

Work In Progress

Courage in Connection: Conflict, Compassion, Creativity

Judith V. Jordan, Ph.D.

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Abstract

Courage is ordinarily depicted as a characteristic of the lone, separate person who defies vulnerability and fear. This paper emphasizes, instead, the contextual, relational nature of courage. In a relational model, action informed by fear and supported by the encouragement of others replaces a notion of solitary accomplishment and suppression of vulnerability. In particular, the courage to move into conflict is examined. Patriarchal systems attempt to isolate and silence members of the subordinate groups in an effort to deflect conflict. Relationships based on mutuality eliminate established patterns of entitlement and "power over." The capacity to move into "good conflict" is essential to relationships based on mutuality. Courage in connection and the capacity to work for relational expansion through good conflict challenge traditional patterns of power; they also expose the profoundly nonmutual and anti-relational biases present in our culture.

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In the development of mutually empathic relationships, we are vulnerable to being moved and affected by others; and we seek movement and responsiveness in the other person. Tonight, I would like to address the vulnerability, courage, and conflict that exist in deep and creative connection.

Responses to vulnerability

The ways a culture treats differences between people, especially with regard to images of strength and weakness, shape the ways that individuals value and respond to each other. In this light, I have become increasingly concerned about our society's images of strength and its attitudes toward vulnerability. To be vulnerable, according to the *Oxford English Dictionary*, is to be "susceptible of receiving wounds or physical injury; open to attack." Depending on the context in which we feel vulnerable, we may, in fact, be in danger, open to injury. Vulnerability often can constitute a realistic reason for anxiety in a competitive, nonmutual system, because the vulnerable are often exploited or dismissed. When vulnerability feels unsafe, we often deny it in ourselves or others. Then we project our disavowed feelings onto others and either punish them or control their experience (what some might call *projective identification*). This denial is profoundly anti-relational; it figures importantly in the violation of others, and ultimately, ironically, diminishes our real sense of strength and courage.

For the purposes of this paper, I would like to suggest a more interpersonal and psychological definition of vulnerability as that experience of self in which we are open to the influence of others at the same time that we are open to our need for others; what we reveal of ourselves is relatively undistorted by defense. The sense of "being in control" or having "power over" lessens when we feel vulnerable; we are subject to being "moved" by internal, affective experience as well as to being affected by other people

and external conditions. (I must say, this sounds a lot like being alive and in healthy, close relationship!) In an empathic or compassionate milieu, we honor emotional openness and reward trust with care and respect; furthermore, in the process of *en-couragement* (what some might call *empowerment*), we help people grow toward a greater sense of confidence and vitality. We accept vulnerability as an inevitable part of being alive, important to the development of growth-enhancing connections. Without this acceptance, pretense and defense deaden relationships. But given the larger cultural context, it still takes courage to explore our vulnerability.

In a culture which idealizes power over others and views competitive hierarchy as a necessary means to concretize power differentials (a decidedly nonmutual system), the subordinate groups come to “hold” characteristics of “weakness” and vulnerability which are disavowed and disowned by the dominant group (Miller, 1986). Using the psychological mechanisms of denial and projection, then, people identify with the “strong” or the “weak,” and neither group is free to experience wholeness; individual relationships mirror these dynamics of fragmentation and pretense. Our sense of safety *with* others and our psychological openness to being influenced or “moved” by others are incompatible with a competitive system. Denial, combined with “power over,” leads to further suppression of the frightening reminders of the ultimate lack of control inherent in all life. This factor worries me most: We are resorting increasingly to violence against and abuse of those who are less powerful and therefore vulnerable. The more vehement our denial and suppression of our own vulnerability, the more violent is our response to it in others. I believe we are seeing this with sexual abuse of children; increasing incidents of violence against gays and lesbians; intimidation and coercion of people of color; the raping and battering of women; the casting aside of aging women by panicked, or merely bored, mid-life spouses who replace them with younger “perfect 10s;” and, finally, the sexual abuse of clients in therapy (something I will speak more about later).

Major gender differences in our attitudes toward vulnerability contribute to some of these societal problems. In particular, boys are taught to deny or master internal and external circumstances which generate vulnerable or helpless feelings. Competitive ethics suggest that the other’s relative weakness enhances one’s own chances for advancement or assertion of dominance. Conversely, one’s own vulnerability signals that one is in danger. That men

have tremendous difficulty moving into self-disclosure and intimate exchange is a painful consequence of this socialization. Girls, on the other hand, enjoy far more latitude to be emotionally open, and they are encouraged to support or protect this quality in others. Vulnerability in others, then, tends to evoke compassion or nurturance in those socialized toward caregiving, but it evokes exploitation and violence in those socialized toward dominance.

Redefining courage

Our culture’s definitions of courage tend to deny the experience of vulnerability. We laud “fearlessness” where there should be an equal challenge to feel fear, a signal that can inform responsible action. Nowhere do we see the awful consequences of this confusion of fearlessness with true courage more vividly than in the lethality statistics for adolescent boys. Under the gun to prove their masculinity in terms of strength and “guts,” they die in large numbers, taking absurd risks while avoiding or suppressing their very real and potentially useful feelings of fear (Greenberg, Carey, & Popper, 1985; Thorson & Powell, 1987).

I would like to suggest 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. Interpersonal courage grows in the committed and open movement of authentic being toward engaging with another person.

The word *courage*, according to the *Oxford English Dictionary*, derives from the Latin root *cor*, meaning, *heart*, for which the first definition listed is: “The heart as the seat of feeling, thought.” Narrow and stereotyped notions of courage, however, have dominated what little psychological literature on the subject exists. We study soldiers in combat, astronauts, parachutists, and bomb disposal experts to exemplify the qualities of courage which our culture recognizes (Rachman, 1990). We emphasize action, will, and perseverance in the face of danger, particularly in death’s face, and overlook the capacity to act in the presence of strong affect, particularly fear. We would rather stress action to defy death than allow the feelings which remind us of our ultimate vulnerability to death.

We also extol courage as a trait to be found in the solitary individual, an internal characteristic existing in a person who often faces her or his fate alone. Although we elaborate a myth of “separate courage” rather than “courage in connection,” the few

relevant studies suggest that the presence of other people, either physically or in the thoughts of a frightened person, alters the quality of courage that emerges. During air raids, for instance, most people reported significantly less fear when they were with others than when by themselves. Social psychologists have labeled this phenomenon *social buffering* (Rachman, 1990).

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. One of the most denigrated terms in psychology, I think, is *encouragement*. Viewing it as little more than a pat on the back, psychologists dismiss the process of encouragement as something that anyone can do. Supportive therapy, as it makes use of encouragement, is often taken to be less creative and substantial than "insight-oriented" therapy. Anything that smacks of the humble task of supporting another person's growth tends to be devalued as "women's work," requiring "only" a good heart, patience, and the desire to nurture (sometimes described as the "maternal instinct").

The value of en-couragement

Perhaps we can reclaim the complexity, significance, and dignity of encouraging others if we explicitly look at it as *en-couragement*, supporting courage in others. While some recent theorists extol "mirroring" another — purportedly assisting the development of an individual's healthy narcissism — they also subscribe to the notion that people eventually break free of their need for mirroring, that the function becomes internalized. En-couragement suggests a different process in which people develop courage and confidence to move into relationship with others and the world. En-couraged people act with feeling and passion; they transcend separate self, isolation, inaction, and stasis. It often takes courage to "move toward" and engage with others, to act from a place of authentic and strong emotion. We do not achieve courage once and for all, but we re-create it. The capacity to help seed and sustain courage in another human being might be one of the most praiseworthy qualities that we can imagine.

While encouragement in therapy depends on validation of the client's experience, recognition of her/his personal strengths, and witnessing her/his truth — courage emanates from affirmations of the

reality and strength of the therapeutic relationship itself. Too often, I have seen clinicians overemphasize the client's capacity to "move autonomously" into the world, failing to see that this "courage to move" develops only in the context of a trustworthy, solid connection. Courage flourishes when we discover that our expression of personal truth can enhance rather than threaten connection. In an abusive family, one learns the opposite lesson: Authenticity is not welcomed; real feelings are to be silenced (Stiver, 1990). The work of building trust with people suffering from earlier hideous violations is painstaking; en-couragement does not consist of perfunctory pats on the head.

Confidence and courage are essential to the authentic expression of one's experience. Rather than "acting on" the world (a power model), we can see the courage needed in "movement into meeting" (a relational model). Carol Gilligan notes that adolescent girls begin to lose a sense of confidence in their own perceptions and ideas (1989). In other words, they lose the courage to bring their truth into relationship.

During adolescence, massive pressure exists for girls to accommodate, to accept others' definitions of reality (Jordan, 1987). This occurs especially in the sexual sphere where male needs and behavior define "sex." Patriarchal norms insist that women not know our own sexual needs but respond to prevailing male needs. The centrality of relationships to women and our sensitivity to loss make us vulnerable to pressures to accommodate to another's definition of reality.

In this regard, some have criticized relational theory (Westcott, 1989; Lerner, 1988) as idealizing harmonious relationships. Because we espouse relational values, some have worried that women will hear a message that we must surrender our own reality to that of the other person in the service of supporting the relationship. Especially in heterosexual relationships, according to this concern, male dominance will prevail, and women will be relegated to the task of validating male reality or supporting male egos. These criticisms fail to appreciate the centrality of mutuality which we are suggesting is vital for women. We do not advocate power or dominance-determined interactions, but open, mutual, and empathically based relationships. Further, growth-promoting relationships do not occur only in a state of harmony; far from it! The tension and movement between similarity and difference are some of the most lively dimensions of relationships which are free of the constraints of dominant-subordinate prescriptions.

We have said explicitly that we experience our deepest sense of meaning, our deepest personal truth, in relationships. This means that what Tillich calls the “courage to be” (1952) unfolds in connections between people, or in our relating to something larger than our individual selves. Given the diversity of human experience, we will have to develop the courage to engage in conflict in order to stay in honest relationship.

The courage to be in conflict

Without the capacity to bear conflict, an individual *is* in danger of being defined by another or taken over by another’s reality. The capacity to be influenced or moved by another, at the core of vital, deepening relationships, can become hazardous to the individual’s interests. This danger appears when one has difficulty tolerating the tension of growth-producing conflict, when the power needs of one person prevail and produce nonmutuality, or when one demands that the other be in a pervasively accommodating mode.

Let me clarify at this point what I mean by “interpersonal conflict.” It arises when a difference between two (or more) people necessitates change in at least one person in order for their engagement to continue and develop. The differences cannot coexist without some adjustment. In such a situation, the usual balance of accommodation and assimilation, that is, mutual responsiveness, moves into disequilibrium and tension. The tension is often resolved through suppressing or denying that there is conflict; one person automatically accommodates to the other; one may coerce the other; or one disengages. These solutions are classic dominance-subordination strategies. More creatively, both people can move into the conflict with the goal of expanding the relationship.

A relational perspective, an interest in the well-being of the relationship, facilitates movement into what Jean Baker Miller calls “good conflict” (1986). When in conflict, people often perceive their realities or personal goals to be completely opposed. I am not using the term *conflict* to indicate a fight or a battle. Rather, I am suggesting it is an interruption of confluence or harmony in a relationship, caused by disruptive difference; conflict can sometimes be accompanied by anger or strong emotions, but is not always. The goal in *good conflict* is not to eradicate difference but to move beyond mere tolerance of existing difference to the creation of new opportunities.

Jean Baker Miller underscores the centrality of conflict in *Toward a New Psychology of Women* (1986). She indicates that the taboo on conflict arises as “women were supposed to be the quintessential accommodators, mediators, the adapters and soothers” (1986, p. 125). She also notes that, “probably the greatest threat facing women at the hint of conflict was the threat of condemnation and isolation — most of all isolation;” and “to undertake such conflict in the first place requires courage” (1986, p. 132). It will take courage to represent one’s reality or speak one’s needs, particularly if patriarchal rules indicate you are there to support the entitlement of the dominant group to their “power over” you and others and to their power to define reality unilaterally.

Exploration of difference offers the possibility of integrative change for both people in an interaction. This possibility becomes what Mary Follett calls a “creating relationship” (1951, p. 128). As Nancy Gleason, Alexandra Kaplan, and Rona Klein note, conflict requires engagement (Kaplan, Klein & Gleason, 1985). To be able to move into conflict means to be able to give voice to one’s concerns and depends on a well-differentiated sense of one’s experience; we also honor the experience of the other. While at times we all have to put aside our needs in order to attend to another’s well-being, as an invariant pattern of conflict resolution, submissiveness or sacrifice never works for anyone.

Too often conflict is caricatured as involving needs that are opposed to one another as if in some irreconcilable way. But as Morton Deutsch notes, conflict does not necessarily equal competition (1973) or a zero-sum game where, as in a fight, when one wins, the other has to lose. Good conflict creates change in the relationship so that both people experience growth. Decisions based on power considerations do not allow expansive growth through the complex process of true integration of interests. What might be called *bad conflict* follows the rules of a competitive system of dominance and subordination (Miller, 1986).

In societies characterized by patterns of hierarchy, particularly patriarchy, the dominant group will not encourage or welcome honest expression of difference from the subordinate group. As Jean Baker Miller states, “Authenticity and subordination are totally incompatible” (1986, p. 98), and “dominant groups will tend to suppress conflict” (1986, p. 9). A measure of the dominant group’s success and security, in fact, is often its ability to suppress conflict, to keep it hidden, unobtrusive, and unthreatening to its position of power. In so doing, the group suppresses real mutuality.

The dominant group discourages conflict arising from the subordinate group by many means: 1) Shaming strategies denigrate or devalue the concerns of this group, leading to a silencing of the group's expression of its needs. 2) A myth of totally harmonious relationships is propounded, and then the subordinate group is put in charge of making sure that harmony prevails. Thus, any conflict, construed as "failure" of relationship, becomes a sign of personal inadequacy on the part of the relationship-nurturing person. 3) The dominant group articulates the rules for legitimate conflict: e.g., rational discussion is permitted, and debate about abstract issues is highly valued. The dominant group denigrates conflict informed by obvious feeling as indicative of "overly emotional" functioning, which is then labeled as inferior or pathological. 4) Confrontation of difference or representation of differing points of view is greeted as a sign of insubordination, and violence is invoked against the "offending" person — witness wife-battering (Walker, 1979). In the absence of direct threats of physical violence against the subordinates, in this case, women, there are constant reminders that women are vulnerable. The media and crime statistics tell us of women's extreme defenselessness in the face of men's displeasure, particularly in a culture which gives ample permission for violent solutions to conflict. Thus, women know well that safety from violent attack eludes us — not just on the street at night, but more hauntingly in the bedrooms and kitchens of our homes.

Men raised into a patriarchal tradition also become victims of this system. They seek to avoid real conflict by using dominance strategies (hostility, violence, or withholding) or by withdrawing from emotional engagement in general. While men are often given credit for being sturdier in conflict than women, the emotional vulnerability of real conflict is usually less comfortable for men than for women (Jourard, 1971; Lewis, 1978). In their avoidance, men miss many opportunities for contact and growth. Women have more difficulty representing their own interests directly; often they have been told that doing so is selfish and assaultive, particularly to a male partner. When the woman learns indirect methods for expressing needs, however, she is often called manipulative.

Our culture generally discourages real conflict, not just between men and women. Competition, suppression, and violence are supported, not honest, growth-promoting conflict. Conflict represents difference and diversity, and a culture diminishes itself by its failure to respect them. Conflict can be

enriching, bringing people toward real truth rather than anemic accommodation or coercive dominance. It can grow from and foster mutuality.

In the middle of a couples session, a husband and wife were each claiming that the other was too controlling. Suddenly, the man said, "Sometimes I think I just get fed up with the nuisance of dealing with someone who is separate from me." With discussion, it became clear that he meant not "separate," but "different"...that at certain stressful times in their relationship, he realized he would have liked it better if he and his wife were in perfect congruence and agreement on all issues. While appreciating that he loved many of his wife's differences, he also acknowledged that having to work out all the daily differences, like whether or not it was important to hang up the towels after a shower or to put the top on the toothpaste, became tiring. This man did not resort to traditional power tactics to suppress difference but spoke to the tension that arises with difference and to his wish for harmony. The couple's capacity to work on areas of conflict strengthened their relationship, and they went on to develop an appreciation of the need to respect the relationship above and beyond the two individuals in it. Now they often invoke the notion of "surrendering to and expanding the relationship" instead of fighting win/lose battles. The wish to live with a perfectly accommodating or mirroring other, a slave, or possibly a clone, must occur to all of us from time to time. But in our saner moments, we realize that to eliminate difference, if it were indeed possible, would actually mean the demise of relationship.

Despite our society's espousal of the usefulness of heterogeneity, another message is communicated to many marginal or subordinate groups. That is, "Your reality is inferior; your voice is less legitimate; your needs will not be heard." Merely speaking one's truth in this milieu becomes an act of courage. Large numbers of women feel they cannot speak publicly about their experience, their perception of truth. Numerous studies indicate that men tend to dominate interaction in mixed-sex groups (O'Leary, Unger, & Wallston, 1985). I believe women begin to "lose their voices," in adolescence; at that time, they learn that their reality is not valued by the dominant culture (see also Gilligan, 1989). Almost all sex-difference studies suggest the superior verbal ability of girls (Maccoby & Jacklin, 1974), but girls seem to be silenced in forums of learning and influence as they mature. College women speak far less often than their male classmates, even when the group consists mostly of women; further, they speak with diminished authority and

certainty, and are heard less. College men are the first to raise their hands to answer questions; they speak more frequently and for a longer time (Aries, 1987). While public speaking is the number one fear for many people, it is particularly so for women.

The problem of entitlement

It takes courage to speak up, to be authentic in the presence of unknown others, especially if it puts you at odds with the dominant voice. In such situations, we feel the inner struggle, wishing to keep the connection with a supposedly protective, dominant group but knowing that the cost of this protection is our silence and invalidation. In order to speak up against injustice for a reality that we value, however, we will have to risk these ruptures and count on other connections to sustain us.

Women face additional problems in attempting to resolve conflict in a system pervaded with competition, power, and dominance. Necessary to the process of conflict negotiation is a clear statement of one's needs. Women have been taught not to know our needs clearly; to express them directly is selfish. In addition, because we honor relationality, women attempt to avoid negative consequences, not only to ourselves, but to others, as Gilligan (1982) has shown. Viewing our sensitivity to the well-being of others, to the integrity of any relationship, as a psychosocial failing does an injustice to the complexity of women's relational ties.

Furthermore, gender differences in entitlement exist. The voice of psychological entitlement demands: "I have a right to have my needs met by you, to do as I please, and get what I want" — a clear subject-object form of relating. In a previous paper, I suggested that much of boys' sex role socialization in adolescence aims at building their sense of entitlement, specifically, to sexual gratification (Jordan, 1987). Research has demonstrated that "women's sense of personal entitlement or deservingness is lower than men's" (Major, 1987, p. 131). The person who feels less entitled as well as more sensitive to the other's well-being, may suffer from a disadvantage in a win/lose encounter. At its extreme, this sensitivity can also lead to self-effacement or too ready surrender of one's position in order to take care of the other's feelings. This deference represents what Gilligan has noted as the woman's dilemma of failing to represent the self in the ethic of caretaking (1982).

While we remain concerned about the failure to adequately represent one's needs in a relationship or conflict, we should also entertain some reservations about the excessive use of the right or entitlement to

get what is wanted. It seems to me that far too much damage is done in the name of personal or national prerogative. Lauding this self-centered quality which demonstrates little concern for others as a sign of mental health, well represented in the so-called "strong and successful" of our society, sadly affirms the antirelational biases which abound in our psychological practices and cultural values. Thus, while women's avoidance of dominance or hierarchical orderings may put us at a disadvantage in conflict arranged with a win/lose, competitive agenda, this may be part of what Peggy McIntosh refers to as women's "wise refusal to carry on the pretense of deserving and feeling good about roles in conventional and oppressive hierarchies" (1985, p. 1).

Where mutuality prevails, no such established pattern of entitlements and rights will exist; negotiation and the capacity to engage in good conflict become even more important. But when one person brings an attitude of entitlement and the other, mutuality or accommodation, imbalances and injustices abound; both people will lose a sense of connection. Healthy statement of need and perception, with clear awareness of the other person's reality and the need to work things out to a mutual resolution — with responsibility for self, other, and the connection — must replace strategies of personal entitlement.

Most of my women clients suffer some pain around trying to deal with conflict in relationships. Someone I have just started treating is Ann, a woman whose life is devoted largely to making positive relationships; unhappily, these relationships are typically predicated on the avoidance of conflict. In her marriage to a successful lawyer, 10 years her senior, she expends enormous energy making sure that he does not fly into a temper; despite her best efforts, he does this with great regularity. While he has never physically abused her, he feels entitled to her accommodation to him and uses psychological abuse to get his way. She feels chronically resentful, which causes her shame. The joy has departed from her relationship. Her husband refuses to seek couples treatment. The few times she has tried to confront the difficulties between them, her husband's tantrums frightened her and their two small children. He avoids real emotional engagement and conflict by threatening aggression and exercising dominance; she avoids it by accommodating and absorbing the family pain. Clearly, this woman has developed very important and valuable skills in bringing about harmony — what Jan Surrey might call *peace-making* skills (1988) — in the family and at her place of work:

She listens well; she helps others represent and meet their needs; she softens the negative emotional intensity within the family. However, she incurs great costs because she is omitted from the process except as mediator for others.

Ann grew up in a family punctuated by father's episodic physical violence toward her mother. Women were to accommodate to the needs of others, and Ann learned the lesson: expression of one's own needs challenged the position of the man in the house, and physical violence often ensued. Women were to take care of and protect the male ego. In a hierarchical society, a woman's open conflict with a man may be viewed as a challenge to his "place," dominance, and entitlement to that position. The data on family violence indicate that establishing a place of dominance and power figures importantly in husbands battering wives. As Gelles and Straus report, "The most telling of all attributes of the battering man is that he feels inadequate and sees violence as a culturally acceptable way to be both dominant and powerful" (1988, p .89). Ann and I are beginning very slowly to examine the ways she can challenge the norm in her home. She is starting to see that growth for both her and her husband and, importantly, for their relationship must involve a confrontation with the real conflicts between them. She does not yet feel confident that her husband will be able to move with her into this expansion of real connection.

An anti-relational orientation characterized by entitlement and what I call *pathological certainty* about one's perception of reality (seen in Ann's husband) poses a serious threat to an approach to life that values relationship, openness, and vulnerability. While these differences typically follow gender lines, I want to be careful not to delineate a male versus female reality; some men clearly take part in a relational, empathic view — some women do not.

Courage through connection and compassion

An empathy-love mode of relating leads to the development of compassion (Jordan, 1987). Conflict in such a context allows for the expression and exploration of difference and an interest in evolving toward a new integration of self, other, and relational experience. Compassion aims at finding the shared passion or suffering with the other. It brings us into deep joining in vulnerability, where strength is fostered. In competition we see the potential strength in the other and seek to destroy this possible advantage; we make the strong weak, then take advantage of the weak for egocentric purposes. In

compassion we see the suffering and seek to alleviate it, to encourage the suffering person to feel stronger.

I would like to suggest that women have an opportunity, possibly a responsibility, to bring one another into our courage and confidence so that we can address conflict. Alone we will be silenced. In the area of sexual abuse of women, we have seen some of the most astounding courage displayed by women in the past decades. The literature on risk-taking suggests that women venture less than men (Thorson & Powell, 1987; Begum & Ahmed, 1986). Here again, I think we need to look at what is defined as risk and courage. We honor the risk involved in scaling a mountain or in death-defying parachute jumps, often done without awareness of fear; but do we appreciate the risk that a mother takes in steadfastly pursuing a chemical company whose toxic wastes are destroying the health of her family? Do we acknowledge the risk that is taken by the adolescent girl who first utters the truth, "My father sexually abused me"? Do we appreciate the risk of opening oneself emotionally to another, revealing vulnerability in order to create a close relationship? What about the courage involved in representing a reality that is at odds with the dominant world view?

If "women have had to live by trying to please men" (Miller, 1986, p. 57), we take significant risks when we come forward with reports of men's violations of their daughters or with evidence of male therapists' sexual abuse of their clients. The unspoken message in sexual abuse of women is that of male sexual entitlement; women are objects of that entitlement, and what happens in the privacy of the man's castle or behind closed doors in therapy should meet the man's needs. These rules protect patriarchal reality. Let me emphasize again, this is not about men versus women. Patriarchal norms injure both men and women. Women's compliance and silence are essential to this system. Women's socialized fear of conflict is essential to patriarchy. What we have seen in recent decades challenges these rules and is shaking the system.

Most recent literature related to sexual abuse of girls and women points to the secrecy, shame, and silencing that accompany it. A local group organized to help women deal with sexual violation by therapists is called TELL (Therapist Exploitation Link Line). It is a leaderless group of brave women who are giving each other the courage to name the violation, to suffer the pain with others, and, when possible, to move into the intimidating process of seeking justice in these cases. Many report not only abuse from a therapist,

but also subsequent failures of professionals to acknowledge the abuse or recognize the woman's struggle in dealing with it. For example, in follow-up consultation, victims of therapists' sexual exploitation have been told: "Dr. S is having a terribly difficult family crisis. This would be very hard for him right now." Or, "This occurred 10 years ago, why are you dragging it up now?" Or, "But you're an adult. You did have some choice in staying in this relationship for so long."

The professional has obvious and subtle ways to silence these women: pathological diagnostic labels, like "hysterics" or "borderlines," are assigned to them; they are blamed for being seductive and for "not knowing better." In traditional dynamic therapy in particular, regression to an idealizing, parental transference is encouraged, rendering the client even more vulnerable to the cruelty of therapist sexual abuse. Further, she is often held responsible for allowing or, worse, provoking the violation. The utter, awful irony is that these women have been invited into a situation of enormous vulnerability and trust, and then therapists abuse their emotional openness. Like childhood sexual abuse, it is the most terrible indictment of a system that allows exploitation and abuse of power, rather than compassion and empathy, in the face of another's vulnerability. Blaming the victim and invalidating her experience compounds the injury. In the face of this violation, it is inspiring to see the growth of courage in these women when they begin to move out of the isolation of their own self-blame and shame to register their outrage about the abuse they've suffered.

Bonnie is a 47-year-old divorced woman I saw in consultation regarding sexual abuse by a former therapist. The abuse had occurred 12 years earlier when she had consulted a senior therapist following her husband's announcement that he was leaving the marriage to live with another woman. This announcement occurred with no warning, shortly after the birth of their second child. Her mother, who came to help out with the children, was diagnosed with terminal pancreatic cancer within weeks of her husband's departure. Bonnie described her sense of absolute aloneness, inability to cope, and subsequent relief when she found a seemingly kind and caring therapist during this time. Within six months of beginning treatment, however, this therapist initiated a sexual relationship which he assured her would help her recover her sense of herself as a woman. While she felt uncomfortable about this part of the relationship, she also felt special and cared for; she further felt she needed him desperately. The therapist professed love

for her, and she felt he was the only person who understood or loved her.

After two years of this relationship, the therapist abruptly ended the sexual involvement and suggested she was ready to terminate. Perplexed and grieving, she agreed to leave therapy. She felt bereft and confused and didn't know where to turn. After several years and with much trepidation, she sought further treatment, but she did not feel free in her new therapy to discuss the sexual relationship with her former therapist, for whom she maintained a kind of loyalty. She also felt tremendous shame about her involvement with him, blaming herself for it.

Empowered by newspaper reports of cases of therapists' sexual abuse, Bonnie sought a consultation regarding her own sexual violation. The consultant increased her sense of shame by wondering why Bonnie had taken so long to bring up this issue, questioning whether she had felt differently about the relationship before the therapist "dropped" her. Retraumatized by this intervention, Bonnie wisely left. Only after gaining further support from later newspaper reports and, finally, by talking with concerned friends was she willing to try seeking help one more time. She now sees a therapist who is very attuned to issues of sexual abuse; she is considering joining a group but does not yet feel ready to take that step; and she is making preliminary inquiries into taking legal action against the abusive therapist. She says, "I have to get on with my life, and this hangs over me. I also want to help other women. My guess is this guy is still violating other women, and it's got to stop. It just destroys your life."

Women victimized in this manner are finding ways to help each other speak about the abuse and to heal together. They are facing into the conflict; and conflict there often is, with threats of countersuits, denigrating character reports, and private diaries being subpoenaed and exposed to unfriendly eyes. The threat of the power of the dominant group (typically, a male therapist) to name the subordinate as sick, crazy or "borderline" constitutes just one more violation. The courage that arises from the horrors of this abuse is clearly anchored in vulnerability. I do not want to idealize this process; these women are filled with fear, outrage, and uncertainty, but they also generate courage in one another and in those touched by their stories.

When I have spoken about this issue, and I speak of it with a good deal of passion and feeling, I have been dismissed by some professionals as "too identified" with the victim. (Can we suggest that some professionals are too disidentified with the

victim? Or perhaps too identified with abusing therapists?) This is the dominant group's way of saying, "We do not have to take you seriously; you are too emotional." To speak with passion, with reason, and with a sense of purpose threatens a system that attempts to dissociate emotion from thought and action. If we are ashamed of our range of powerful passion, if we buy into the standard of dispassionate discourse, our silencing is made easier.

It is hard to stand in one's truth, the truth of action based on strong feelings. With a sense of connection to others who share this vision, we are finding ways to move forward to challenge existing patterns of violation of women and women's reality. We do not have to adopt patriarchal models of courage marked by dissociation of feeling and isolation. We can offer instead courage marked by compassion, full feeling, and connected action.

Riane Eisler poses a central question for cultures and individuals: "Are we about creation or destruction?" (1987). Suppression of conflict leads to destruction. Expression of good conflict — which seeks an integration of interests committed to the growth of each person and the relationship — leads to creation. Movement from a psychology of separate self to a psychology of relational being supports this capacity to sustain "good conflict" (Deutsch, 1973; Jordan, 1987; Miller, 1986). An attitude of respect and mutuality is at the core of nonviolent, generative conflict-resolution.

We gain strength and harmony in similarity, but we learn and expand in difference. While some differences between ourselves and others generate delight, others produce discomfort, demanding growth in ways that we may not welcome initially. If we are to grow, conflict is inevitable. Growth-in-conflict depends on our respect for uncertainty. Too often in a system that stresses competition, we cling to premature closure and certainty. A culture that so stresses control, will, and autonomy does not tolerate "being in the mystery." To have confidence in the process of unfolding, to welcome the relational, contextual meaning of things is to surrender our armored self-control. Keats' notion of living, where we are "capable of being in uncertainties, Mysteries [sic], doubts without any irritable reaching after fact and reason" (1987, p. 43) exemplifies the courage to be open, vulnerable, and related. Therein lies the capacity for empathy, and therein lies the capacity for creative connection.

Discussion Summary

A discussion is held after each colloquium presentation. Selected portions of the discussion are summarized here. At this session Drs. Jean Baker Miller and Irene Stiver joined Judith Jordan in leading the discussion.

Question: How do you help a woman in an abusive relationship express her needs or move into conflict when you know she might be subject to violence by doing so?

Jordan: That's an excellent question. Many clinicians still don't recognize that in some contexts movement into direct conflict may be dangerous. If violence is a possibility, it is important to make sure that the woman can recognize the danger and protect herself. She needs to know what her resources are and what course of action is open to her. Clearly, at times she would need to move out of the situation which threatens violence. Her safety comes first. In the long run, therapy with the couple could be helpful, but this option is not always possible. A relationship characterized by the threat of violence, however, without intervention, will remain imbalanced, lacking in mutuality, and resistant to change.

Stiver: As the woman begins to feel that she has the right to refuse the violent behavior, things sometimes begin to change. That doesn't necessarily mean the relationship is going to work; but things begin to change, and sometimes she is at less risk.

Comment: You have to make clients aware that they need to be very sensitive to any indications that conflict can escalate to violence and that they have an identified place to go or way to protect themselves if it gets out of hand. There certainly aren't enough resources, like shelters, for women; but even having a friend or relative to go to if it's necessary, may be important.

Miller: You're saying, I think, that a woman who is in a situation of violence, or potential violence, really has to be "planful" about engaging in any kind of conflict, as do those working with her. Sometimes it's possible to engage in conflict, and sometimes it isn't.

Question: I'm wondering how to make your model applicable to the therapy relationship, which is inherently characterized by a power differential. I think the model is wonderful, but I know there are many therapists who see clients as the only ones who have problems; these therapists are unwilling to address their own growth in terms of conflict with the client. I agree that empathy and mutuality are essential to relational development and to the development of courage. If those elements are lacking

in the therapy relationship, does that then constitute unethical behavior on the part of the therapist?

Jordan: This is a tough question. It is similar to the more general question of mutuality in therapy. I think, traditionally, there has been a power differential between therapist and client, it continues to be so, and is particularly emphasized in certain practices of psychotherapy. A power differential certainly should not be at the center of the therapy relationship, but you do have to pay attention to the fact that therapist and client are engaged in different roles. The client comes in looking for a special kind of assistance in examining his or her life problems, and the professional offers a certain expertise and way of helping to understand things. Beyond that, a lot in the relationship has to be negotiated. When you look at what happens in therapy, the relationship is at the core. You are both engaged in building and understanding a relationship which can allow the client to develop both in and out of the therapy. In good therapy, the therapist will experience vulnerability and growth in the process as well, and sometimes that means going through conflict together.

Comment: The kind of thing I mean is when interpretations are made which are in opposition to a way the client may understand a situation — if the therapist insists on his or her interpretation of the situation, and then the client disagrees. That's what I mean by a power differential.

Jordan: And then the person's disagreement is interpreted as "resistance," as if it has no legitimacy. I agree that can be a misuse of the therapist's power. It is very invalidating and not helpful for the client.

Stiver: I know that happens in therapy, and I think that's bad therapy. When we talk about mutual empathy, it's precisely the process of working on that kind of conflict. The therapist makes an interpretation, and the other person says, "No, that doesn't make sense." The therapist then has to rethink and be influenced by what the client says. Then there is a back and forth. That would be the way in which good therapy should emerge. That's the process. To have an interpretation forced on a person whether she believes it or not is bad therapy.

Question: What about in inpatient work? The power differential there is so much greater. How does it work there?

Comment: Part of what's important is the acknowledgment of the power differential. You can't eliminate power differentials in any relationship because the culture imposes such clear dictates about who gets power and who doesn't. For example, when a client calls you, "Dr. So-and-So," and you call her,

"Jane," that expresses a power differential. The acknowledgment is helpful in ameliorating the power issue.

Jordan: The other thing to recognize is that while there are power differentials that are "permanent" and "non-negotiable," there are also temporary power differentials. This is the case with a parent and a child where the child expects to grow out of the less powerful position. The inpatient also expects to move out of a certain imbalance of power. The problems occur when the power differentials are permanent, non-negotiable, and unacknowledged. There are relationships in which there is a temporary imbalance in the power distribution, but you're working toward a more mutual situation. I think this is the case in inpatient treatment settings. People come into the hospital, often in extreme distress; they temporarily need assistance and structure. Hospital staff then temporarily take on certain responsibilities for their well-being. But the goal is to help the person move toward more mutuality and responsibility.

Miller: I think in both therapy and even more so in inpatient situations, there are power differentials. There's no question about that. One person is much more exposed and vulnerable. I don't think the power imbalance is good. If you can move, more and more, to be together in the experience at any given time, you can be mutual, engaged together; but the factor of inequality militates against that. I live with it, but I'm not happy with it. I haven't found a better way. There are certain forms of therapy, like peer therapy, where people are trying to be totally equal, but they're not solving everything either.

Comment: In the course of any relationship, there are points at which one person is more vulnerable than the other, and it goes back and forth. That's okay. You almost would hope that at points when you're very vulnerable somebody might take more...not necessarily power, but would take care of you for a time until you were in a better position. An inpatient setting might be a time when you ask somebody else to care for you while you try to regain strength to go out and be more mutual in other relationships.

Miller: Many good, devoted people working in inpatient settings really do believe they're taking care of and providing safety for the patients. However, that is certainly not always true.

Jordan: I wanted to add that there is a difference between "power over" and "empowerment." I think in therapy you have a goal of empowerment or encouragement of the client. In response to another person's vulnerability, you can

take advantage of them for your own ends, which is a “power over” model and abusive. Or you can encourage or empower them to grow into a less vulnerable, more strong, whole place and, ultimately, into relational mutuality.

Comment: That would be the goal; but sometimes we are reluctant to acknowledge that in order to be empowering, we may have to hold certain kinds of power. Women don’t necessarily like to acknowledge a need to hold the power for a time.

Comment: One of the things that helps me with the power issue as a therapist is the enormous respect I have for the clients and the courage they have in embarking on a journey into an unknown place. Anybody coming into therapy is dealing with that. I am at best a facilitator for change; I am not going to make it happen. To respect that process humbles me. To be present with that is what I feel is the power of the therapist, and that empowers the client.

Jordan: Thank you. Respect for the client’s vulnerability, courage, and capacity to grow is certainly central to therapy; and appropriate humility on the therapist’s part is crucial to the process of therapy.

Comment: During your talk, I had more feelings than thoughts. The feeling was it’s bad to be a man; that’s hard for me as a man. As I started trying to understand this, I wanted to speak to what may be a danger. I understand you’re correcting a lot of long-standing wrongs and talking about situations in which there is abject abuse of a power relationship. I wanted to say something about the man who is not involved in clear physical or sexual abuse of others, but who is in the more conventional male role in our culture. There is a lot of suffering that goes along with trying to hold together that male role. There is insecurity that occurs when, as a man, you’re asked to deal with a relationship. I think of seeing the man panic, for instance, in a couples situation where the man sees that he’s really going to have to talk about feeling issues. He’s going to have to be in this realm that he feels so uncomfortable in, so terribly naive, vulnerable, without language. There is a kind of complementarity between the ways that men and women are socialized, the kind of pain and insecurity in the relational mode that the men feel. I don’t want your ideas to wind up objectifying men or objectifying the conventional male role in our society and to miss the mutuality possible in seeing the pain on both sides.

Jordan: That’s a helpful observation. I recognize that both men and women experience pain in a patriarchal system which divorces vulnerability

and power. Both men and women suffer injury and fragmentation. Rigid gender stereotyping, in particular, leads to a curtailment of full human experience as well as to a great deal of pain. I think we are all striving for wholeness and these partial understandings of what it is to be human interfere with an experience of integration. I hope that, ultimately, the work we engage in here will be beneficial to both men and women.

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