
Challenges to Connection

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About the Author

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Abstract

Exploration of patterns of disconnection and transforming reconnection is central to therapy. Therapists must be especially aware of their own contributions to disconnection; defensiveness, imposition of control rather than empathic responsiveness, overreliance on individualistic models often lead to disconnection on the part of the therapist. Patterns of violence and trauma in the culture create a context of disconnection for both therapists and clients.

Challenges to connection are challenges to mutuality. What are the forces—intrapsychic, interpersonal, and societal—which threaten the flow of mutuality? Empathic and relational failures are inevitable; movement in and out of mutual connection is the norm, not the exception. It is only when people become rigidly stuck in relational patterns which limit growth and cause pain that we worry about the failure of mutuality and relational resilience.

Power, dominance, entitlement

In order to create mutuality, we must be open to influence, to being emotionally “moved,” to being vulnerable (Jordan, 1986). All too often people move into illusions of self-sufficiency, control and power dynamics to manage the inevitable and often frightening experiences of vulnerability and uncertainty in life.

Denial of vulnerability and movement into a power/control mode can lead to a relational pattern of entitlement, self-preoccupation, and failure of empathy in one person and accommodation, compliance, and silencing in the other. While giving the appearance of connection, inauthenticity and a deep sense of disconnection prevail (Miller, 1988; Miller & Stiver, 1991; Stiver, 1990). At its extreme, we see this pattern in many abusive relationships—particularly in trauma and sexual abuse of children: a powerful person violates a vulnerable, dependent child and silences the child's experience with physical or psychological threats. Furthermore, there is a pernicious combination of denial and blame. The crazy-making message from adult to child is: this *isn't* happening, and *you* caused it! Only the adult's needs are honored. The needs of the child for love and protection from a responsible and concerned grown-up are ignored. At the core of trauma is isolation,

helplessness, and powerlessness. Judy Herman has noted “traumatic reactions occur when action is of no avail. When neither resistance nor escape is possible, the human system for self-defense becomes overwhelmed and disorganized” (1992, p. 35).

Society, power, and gender

Unfortunately, patterns of entitlement and accommodation, carried to their extreme in trauma, form the core of much of our normative gender socialization, particularly in adolescence. Alfred Adler wrote in 1914, “male domination is the severest illness of our social organism” (Griscom, 1992).

Hilary Lips, writing on women and power, suggests that our cultural conditioning tells us “women are supposed to defer to men, to be nice rather than tough, to be supporters rather than leaders” (1991, p. 10). In adolescence there is massive pressure for girls to accommodate and to accept others’ definitions of reality, particularly around sexuality, anger, and power. A girl’s experience of her body and sexuality is typically subordinated to the boy’s needs; the imperative of male sexual entitlement warps a boy’s experiences at the same time that it objectifies the girl (Jordan, 1987). Simultaneously, girls become very vulnerable to shame in adolescence; women typically are most ashamed about physical attractiveness and failure in interpersonal relationships, areas over which they may have little real control (Lewis, 1992). And unlike men, who become angry when ashamed, women become depressed and disempowered.

Self-blame and isolation

While subordination can be created with direct exercise of violence, as in abuse and battering, it is also more insidiously enforced with shaming and creation of pervasive images of “the good woman,” who, in Virginia Woolf’s terms, is “intensely sympathetic . . . immensely charming and utterly unselfish” (Quoted in Heyn, 1992, p. 145). The subordinate is then shamed when she doesn’t match the cultural ideals of gender appropriate behavior. Shame disempowers people; it severs trust in the self and others. It leads one to a painful place of isolation, where one feels there is no possibility of empathic response from another person. In shame and self-blame one cannot mobilize the relational resilience necessary to move painful disconnection into transformative connection.

Patterns of resilience in therapy

An abusing family and a traumatizing society share a destructive pattern of violating vulnerability and actively silencing and moving people into a place of shame, immobilization, and isolation. Denial of this pattern is also rampant. Finding empathic possibility where none existed before is the single most important step in moving out of the silence and separation of shame and trauma.

In therapy that provides a context of respect and safety, the client can begin to look at these patterns of disconnection and at the failures of mutuality, and reestablish movement back into connection. The rigidities of relational and self-images begin to shift. An important path toward this larger movement is through exploration of patterns of isolation, stuckness, and nonmovement in the therapy relationship itself. We need to learn particularly from those moments when there are shifts toward and away from connection. I try to be especially sensitive to what Jean Baker Miller (1988) calls “condemned isolation”—powerlessness, shame, and self-blame—in both the person I work with and myself. This is part of moving toward an ethic of mutuality suggested by Carter Heyward, Jan Surrey, and myself (Heyward, Jordan, & Surrey, 1992). An awareness of, and acknowledgment of, the therapist’s movement into disconnection becomes especially important, since in those moments we lessen the opportunity for reconnection through empathic repair; further, with trauma survivors these breaches may evoke a sense of abandonment and retraumatization. As Judy Herman notes “trauma impels people both to withdraw from close relations and to seek them desperately” (1992, p. 56). Irene Stiver has illuminated some of these paths to disconnection in her paper on therapeutic impasses (1992) and Jean Baker Miller (1988) has pointed to a central paradox of connection. Here I will explore briefly several routes to disconnection on the part of the therapist: 1) defensiveness; 2) the failure of a relational perspective, with overreliance on individualistic and intrapsychic models; 3) the intrusion of what I call outside judges or old supervisors; 4) the difficulty of staying present with anger and conflict; and 5) the imposition of control rather than empathic responsiveness. I present these, not as a way to judge, or even eliminate, them but to suggest that if we can compassionately recognize and acknowledge our patterns of disconnection, we can then be more present to work on transforming the