
Learning at the Margin: New Models of Strength

Judith V. Jordan, Ph.D.

About the Author

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

Abstract

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

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

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

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

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

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

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

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

Let us look at what happens to marginalized groups, whether they are women, people of color, gays and lesbians, working class individuals, or welfare moms, and so forth. People at the margin are defined as “objects”: they are seen as being at the margin because of some essential failure of character or effort. The myth of meritocracy and the myth of the level playing field support this distorted understanding of privilege. That is, people who have not “made it” deserve the place they occupy. While the notion of center and margin is not a dichotomous category, the process of marginalization suggests that if you are at the margin, you are incompetent until proven otherwise; if you are from a marginalized group and are successful in terms of the center’s definition, you are the exception to the rule; if you are not successful, it proves that you *are* the problem and

are inferior in some core way. In fact people at the margin are actively socialized to believe that they *have* failed, that they *are* the problem and occupy a position of disadvantage because of inherent unworthiness. This is more than a “lose-lose” situation. This is at the core of disempowerment and disconnection.

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

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

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