interest serves all of us; self-interest does not.

The psychological concept of the "separate self" has been constructed largely in a white, middle-class, heterosexual, capitalistic culture. It is totally identified with a model of "power over." A separate-self model is predicated on a spatial metaphor (remember, "self" is a metaphor, not reality) that involves a bounded entity seeking protection by building better boundaries against an impinging environment or by accruing power over others. To be influenced by another is potentially dangerous in this system.

But being separate also generates fear. In this system, then, individuals should get everything from the outside to the inside as fast and securely as they can—that includes building solid intrapsychic structure. This model supports and creates the basis for a solidly consuming culture. One must buy a new cosmetic, buy a new car, drink more, and eat more to feel better. We live with a deep irony at the heart of this system: Under the pressure to be totally independent and separate, which is impossible, we are manipulated into created dependencies that give more economic power to those in power. Therefore, those who build the best boundaries, who are the least influenced by others, and who gather the most material stuff are seen as successful and powerful. But nobody ever really makes it to this state of total independence and success, even though they wish to project the image that they have—not even the white,

middle-class, privileged men who were “born on third base and thought they hit a triple.”

Plain and simple, we need to connect to survive and thrive. Correlations between social connectedness and positive child development are robustly high (Putnam, 2000). Studies have shown that during adolescence, one good relationship with an adult is the best protection against high-risk behaviors of suicidality, violence, and substance abuse (Resnick, 1997).

Because connection is so basic to our well-being, I would like to suggest that fear of isolation is probably the most profound fear that human beings experience. Ironically, this knowledge is used in our prisons where isolation or solitary confinement is the most awful punishment, aside from death, that we can imagine. Bowlby (1973) noted that separation and interpersonal loss are at the very roots of the human experiences of fear, sadness, and sorrow. But instead of celebrating our need for connection and building a society that supports that need, we have created the illusion of the separate self.

The Relational-Cultural Model

The Relational-Cultural Model of the *Stone Center* posits that connection is at the core of human growth and development. Isolation is seen as the primary source of human suffering. The path of human development is through movement to increasingly differentiated and growth-fostering connection. Chronic disconnections are most destructive when they result from the non-responsiveness or violations from important and powerful people in our lives. When we are hurt, misunderstood, or violated in some way, we may attempt to represent our experience to the injuring person. But if we are not responded to, we learn to suppress our experience and disconnect from both our own feelings and the other person. If, on the other hand, we are able to express our feelings and the other person responds with care—showing that we have had an effect—then we feel that we are effective in the relationship, that we matter, and that we can participate in creating a growth-fostering and healthy relationship.

The Relational-Cultural Model cares about suffering incurred at the individual level but we also care about the effects of disconnection at a societal level (Walker, 1999), in particular, the ways that power differentials, forces of stratification, privilege, and marginalization can disconnect and disempower individuals and groups of people. In this model it is essential that we look at context and that we do not

assume that the person—or group—presenting with pain *is* the problem. We need to ask, “Where is the pain?” and “Where is the problem?” They often arise in different places. We should always remember that part of the work of a dominant group is to get the subjugated or non-dominant group to internalize the following construction: “I am the problem because I feel the pain.”

As Maureen Walker (2004) has pointed out, theories about human development must answer the questions, “What purpose and whose interest does the theory serve?” A similar sentiment is expressed in the African proverb, “Until the lions have their historians, all tales of hunting will glorify the hunter” (Dalai Lama & Cutler, 1998, p. 87). The separate-self model serves a competitive, consuming, and mobile culture. The hunter still tells the tale.

While this may seem like a large leap, I’d like to move from the macro to the micro, because these social forces converge on people and very explicitly affect the biological and psychological functioning of the individual which ultimately affects the capacity to engage in community. Fear has an impact on our feelings, on our neurochemistry, and on our brains individually and collectively (Banks, 2001). I’d like to begin to show how connection has a positive and healing effect on our feelings, neurochemistry, brains, and ultimately on our ability to make use of connection and community to dissipate fear.

The Neurobiology of Fear, Disconnection, and Connection

When we are afraid or stressed, our hearts race, our blood pressure goes up, and our epinephrine and norepinephrine surge. Our sympathetic nervous system is activated so that we are ready to take action. Countering this arousal, the hormone oxytocin often creates a calming effect, leading animals and people to seek more contact when they are stressed or afraid, thus reducing the “fight or flight” response. This is at the heart of the “tend and befriend” response observed in females under stress, delineated by Shelly Taylor and her colleagues (2002). Interestingly, oxytocin is enhanced by estrogen and suppressed by the male stress hormones (like vasopressin) and thus the “fight or flight response” is not modulated in males in the same way it is in females. Males and females may experience fear differently by virtue of both nature *and* nurture.

What constitutes stress and pain and what leads to fear in an organism has also been clarified in a groundbreaking study reported on this past year by

Eisenberger and Lieberman (2003). These researchers have discovered that social pain and physical pain share parts of the same underlying brain processing system, and they suggest that “social connection is a need as basic as air, water, or food and that like the more traditional needs, the absence of social connection causes pain” (p. 2). They note that we are actually “hard wired” to experience distress upon separation and comfort upon reunion.

Social pain can be defined as “distressing experience arising from the perception of psychological distance from close others or from the social group” (p. 7). Anticipating social pain creates fear. Although attachment theorists have studied something like this for years in their separation studies, what is becoming clearer is that social pain—pain around separation and exclusion—persists throughout the lifespan. Being someone who has suffered from so-called “separation anxiety” my whole life and having been pathologized for it, I welcome these new normalizing data with special warmth and relief. These researchers conclude:

We are beginning to appreciate that the need for social connection is so essential to survival, at least in mammalian species, that being left out or disconnected from the social group is processed by the brain in a manner similar to physical pain. (p. 36)

Perceiving that one is not valued in a relationship literally leads to “hurt feelings” and real pain, registered in the anterior cingulate cortex. The authors comment:

One very tangible consequence of assuming that social pain is not as valid or legitimate as physical pain is a societal acceptance of certain elicitors of social pain, such as prejudice and racism. (p. 37)

These are profoundly important empirical findings that support the work in which the Stone Center has been engaged for 25 years. Connections matter, individual isolation matters, and social pain and marginalization matter.

In a report from the *Commission on Children at Risk* in 2003 entitled, *Hardwired to Connect*, distinguished researchers from around the country concluded that “we are born to form attachments, that our brains are physically wired to develop in tandem with another’s through emotional communication, beginning before words are spoken” (p. 16). They also concluded that we are hardwired for meaning: “born with a built-in capacity and drive to search for purpose and reflect on life’s ultimate ends” (p. 14).

Allan Schore (2003), who has also been exploring the psychobiology of attachment in the mother-infant dyad, notes that mutuality enhances the development of the right prefrontal cortex in both mother and child. This is the part of the brain, which mediates empathic cognition and perception of emotional states, and modulates amygdala functions. Mutual responsiveness actually creates growth in this essential part of the brain and interruption of mutuality interferes with its development. In the mother-child relationship—just as in therapy—how we respond to acute disconnections determines either resilience or movement into chronic disconnection. Chronic disconnection literally alters brain structure, which in turn leads to more disconnection. We now have evidence at the neurobiological level of the power of connection, of the destructiveness of chronic disconnection, and of how essential mutuality is to our well-being.

While ordinary failures of mutuality constitute usual and expectable events in relationships, the result of chronic and severe relational trauma is what Perry called “fear-terror” (Schore, 2003, p. 247). When an infant or child is sexually, physically, or emotionally abused by a caregiver, an intolerable fear situation arises; the child is alarmed by the caregiver, but the child cannot approach the caregiver for comfort since the caregiver is also the source of fear. When abuse is chronic, there is a situation of immobilizing fear—protective disconnection as well as guarded, inauthentic responses become the rule. Empathic responsiveness and mutual empathy provide opportunities for a return to mutuality. In these corrective interactions, mutual synchronization of the prefrontal cortex occurs, which ultimately lessens fear, isolation, and the feeling of “not mattering.” At the neurobiological level, empathic attunement and good connection generate change in the ability to connect for both people. Therapy provides a wonderful relational opportunity to rework the neurological and psychological consequences of failed connection. This is not re-parenting, but it does in fact involve a reworking of the neurological circuits and psychological meaning-making. In a way psychotherapy can provide what bell hooks (1989) describes as a “site of radical openness,” where real change can happen and where connection can begin to undo the damage of stress and fear.

Therapy

Studies of therapy have indicated that most of the variance in therapy outcome studies can be

accounted for by relationship factors. A study by Najavits and Strupp in 1994 indicated that the “basic capacities of human relating—warmth, affirmation, and a minimum of attack and blame—may be at the center of effective psychotherapeutic intervention” (Norcross, 2002, p. 24). The psychotherapy relationship is about: creating change; slowly and carefully finding flexibility where there was rigidity; creating the courage to move into vulnerability where protective disconnection and closing down prevailed; finding the possibility of new connections and new understandings of old connections; and creating relational hope where there had been fear and despair—that awful sense of “I’m all alone and I can’t make a difference.” This process is based on mutual empathy and mutual responsiveness, which allow greater authenticity and greater connection with one’s inner experience, as well as with the other person. The way we work with disconnections, ruptures, and empathic failures may be *the* most crucial factor to consider in understanding how change and healing happens in therapy. Psychotherapy is a place of *relational possibility*. As one client noted, “Fear determines my places of disconnection. If I can’t get beyond the fear, I’m stuck.” In therapy the work *is* to stay present with the feelings and to move with the client through the times of disconnection, particularly when we, as therapists, have contributed to the rupture. It sounds easy, but it is not.

Relational-Cultural Therapy is about healing through connection—about being moved and changed in relationship. The dogma of traditional therapy is that the therapist should “not be moved,” or more specifically should not be openly responsive. Allowing the client to see that he or she has had an impact on the therapist is seen as threatening the client’s sense of safety and the neutrality necessary to develop and work on transference phenomenon. While “blank screen” prescriptions are rarely given anymore, they hover in the background in most traditional therapies where it is often suggested that engagement—being seen and known as an emotionally present person—will be unsafe and destructive for the client. Relational-Cultural Theory (RCT) suggests the opposite is true: Real mutual responsiveness and engagement is necessary for healing. And I believe that our most recent discoveries in neurobiology support these suggested shifts in approach. The therapist’s affective presence, mediated by clinical judgement, is essential to the movement of therapy. Affective presence means that the therapist must be open to being affected by the client and that

the client in turn will be affected by the therapist’s affect. This is mutual empathy. It creates more nuanced and elaborated affects and cognitions, and lessens isolation and the fear that accompanies it.

The culture of traditional psychotherapy inevitably reflects the culture of the dominant group, which often values logic, certainty, linear development toward separateness, as well as top-down learning, objectivity, and instrumentality. The tradition of interpretation invites the illusion of certain and oracular knowledge. Rosanne Adams commented at last year’s Summer Training Institute (personal communication, June, 2003), “The supply of interpretations far exceeds the demand.” Who as a client really wants an interpretation and how often do interpretations feel resonant and validating? In these traditional systems the therapist is opaque and mystified—only the client is self-revealing and the revelations increase his or her vulnerability. I am not advocating an abundance of factual self-disclosures on the part of the therapist. The therapist’s responsiveness must be guided by anticipatory empathy, which is an awareness of the possible impact of our interventions on the client.

The work of the therapist in dealing with the inevitable fear that brings people to therapy is to establish a safe-enough context in which to address the fear. Therapists have differing ideas about how that safety is best achieved. I believe that for the therapist to be a “safe enough” person, she must be clear about her responsiveness and clear about the limits of her ability to respond. For the most terrified of our clients, sexual and physical abuse survivors, a power-over, authoritarian attitude and opaque stance on the part of the therapist can only be triggering and re-traumatizing, even when imposed with the most benign of intentions. Being in relationship with powerful others does not create a sense of possibility or safety for an abuse survivor; it exacerbates fear and terror. Furthermore, when met with neutrality, perhaps similar to what infant researchers have called “still-face,” (Tronick & Weinberg, 1997) these clients may move into frantic, fear-driven efforts to find responsiveness. This often leads to more disconnection.

In therapy we look for the place of *relational possibility*. When clients close down, complexity is reduced, and in increasing rigidity they resort to old, well-worn and over-generalized images and coping strategies. People are often emotionally triggered and amygdala reactivity takes over. Relational images are those expectations for relationship that we carry with us from the past into our present lives

(Miller & Stiver, 1997). The ones that give us trouble, negative relational images, are those that arise from nonresponsive or hurtful interactions with important and powerful early figures. Breaking free of or modifying old, fixed, negative relational images allows new relational possibilities. Thus, where there was pathological certainty and inflexibility in the client's relational expectations, therapists help create healthy uncertainty, flexibility, and appreciation of complexity. We support the growth of new relational images. We do this through the use of mutual empathy and working with discrepant relational images. Discrepant relational images are those images and expectations that are at odds with the primary organizing images a person carries. They are often sites of hope and possibility.

Sue's Story

Sue is a young woman who grew up in a household that was riddled with psychosis and violence. She witnessed frequent beatings of her mother by her father. Her mother had been hospitalized psychiatrically often, and under traumatic conditions (against her will, by policemen). She would sometimes awaken the children in the middle of the night to walk some distance to "meet with Jesus." Sue and her sister had also experienced sexual and physical abuse. At the age of six, in a moment of bravado, Sue climbed a very high tree in her back yard, and when she reached about two stories up, she suddenly realized where she was and she froze, unable to move up or down, wailing uncontrollably. Her mother stood at the bottom of the tree also wailing helplessly. It took an alert neighbor to call the fire department, who dispatched an engine with a long ladder to help Sue get down. But aside from when she was stuck up in the tree, Sue had rarely noticed as a child, or even in retrospect, how frightened she usually was, what a terrifying world she lived in. She was mostly numb, in denial of her fear. It was not safe enough for her to feel her fear. This image of being stuck up in the tree fit one of her dominant relational images of "I'm in danger and alone, and if I ask for help, I throw others into distress." Unlike most of the time when she was in danger and didn't feel it, in this memory she was aware of and experienced her fear. Over time this image became a focal point for reconnecting with her real experience of fear and slowly finding a way through it.

Sue's core relational image could be summarized as "If I am myself and really authentic, others abandon me or hate me." As a child, whenever she had tried to state her needs, protect herself, or stand up for her

sister, the adults around her hurt her. But then there was Mrs. Richards, her fifth grade teacher, who saw Sue's intelligence and vulnerability and encouraged her creative, questioning spirit. Mrs. Richards loved Sue's "out of the box" thinking and her willingness to take intellectual chances. For Sue the discrepant relational image in this case was "when I am curious and am being myself, I am responded to with warmth and love and respect." While this image was almost exclusively limited to her relationship with Mrs. Richards, this small spark of positive energy later became the place for relational possibility and hope.

It was in her first year at college that things unraveled for Sue. She began to cut herself, spend days in bed, and feel suicidal. She was sent to a psychiatric hospital where she had the good fortune to be treated by a courageous and creative psychology intern for one year. The hope given to her long ago by Mrs. Richards was rekindled. But as she began to open up to this therapist and also began to feel attached to her, the floodgates of fear began to open up as well. She needed to call the therapist frequently, she sometimes could not talk at all in sessions, and she could not leave the therapist's office at the end of sessions. She continued to be self-destructive. Unfortunately the intern—this incredibly warm, patient, and kind woman—left the area at the end of her internship. Following this, Sue floated from one therapist to another; she fired this one, one stopped working with her because she wouldn't contract for safety, and so it went.

Knowing I had been her intern's supervisor, Sue called me after several years and in a weak—or possibly courageous and wise—moment, I agreed to see her. Sue taught me many lessons in our several years of working together. I lost more sleep over her than anyone else I ever worked with. I worried more, and in fact I learned more about fear than I ever wanted to know. I screwed up more, felt more doubt and shame about my incompetence, and truth be told, I probably grew more. Once, when I was firmly stating my limits of what I could or couldn't do in terms of experiencing fear with her, she said quite clearly, "You need to be up in that tree with me. You need to know my fear." She was right that I needed to be with her, but I also needed to help both of us be anchored in a safe enough place. I said, "Sue, if I'm up in that tree with you, as a scared and frozen six-year-old, I can't be of help. I've got to be on the fire ladder holding on to you and to something solid below so we can both get down. I can taste your fear but I can't be completely in it with you." It took a while for that approach to work for both of us. I often felt

we were both up that tree with no back-up ladders or other people, and that I was being asked to hold hope when my fear led me only to a wish to control the situation. Sometimes I simply felt a powerful impulse to disconnect. I remember once saying to her about a different issue, in what I thought was great empathy, “You must be so scared,” and she looked at me and with great clarity said, “No, Judy, you’re so scared.” And she was right. She helped me come back into the uncertainty we were in together—scared but now more present.

Bessel Van der Kolk (1987) once stated that Post-Traumatic Stress Disorder is a disorder of hope. In many ways all problems involving relational failures or violations generate disorders of hope. Empathy and compassion are essential to the rebuilding of hope. The Latin root of the word emotion is *mo teri*, to move. Feelings move us—they’re meant to move us!! Fear is meant to move us. Hope, like courage, is built in relationship, not in isolation, and it makes movement possible. How can we, therapists and clients alike, use our fear to move back into reparative connection, toward courage and resilience?

The *quality of presence* we bring to therapeutic relationships is very important. It involves *profound*, even radical, *respect* and a deep openness to being affected. In the powerful documentary, *The Color of Fear* (1994), an eloquent African American man angrily says to a clueless white man, “You have to be willing to be changed by my experience as I am by yours.” This is the essence of mutual respect. It is about valuing our clients, valuing their strengths, their wisdom, their suffering, their struggles, really seeing things through their experience, and being responsive to their feelings.

As therapists we need to be appropriately aware of our limitations and strengths. I am not a “relational expert”; ask anyone who knows me. I struggle in concrete and sometimes embarrassing ways to build relationships. I joke sometimes about a first appointment with a client where she said to me “If you really knew me you wouldn’t want to work with me.” And I thought to myself, “If you really knew *me* you wouldn’t want to work with me.” In part, humility can contribute to non-defensiveness and this involves not getting caught in protecting our own *images* of ourselves. It is important to protect our relationships and ourselves but protecting our *images* of ourselves usually moves us out of relationship. We need to practice with an attitude of curiosity and mindfulness, particularly staying with the “not knowing” and the complexity of relating. Together we build faith in our relationships, based on our

particular history of negotiating conflict, uncertainty, and disconnections. I have often used the image of the therapist “holding the umbrella of connection,” over all the misattunements, injuries, disappointments, and conflicts that are part of the fabric of all relationships.

Having put forth all these idealistic intentions of practicing from a relational point of view, let me add, I give advice too often, I philosophize, I laugh and joke with clients, I worry too much about people and still lose sleep at times when they are in crisis, I teach people to meditate, I refer people to Eye Movement Desensitization and Reprocessing and Cognitive Behavioral Therapy, and people terminate with me and go on to do wonderful work with other therapists. I get distracted by papers I’m trying to write while I’m sitting with people, I’ve pinched myself to stay awake on occasion, I’ve taken gifts, I’ve refused gifts, and, on occasion, I’ve even given gifts. I still think Irene or Jean would be doing a better job than I am (maybe you’ll think so too now). I’m grateful that Jean has recently spoken about the importance of being wrong. I think admitting one’s limitations, apologizing, moving into humility, and tolerating uncertainty are essential to providing growing spaces for all of us. Furthermore, it is important to share with our experiences of more intense vulnerability in our work with trusted colleagues.

Here’s a simplistic one sentence synopsis of what I think might help us in our therapy work and in our lives: We need to practice compassion, curiosity, and courage while we tolerate complexity, conflict, and confusion in a spirit of shared humanity, humor, and humility.

Closing Comments

I want to conclude on a quirky note of optimism. The April 13, 2004 *New York Times* carried the following story: “No Time for Bullies: Baboons Retool Their Culture” by Natalie Angier. Apparently 20 years ago a troop of Savanna baboons in Kenya experienced an outbreak of tuberculosis that “killed off the biggest, nastiest, and most despotic males, setting the stage for a social and behavioral transformation unlike any seen in this notoriously truculent primate.” The dead were all dominant adult males that had beaten out another baboon troop to get at meat in a garbage dump that was contaminated with bovine tuberculosis. “Left behind in the troop, designated the Forest Troop, were the 50 percent of the males that had been too subordinate to try dump brawling as well as the females and their young.” What followed was a complete change in the baboon culture: The hierarchy

relaxed and the baboons began to “use affection and mutual grooming, rather than threats and bites.” The Forest Troop:

... has maintained its genial style over two decades. [Apparently,] the resident baboons are instructing the immigrants in the unusual customs of the tribe... Hormone samples from the baboons showed far less evidence of stress in even the lowest ranking individuals when contrasted with baboons living in more rancorous societies. (p. 13)

What appears to have changed, according to the research, is a “social ethos of the group.” It’s an *attitude* that is being transmitted. One of the researchers suggested, “The good news for humans is that it looks like peaceful conditions, once established, can be maintained.” The bad news is that “you might have to first knock out all the most aggressive males to get there.”

On a more serious note, Martin Luther King (1987) once noted, “Every man (woman) must decide whether he will walk in the light of creative altruism or the darkness of destructive selfishness. Life’s most persistent and urgent question is what are you doing for others.” (p. 17). He also said, “... courage faces fear and thereby masters it. Cowardice represses fear and is thereby mastered by it” (p. 24). The RCT model might add that when we grasp the primary relatedness of our being, it may not have to be a dichotomous choice between altruism and selfishness. This opposition of self versus other is a construction of a competitive and dichotomous system, which cannot encompass complexity. By embracing a model of personhood that celebrates our interconnectedness, our need for each other, and our unending and inevitable vulnerability, we can see that the interests of other and oneself are far more intertwined than our prevailing psychological theories and social philosophies would lead us to believe. The practice of mutuality is at the heart of this convergence of interests.

I find hope in the process of healing the split that has been created between self and other, between self and society. I find hope in learning to live with complexity. I find hope in being *with* others in my vulnerability rather than standing *against* others in my “self-hood.” I find hope in moving through the tension of fear to a sense of justice. As King noted, “True peace is not merely the absence of tension; it is the presence of justice” (p. 83) and “hatred and bitterness can never cure the disease of fear; only love can do that” (p. 90). Fear, without the possibility of moving toward others, is a place of darkness and

isolation; hope created in connection brings light, clarity, and meaning. We are not alone, and we can make a difference for ourselves and for all people. Martin Luther King knew that, Gandhi knew that, Sojourner Truth knew that, Einstein knew that, Alice Paul knew that, and Rosa Parks knew that. Let us join in our commitment to remembering that truth: We are *not* alone and we *can* make a difference. Paul Friere (1999) wrote, “The pursuit of full humanity cannot be carried out in isolation or through individualism but only in fellowship and solidarity” (p. 72). Needing to connect is *not* a sign of weakness. In fact, connecting may be the most intelligent thing we can do in a culture of fear. Just as isolation is the glue that holds fear and oppression in place (Laing, 1998), connection fosters healing and courage, thereby releasing energy for social revolution.

References

- Altheide, D. (2002). *Creating fear: News and the construction of crisis*. New York: Aldine de Gruyter.
- American Association of University Women (1993, June). *Hostile hallways*. New York: Foundation.
- Angier, N. (2004, April 13). No time for bullies: Baboons retool their culture. *New York Times*, Science, p. 13.
- Banks, A. (2001). Post-traumatic stress disorder: Relationships and brain chemistry. *Project Report No 8*. Wellesley, MA: Stone Center Working Paper Series.
- Bowlby, J. (1973). *Attachment and loss, vol. 2: Separation*. New York: Basic Books.
- Brown, L. (2003). *Girlfighting: Betrayal and rejection among girls*. New York: New York University Press.
- Commission on Children at Risk. (2003). *Hardwired to connect: The new scientific case of authoritative communities*. New York: Institute for American Values.
- Eisenberger, N. & Lieberman, M. (2003). *Why it hurts to be left out: The neurocognitive overlap between physical and social pain*. Unpublished manuscript, Department of Psychology, University of California, Los Angeles.
- Foxman, P. (1996). *Dancing with fear: Overcoming anxiety in a world of stress and fear*. New York: Jason Aronson.
- Friere, P. (1999). *Pedagogy of the oppressed*. New York: Continuum International Publishing Group.
- Fuller, R. (2003). *Somebodies and nobodies: Overcoming the abuse of rank*. New York: New Society Publishers.
- Gilligan, C. (1982). *In a different voice: Psychological theory women’s development*. Cambridge, MA: Harvard University Press.
- Greenberg, M., Carey, G., & Popper, F. (1985). External causes of death among young white Americans. *New England Journal of Medicine*, 313, 1482-1483.
- Greenspan, M. (2003). *Healing through the dark emotions: The wisdom of grief, fear, and despair*. Boston: Shambhala.

- Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.
- hooks, b. (1989). *Talking back: thinking feminist, thinking black*. Boston, MA: South End Press.
- hooks, b. (1994). *Teaching to transgress: Education as the practice of freedom*. New York: Routledge.
- hooks, b. (2003). *Teaching community: A pedagogy of hope*. New York: Routledge.
- Jordan, J. V. (1989). Relational development: Therapeutic implications of empathy and shame. *Work in Progress No. 39*. Wellesley, MA: Stone Center Working Paper Series.
- Jordan, J. V. (1990). Courage in connection: Conflict, compassion, creativity. *Work in Progress No. 45*. Wellesley, MA: Stone Center Working Paper Series.
- Jordan, J. V. (1992). Relational resilience. *Work in Progress No. 57*. Wellesley, MA: Stone Center Working Paper Series.
- Jordan, J. V., Walker, M., & Hartling, L. (2004). *The complexity of connection*. New York: Guilford Press.
- King, M. L. (1987). *The words of Martin Luther King, Jr.: Selected by Coretta Scott King*. New York: Newmarket Press.
- Laing, K. (1998). Catalyst Leadership Workshop. *In Pursuit of Parity. Teachers as Liberators*. World Trade Center, Boston.
- Dalai Lama XIV, & Cutler, H. (1998). *The art of happiness: A handbook for living*. New York: Penguin Putnam.
- Luks, A. (1992). *The healing power of doing good: The health and spiritual benefits of doing good*. New York: Fawcett.
- Merton, T. (1979). *Love and living*. New York: Farrar, Straus Giroux.
- Miller, D. (1999). The norm of self interest. *American Psychologist, 54*, 1053-1060.
- Miller, J. B., & Stiver, I. (1997). *The healing connection: How women form relationships in therapy and in life*. Boston: Beacon Press.
- Mun Wah, L. (Producer/Director). (1994). *The Color of Fear* [Film]. (Available from StirFry Seminars & Consulting, 154 Santa Clara Ave, Oakland, CA 94610)
- Norcross, J. (2002). *Psychotherapy relationships that work*. New York: Oxford University Press.
- Panksepp, J. (1998). *Affective neuroscience: The foundations of human and animal emotions*. New York: Oxford University Press.
- Putnam, R. (2000). *Bowling alone: The collapse and revival of American community*. New York: Simon & Shuster.
- Resnick, M., Bearman, P., Blum, R., Bauman, K., Harris, K., Jones, J., Tabor, J., Beuhring, T., Sieving, R., Shew, M., Ireland, M., Bearinger, L., & Udry, J. (1997). Protecting adolescents from harm. *Journal of the American Medical Association, 278*(10), 823-832.
- Schore, A. (2003). *Affect dysregulation and disorders of the self*. New York: W. W. Norton.
- Shaw, D. (1994, September 11). Living scared: Why do the media make life seem so risky? *Los Angeles Times*, p. A1.
- Stamp, K. (1989). *The peculiar institution: Slavery in the antebellum south*. New York: Vintage Books.
- Taylor, S. (2002). *The tending instinct*. New York: Henry Holt.
- Tronick, E., & Weinberg, K.M. (1997). Depressed mothers and infants: Failure to form dyadic states of consciousness. In L. Murray and P. Cooper, (Eds.), *Postpartum depression in child development* (pp. 54-81). New York: Guilford
- Walker, M. (1999). Race, self, and society: Relational challenges in a culture of disconnection. *Work in Progress, No. 85*. Wellesley, MA: Stone Center Working Paper Series.
- Walker, M. (2004, October). *Founding Concepts & Recent Development in Relational-Cultural Theory*. Paper presented at the Jean Baker Miller Fall Intensive Training Institute, Wellesley, MA.
- Walker, M. & Rosen, W. (Eds.) (2004). *How connections heal*. New York: Guilford Press.
- Van der Kolk, B. (1986). *Psychological trauma*. Washington, DC: American Psychiatric Association Press.
- Von Garnier, K. (Director). (2004). *Iron Jawed Angels* [Film]. Warner Home Videos.