

Judith V. Jordan

This chapter, mainly theoretical in orientation, also reviews recent research on resilience and gender. The theoretical orientation represented here is known as relational-cultural theory (RCT). At the core of this work is the belief that all psychological growth occurs in relationships and that movement out of relationship (chronic disconnection) into isolation constitutes the source of much psychological suffering. Moving away from a “separate self” model of development, RCT also suggests that resilience resides not in the individual but in the capacity for connection. A model of relational resilience is presented. Mutual empathy, empowerment, and the development of courage are the building blocks of this resilience. While this chapter seeks to explicate the importance of relational resilience for girls, it also suggests that growth-fostering connections are the source of resilience for both boys and girls.

Resilience is traditionally defined as the ability to “bounce back” from adversity, to manage stress effectively and to withstand physical or psychological pressures without showing major debilitation or dysfunction (Benard, 2004; Brooks & Goldstein, 2001; Hartling, 2003; Herrman et al., 2011; Jordan & Hartling, 2002). Often resilience is described as (1) good outcomes in high-risk children; (2) sustained competence in children under

stress; and (3) recovery from trauma (Hartling, 2003; Masten, Best, & Garmezy, 1990). In these models resilience is most often seen as residing within the individual, in such traits as: temperament (Rutter, 1978, 1989, 1990), hardiness (Kobasa, 1979), or self-esteem (Schwalbe & Staples, 1991). Temperament and hardiness are usually depicted as involving innate physiological variables. It is noteworthy that the hardiness research which emphasized commitment and control, however, was conducted on White male middle-to-upper level business executives and then generalized to all people (Hartling, 2003). Contrary to these findings, Sparks (1999) described relational practices rather than internal traits as contributing to the resilience of African-American mothers on welfare. Internal locus of control is an individual characteristic, which has also been associated with resilience (Masten et al., 1990). “Children who take responsibility for their own successes and failures are said to have an internal locus of control” (Roediger, Capaldi, Paris, & Polivy, 1991, p. 352).

Recently, research in the field of neuroscience has opened new ways of understanding resilience, providing hopeful data about the lifelong malleability of the brain, and hence, of behavior. Davidson’s research on resilient health indicates that a secure relationship history provides people with the resources to bounce back from emotional setbacks and losses (Goleman, 2006). When the left prefrontal cortex has time to recover from distress and thus remains robust, we continue to develop strategies for emotional regulation and recovery throughout life. Cozolino

J.V. Jordan (✉)
 Jean Baker Miller Training Institute and Harvard
 Medical School, 114 Waltham St, Suite 17,
 Lexington, MA 02421, USA
 e-mail: jvjordan@aol.com

(2006) has written that the greatest contributor to neural plasticity is love; good relationships rework the circuitry of the prefrontal cortex. Siegel and Bryson (2011), in writing about interpersonal neurobiology, suggest that curiosity, openness, acceptance, and love support neural integration and openness to the present. Resilience is in part the ability to be present in the moment, responding rather than reacting, thus exhibiting emotional flexibility. The capacity for relational repair depends on flexibility, respect, safety, trust, and courage (Jordan, 2010). If the amygdala alert system has been overstimulated by abuse, neglect, or other signals of danger, however, a child's nervous system will be overstressed and excessive cortisol will be released. We know that cortisol has a negative impact on our bodies and our brains; it contributes to diabetes, depression, anxiety, and heart disease. If we seek comfort when stressed (Schore, 1994) and we participate in mutual empathy and regulation (Jordan, 2010), our systems will not be overwhelmed by adverse hormonal/chemical reactions and we will demonstrate some measure of resilience. What some have called "allostatic load" (Goldstein & Thau, 2011) represents a physiological response to social conflict that persists over time. This creates enormous wear and tear on the body and contributes to chronic stress. A reactive amygdala, overstimulated by unrelenting threats of danger, hijacks a person's response in a context that feels unsafe. In this case, more considered responsiveness is overridden by impulsive, disorganized responding. These patterns of reactivity often leave a person more cut off and therefore less able to find support and repair in safe, sustaining relationships. Isolation can become chronic, keeping people from participating in healing relationships. This is especially stressful for girls because girls and women experience connection as central to their well-being (Hossfeld, 2008).

Social pain overlap theory (Eisenberger & Lieberman, 2004) provides additional insights regarding resilience. Research shows that social pain travels the same neuronal pathways to the same place in the brain—the anterior cingulate cortex. This model confirms how core our need for connection is: being excluded is experienced as

urgent at a biological level as hunger, thirst or pain avoidance. A cultural system that denies the importance of connection for growth and healing interferes with our ability to acknowledge our need for others and thus impedes our ability to turn to others when in distress. To the extent that dependency and need of others is devalued (Jordan, 2010), our capacity to form supportive and resilience building relationships is challenged. Girls and women are especially impacted by the negative cultural messages about our yearnings for connection. Despite the values and pressures in our culture that block the natural flow of disconnection—connection and healing in connection, our brains exhibit a robust ability to change.

Neuroscience studies using functional MRIs in particular have given us the data that establishes beyond a doubt that the brain is changed throughout the lifespan—neuroplasticity. People can move out of isolation and dysfunctionality throughout their lives (Cozolino, 2006; Goleman, 2006). Even when children have grown up in families where they have suffered terror or great instability, there is the opportunity to achieve more secure attachment by finding safe enough connection with therapists, teachers, professors, mentors, and friends (Cozolino, 2006; Farber & Siegel, 2011; Goleman, 2006). Love, connectedness, secure attachment, responsiveness from others, etc. actually resculpt the brain. Acute disconnections, reworked back into healthy connection, begin to shift underlying patterns of isolation and immobilization. The amygdala can be quieted; the prefrontal cortex can function more effectively. Some researchers have looked at the effect of early experience on glucocorticoid and catecholamine levels that influence neural activity in areas of the brain associated with executive function (Blair, 2010). Empathy can create change in the prefrontal cortex and blocks the production of certain hormones (glucocorticoids) that kill neurons in the hippocampus (Goldstein & Thau, 2011).

Toning the vagal nervous system also significantly impacts relational responsiveness. The vagal nerve plays a part in modulating emotional reactivity and particularly intervenes to move a person out of sympathetic (arousal) and

parasympathetic (withdrawing, shutting down) patterns. What some have called the “smart vagus” allows us to stay in relationships even when we are angry or shamed (Banks, 2011), crucial skills for maintaining connection. We do not have to move into all or nothing, black or white reactivity. If we have poor vagal tone arising from a neglectful, abusive, or risk-filled childhood, we can achieve more resilient functioning by experiencing more modulated patterns of organization and disorganization, the ebb and flow of connection and disconnection (Goldstein & Thau, 2011). More recent resilience research has pointed to the dynamic nature of resilience throughout the lifespan (Herrman et al., 2011).

Gender

The effects of gender or context on resilience have not been well documented in traditional or neuropsychological approaches. In much of the resilience research, issues of control and power tend to be decontextualized; in particular there is a failure to recognize realities of racism, sexism, and heterosexism or other forces of discrimination and social bias which render certain people powerless and realistically lacking control. Brown, however, studies the impact of culture on girls’ ability to speak up with their anger (2003). She suggests that “relational aggression” (Simmons, 2002; Wiseman, 2003) results not from girls’ essential meanness (the mean girl phenomenon), but because girls are not provided with more direct ways to register their protests and anger. A contextual approach might reconsider the concept of internal sense of control, examining a person’s engagement in mutually empathic and responsive relationships as the more likely source of resilience. While social support is often cited in studies of resilience, it is typically studied as a one-directional process in which one person is supported by another (Spiegel, 1991). The tradition in western psychology of studying individual traits and internal characteristics exists within a paradigm of “separate self.” Separation is seen as primary and relatedness as secondary. What is inside the individual,

such as traits or intrapsychic structure, is seen as fundamentally determining an individual’s well-being and psychological adjustment. There are now studies and models of development that question this separate self bias (Jordan, 2010; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Spencer, 2000).

A study of 12,000 adolescents suggested that the single best predictor of resistance to high-risk behaviors (violence, substance abuse, and suicide) is “having a good relationship” with one adult, such as a teacher, parent, or mentor (Resnick et al., 1997; Resnick, Harris, & Blum, 1993). Connections “fortify” kids. I would suggest that growth-fostering connection is at the core of the notion of resilience; I would also like to address the additional factor of *resistance*, which points to the importance of contextual factors in resilience. By resistance, I refer to the capacity to resist the destructive and disempowering messages regarding gender, race, and sexual orientation coming from many sources such as immediate familial context and/or larger societal controlling images (Collins, 2000). While resistance is not always included in the concept of resilience, for a member of any marginalized group (i.e., nondominant, less powerful groups such as girls, people of color, homosexuals) the capacity to develop resistance to the distorting and hurtful influences impinging on them as a function of their marginality (and also contributing to their marginality) is essential (Brown, 2003; Ward, 2002). Gilligan, Lyons, & Hammer (1990) noted that there is a gender disparity with respect to times in development when children’s resilience is at heightened risk: early in childhood in boys and in adolescence for girls. She suggests it is important for all children to be joined by adults in their resistance. In RCT the primary indicator of psychological development is an increasing capacity for significant and meaningful connection with others (Jordan, 2010; Miller & Stiver, 1997). Relationships are at the heart of growth, healthy resistance, and resilience. The societal or cultural context largely determines the kinds of relationships that are likely to occur for anybody and these determine one’s capacity to respond to stress

Most models of child development are framed by the notion of growth toward autonomy and separation. The cultural mandate and myth is one of “standing alone,” the lone ranger, the lone hero, the fully individuated person who is independent, separate, and autonomous. Resilience then is viewed as an internal trait or set of traits, the lone resilient individual recovering from the impingements of an adverse environment. The job of socialization in this model is to bring the dependent child into a place of separate, independent adulthood. These standards apply to all children but especially to boys.

As Bill Pollack (1998) notes, the “boy code” pushes boys towards extremes of self-containment, toughness, and separation. Men are encouraged to dread or deny feeling weak or helpless. Shame-based socialization for boys directs them towards being strong in dominant-defined ways: unyielding, not showing vulnerability, and displaying a narrow range of affect (i.e., anger). The standards for maturity involve being independent, self-reliant, autonomous. Yet these hallmarks of successful maturity and “strength” are generally unattainable since we are ultimately interdependent beings. These hyperindividualistic standards then create stress, shame, and enormous pain for all who are affected by them. Furthermore, the importance of connection with others is omitted in these models. Context and socially defined identity issues such as race and gender clearly impact resilience and yet they, too, are overlooked.

With regard to some unexamined gender issues, Seligman’s concept of “learned helplessness” is seen as contributing to poor outcome (poor psychological health) and optimism is seen as leading to resilience and good outcome (Seligman, 1990). Yet gender may play a crucial role in the development of pessimistic or optimistic coping strategies (Dweck, 2006; Dweck & Goetz, 1978). Girls’ expectations of future performance are affected more by past or present failures than by successes (Dweck & Reppucci, 1973). Girls attribute failure to internal factors and success to chance or external factors, while boys tend to attribute failure to external factors and success to internal factors.

Girls blame themselves far more than boys do and take less credit for success. Studies have shown that freedom from self-denigration is a powerful protector against stress-related debilitation (Peterson, Schwarz, & Seligman, 1981). Self-denigration is seen as contributing to poor self-esteem which in turn is thought to contribute negatively to resilience (Dumont & Provost, 1999). Self-esteem tends to be thought of as a core, internal trait. But self-esteem is a complicated concept. Self-esteem has been constructed in Western cultures based on a separate-self, hyperindividualistic model of development (Jordan, 1994). One “possesses” self-esteem and in a competitive culture often comparisons with others (better than or worse than) are at the core of self-esteem. As Harter (1993) notes “how one measure up to one’s peers, to societal standards, becomes the filter through which judgments about the self pass” (p. 94). Groups that are “outside” the dominant definitions of merit, who may have differing standards of worth, are thus disadvantaged by these privileged standards (e.g., being emotionally responsive and expressive in a culture that overvalues the rational or being relational in a culture that celebrates autonomy). Yvonne Jenkins has suggested that we think of *social esteem* which implies a group-related identity that values interdependence, affiliation, and collaterality (1993). Social esteem, then, may be more relevant to psychological well-being than self-esteem, particularly in more communal cultures and subcultures. Feeling good about oneself depends a lot on how one is treated by others and whether one can be authentic and seen and heard in relationships with important others.

Data suggest that girls are more depressed and self-critical in adolescence than boys. Girls’ rates of depression begin to climb in adolescence. Girls and women are twice as likely to develop depression throughout their lives (Gillham, Chaplin, Reivich, & Hamilton, 2008; Gladstone & Beardslee, 2009; Hankin & Abramson, 2001; Lewisohn & Essau, 2002) “For girls to remain responsive to themselves they must resist the convention of female goodness; to remain responsive to others, they must

resist the values placed on self sufficiency and independence in North American culture” (Gilligan, 1990, p. 503). Girls lose connection with themselves and authentic connection with others during this period. Researchers have noticed that women’s coping styles are more relational (i.e., talking about personal distress with friends, sharing sadness) (Lazarus & Folkman, 1984). Men’s styles are more problem-focused or instrumental, taking action to solve the problem and seeking new strategies. Emotion-focused coping may be more adaptive in situations where one has little real control and problem-focused coping is useful where one can realistically expect to effect change. Those with less power and less real control (members of nondominant and marginalized groups) may develop more relational or “externalizing” ways of coping.

One of the core ideas of traditional Western Psychology is the notion of “fight or flight” in the face of stress. This knowledge has been passed along for generations and is quite relevant to the way we understand resilience. Prevailing studies have consistently suggested that when we are stressed we either mobilize aggressive, self-protective defenses (fight) or we flee (run away and avoid the possible confrontation with our own vulnerability). But a recent analysis by (Taylor et al. 2000; Taylor, 2002) points out that all the studies on “fight or flight” were completed with males (i.e., male albino rats and monkeys, men, etc.). In replicating some of these experiments with females, Taylor noted a very different response to stress, which she and her colleagues called the “tend-and-befriend” response. In times of stress they noted females engage in caretaking activities or in the creation of a network of associations to protect themselves and others from a threat. Women respond relationally to stress; they seek connection. Belle (1987) has also noted that women are more likely to mobilize social support in times of stress and turn to female friends more often than males. These data suggest it is imperative that we attend to social identity issues, particularly gender, when we seek to understand resilience.

Relational Resilience

Theorists at the Stone Center, Wellesley College, have created a relational model of development and resilience. The model was originally developed by listening to women’s voices and studying women’s lives, but it is increasingly seen as applicable to men as well. Most developmental and clinical models have been biased in the direction of overemphasizing separateness, particularly *the separate self*. This new model, called RCT, posits that we grow through and toward connection; that a desire to participate in growth-fostering relationship is the core motivation in life (Jordan, 1997, 2010; Jordan, et al., 1991; Miller & Stiver, 1997). Growth-fostering connections are characterized by mutual empathy and mutual empowerment and produce the following outcomes: zest, a sense of worth, productivity, clarity, and a desire for more connection (Miller & Stiver, 1997). All relationships arise within particular contexts and the socioeconomic/cultural context powerfully shapes the connections and disconnections that exist in people’s lives. Isolation is viewed as the primary source of pain and suffering. In a stratified society, difference is always subject to distortions of power (Walker, 2002). When one group is dominant and possesses the power to define what is valuable, the less powerful group is left having to “fit in,” to “make do” with rules of conduct and behavior that may not represent their experiences. Thus, Jean Baker Miller once said, “authenticity and subordination are totally incompatible” (1986, p. 98). In order to enjoy full authentic and growth-fostering interaction, one cannot be in a position of subordination. The role of power is to silence difference, limit authenticity, and to define merit.

RCT proposes we think of “relational resilience” as the capacity to move back into growth-fostering connections following an acute disconnection or in times of stress (Hartling, 2003; Jordan, 1992, 2010). RCT suggests that relationships that enhance resilience and encourage growth are characterized by a two-way experience of connection, involving mutual empathy,

mutual empowerment, and movement toward mutuality. For instance, we would suggest that real courage, real growth, and real strength all occur in a relational context, not in a state of isolation or independent assertion. In short, resilience is not an internal trait. The dominant North American culture does not support the notion of interdependence among people. Yet there is an inevitable human need to turn to others for feedback, both appreciative and corrective, and to provide support to others as we make meaning of our lives. We all need to be responded to by others throughout our lives. This is different from one person needing support or approval from another person; we need to engage with others and to be engaged with, to participate in relationships that create growth for each person involved. It is about mutuality.

What is needed is a relational model of resilience which includes a notion of: (1) supported vulnerability; (2) mutual empathic involvement; (3) relational confidence or the ability to build relationships that one can count on; (4) empowerment which involves encouraging mutual growth; and (5) creating relational awareness alongside of personal awareness. Relational resilience emphasizes strengthening relationships rather than increasing an individuals' strength (Hartling, 2003). In this model the ability to ask for help is reframed as a strength. When we are stressed, personal vulnerability increases. Finding a way to tolerate vulnerability and turn toward others is a significant sign of resilience. When we turn away from others and move toward isolation, we are likely to become more inflexible, getting stuck in dysfunctional patterns. In order to reach out for support, we must have some reason to believe that a dependable, mutual relationship is possible in which putting oneself in a more vulnerable position does not pose a danger. A part of relational resilience, then, involves discerning the growth-fostering potential of a particular interaction or relationship.

Relational resilience involves movement toward mutually empowering, growth-fostering connections in the face of adverse conditions, traumatic experiences, and alienating social-cultural pressures. It is the ability to connect, reconnect, and/

or resist disconnection. Characteristics such as temperament, intellectual development, self-esteem, locus of control, and mastery can be reframed from a relational perspective. The most important contribution of temperament to resilience may be the means by which a child is placed at risk or protected in terms of relational consequences. For instance, a hard to soothe child may contribute to a sense of helplessness and frustration in the parent which could lead to avoidance or neglect. Similarly "intellectual development" which is typically thought of as an internal trait largely deriving from genetic loading is now understood as formed to a great extent in relational contexts. Siegel (1999) notes that interpersonal relationships are the primary source of experience that shapes how the brain develops. "Human connections create neuronal connections" (Siegel, p. 85).

Self-esteem can also be thought of in a more contextual way by examining what Jordan (1999) has called *relational confidence*. Thus rather than emphasizing "the self" and its esteem, we suggest that one's capacity to develop growth-fostering relationships, which engender confidence in our connections with others, might be a more important variable for study than some supposed internal trait of self-esteem (Burnett & Denmark, 1996). Similarly, internal locus of control defined as a source of resilience may be understood better when we take context into account. In a culture that so values control and certainty one can understand why this might be seen as central. But studies have indicated that locus of control is influenced by cultural context and the realistic power that a group exercises in their culture. Locus of control may be seen as the ability to influence one's experience, environment, or relationship (Hartling, 2003).

Social support has also been viewed as vital to resilience (Masten & Coatsworth, 1998). Social support has been defined as emotional concern, instrumental aid, information, and appraisal. Most social support studies have emphasized one-way support, *getting* love, *getting* help. A relational perspective points to the importance of engaging in relationship that contributes to all people in the relationships. Data suggests that it

is as rewarding to give to others as to be given to (Luks, 1992). The power of social support is more about *mutuality* than about *getting for the self*. But the mutuality is often obscured in the ways social support is construed; this appears to be true of the twelve step programs, misleadingly called *self-help groups* when they actually are about *mutual-help* and growth. In other words, we all have a need to be appreciated, valued, validated, and given to, but we also have a need to participate in the development of others.

Mutuality

At the core of relational resilience is the movement toward mutuality. The social support literature points to the importance of being given to and receiving support from others (Ganellen & Blaney, 1984; Spiegel, 1991). But recently research has uncovered the importance of “giving” to others (Luks, 1992). The research community has moved into the study of altruism as a way of understanding the benefits of giving to others. RCT would suggest that it is actually *mutually* growth-fostering relationships that create the beneficial effects for individuals not a trait such as altruism. That is, there is a need to give, to matter, to make a difference; we find meaning in contributing to the well-being of others (Jordan, 2010; Jordan, et al., 1991; Jordan, Walker & Hartling, 2004). But we also need to feel cared for, given to, and treated with respect. We need to feel that we matter, that we can have an impact on the other person and on the relationship. Imbalances in mutuality are the source of pain for many people. And when we feel “outside” mutual connection, we often experience isolation. To give to others in a situation where we are not being respected, responded to, and appreciated in the long run can lead to demoralization, a drop in resilience. It is not that we need to be “thanked” or valorized for our giving. We must feel that we are part of a respectful, mutual system. Mutual empathy holds the key to what we mean by mutuality. It is important that we see that we have had an impact on each other; we know, feel, see that we have made a difference.

Mutual empathy is not about reciprocal, back and forth empathizing although that happens in growth-fostering relationships as well. Mutual empathy is the process in which each person empathizes with the other in mutual growth; I see that I have moved you and you see that you have moved me. We matter to each other, we reach each other, we have an effect on one another. We can produce change in one another and in the relationship. This ultimately brings about a sense of relational competence. It brings us into the warmth of the human community where real resilience resides. And it contributes to the development of community, the ultimate source of resilience for all people.

The literature on competence motivation addresses the intrinsic need to produce an effect on our environment (White, 1959); the usual research looks at the way a child manipulates the physical world and how that enhances a child’s sense of competence (“I made this happen”). While there is no doubt that physical ability and task competence serve to increase one’s sense of efficacy and worth, it is clear that an equally, if not more, important source of competence is in the world of interpersonal effectiveness, being able to evoke a sought for response in another person.

Let us take the example of a child and parent where the child is not understood, heard, or responded to (Dunham et al., 2011). There may be an empathic failure and the child attempts to represent her hurt to the parent. If the parent responds and lets the child see that it matters to the parent that she has hurt the child, that she is affected by the impact (in this case hurtful) that she has on the child, and the parent communicates this to the child, the relationship is strengthened and the child’s sense of relational competence is strengthened. The child feels seen, heard, and cared about; she feels she matters, her feelings matter. If on the other hand, the parent does not respond to the child’s pain with empathy or caring, but denies the child’s feelings or attacks the child in some way or simply does not respond at all (neglect), the child will experience a sense of not mattering, of having no impact on the other person or on the relationship. She will begin to keep these aspects of herself out of relationship and will move into

isolation and inauthenticity. When this happens repeatedly, the child moves into chronic disconnection. She develops strategies of disconnection for survival. In the most egregious cases of chronic disconnection and violation such as physical or sexual abuse of a child, these strategies of disconnection lead to a massive sense of isolation, immobilization, self-blame, and shame, what Jean Baker Miller calls “condemned isolation” (Miller & Stiver, 1997). This state of condemned isolation is a state of minimal resilience. The person maintains rigid and overgeneralized relational images that maintain isolation and mistrust of others. The person is not free to move back into connection following current disappointments and disconnection. New learning and growth is blocked or limited. The biochemistry may also be altered in such a way so that dissociation, amygdala reactivity, and startle responses interfere with reestablishing connection (Banks, 2000).

Shame

Often these disconnections occur in a climate of shame. Shame moves people into isolation and thus disempowers and immobilizes people. Shame is the experience of feeling unworthy of love, of feeling outside the human community (Jordan, 1989). In shame one doubts that another person can be empathically present. One feels that one’s very being is flawed in some essential way. While in guilt we can hope to make amends, in shame we anticipate only rejection and scorn. Our very “being” feels deficient. Shame is an intensely interpersonal effect, one of the original effects delineated by Tomkins (1987). Because it leads to silencing and isolation, shame is a major deterrent to resilience, particularly if one frames resilience as an interpersonal, relational phenomenon. To the extent that one moves away from relationship in the face of shame, the opportunity for restorative and corrective connection is lessened.

Shame arises spontaneously when one feels unworthy of love or connection, at the same time that one is aware of one’s yearning for connection. Shaming is also done to people,

used to change an individual’s or a group’s behavior. Sometimes it is used to disempower and silence. Dominant societal groups often shame the subordinate groups into silence as a way of exercising social control. The implication often is that “your” reality (nondominant individual or group) is deficient or deviant. This applies to any marginalized group, whether it is girls, people of color, gays, and lesbians. To the extent that an individual or group feels shame, they will in fact be less resilient and less empowered, less able to give voice to difference.

Building Relational Resilience in Girls and Women

Resilience exists to the extent that empathic possibility is kept alive. To the extent that girls feel they are a part of mutually growth-fostering relationships in which they care about others and are cared about as well, they will experience a sense of flexibility, worth, clarity, creativity, zest, and desire for more connection, what Jean Baker Miller has called the “five good things” of good connection (Miller & Stiver, 1997). We grow and learn, expanding the quality of our relationships. In isolation we repeat old patterns, are caught in repetitive cognitions, and often are disempowered. Resilience implies energy, creativity, flexibility to meet new situations. Sometimes it involves courage, the capacity to move into situations when we feel fear or hesitation. Courage is not an internal trait; it is created in connection. As human beings, we *en-courage* one another, create courage in an ongoing way. Just as there is no such thing as an internal state of “self-esteem” that resides in a separate person, feelings of worth, strength, and creativity are also supported or destroyed in relationships. At a societal level, those at the margins, defined by the dominant “center” (Hooks, 1984), are often disempowered by the dominant group’s definition of what defines them, their “defective differentness.”

Resilience becomes especially salient for girls in adolescence, a time when according to Carol Gilligan (1982) girls begin to “lose their voices.” Between the ages of 11 and 13, Caucasian girls

show massive drops in self-esteem (Gilligan, Lyons, & Hanmer, 1990). Rates of depression increase. As Gilligan suggests, girls begin to be silenced and less authentic in relationships. They appear to lose their relational intelligence. They take themselves out of relationship (authentic relationship) in order to “stay in relationship” (appearance of relationship). They lose a sense of effectiveness and feel they must accommodate to other’s needs (Jordan, 1987). Janie Ward has written with great insight about the importance for adolescent girls of color to find a way to resist the disempowering stereotypes that the dominant culture imposes on girls of color. This capacity to resist the controlling images (Collins, 2000) is a significant contributor to resilience.

Janie Ward (2002) has suggested in working with African-American girls that we help them build healthy resistance, originally called “resistance for liberation” (Robinson & Ward, 1991). She suggests four processes to help these girls remain strong and resilient. First she suggests we help these girls “read it.” By this she means examine the message and the immediate context and larger sociopolitical context. Thus with disempowering messages, one does not get caught up in reacting, but examines and thinks carefully about the evidence for the message or stereotype. After reading it, it is important to *name it*: in this we acknowledge the presence of racism, sexism, or class bias. It involves “knowing what you know” and confronting the issue. It may involve keeping silent until safety is reached (e.g., bringing it to a trusted adult to get support and seek clarification). A failure to name can lead to internalization of the negative identity and shame. Naming gives one a sense of agency and strength. The third step is to *oppose the negative force*. As Janie Ward suggests, one engages in the action to defy or circumvent or avoid the negative force, such as racism. It involves opposing self-hatred, despair, contempt, hopelessness, anger, and complacency. And finally she suggests we support girls in *replacing it*. This means that one can hold fast to a belief or value a sense of reality that is different from the one that is being promoted and then put something new in the place of the feeling, attitude, or behavior that is being opposed.

For instance, a person resisting racism could take a stand for fairness and justice.

These steps can be applied to many situations that typically undermine the sense of strength and worth of an individual (Franz & Stewart, 1994). It is interesting that members of marginalized groups are encouraged to internalize blame. For instance there was a “psychiatric diagnosis” of drapetomania in the days of slavery which was applied to slaves who had “a need to run away from their masters.” Their desire for freedom was pathologized and given a medical diagnosis. In a less extreme way, girls are taught to take responsibility for failure and are pathologized for their relational longings. And there is abundant data that indicate girls internalize failure and externalize success while boys do the opposite. If the default explanation for failure is self-blame, assuming that “I am the problem,” depression, immobilization, and shame ensue. If, on the other hand, one assumes that failure results from chance factors or external forces and success is a result of one’s ability or effort, one feels more empowered to act and more sense of worth. The context plays a large role in creating these styles of attribution.

Courage in Connection

In addition to resisting the forces of disempowerment (sexism, racism, classism, heterosexism), resilience involves the development of courage. While courage has also been constructed within a separate self-model, with images of lone heroes scaling mountains or jumping from airplanes in individual death defying acts, courage also might be considered to be an interpersonal experience. Courage develops in connection; we are *en-couraged* by others (Jordan, 1990). Courage, like resilience, is not a trait that exists within the individual. As human beings we are constantly in interactions that are either encouraging or discouraging. Growth-fostering relationships which promote zest, clarity, a sense of worth, productivity, and desire for more connection are intrinsically encouraging. They help us feel energetic, focused, strong, and

seeking growth and connection. Much of parenting, teaching, and therapy is about encouraging others, literally helping people develop a sense of courage, feeling the capacity to act on one's values and intentions.

For young adolescent girls, there is probably nothing more important than supporting the growth of courage. Girls in early adolescence begin to lose their voice, begin to lack confidence, and their self-esteem plummets. The early energy, confidence, and feistiness (Gilligan, 1990; Pipher, 1994) that researchers have written about in young girls evaporate for many. A part of this arises around heterosexual relationships where girls begin to feel objectified, lose touch with their own body experience, and feel that they must accommodate to others, often boys', desires and definitions of them. A preoccupation with body image (where one feels eternally deficient) and with control of sexuality and anger leaves girls feeling constricted and inauthentic. Girls feel they cannot represent their experience fully; they fear rejection from boys and exclusion from girls if they deviate from the group norms. The inclusion-exclusion factors (Eisenberger & Lieberman, 2004; Simmons, 2002) that have weighed heavily on girls in social relationships heat up even more during these years. And as they emulate boys' models of success, girls feel less and less able to show or share these feelings of fear and uncertainty. They're supposed to be cool and tough.

The prohibition on anger for girls (Brown, 2003; Miller, 1976, 1985) is a great obstacle to their developing resilience. If a person cannot represent her feelings as fully as possible, particularly feelings that inform relational health, she will move into silence and isolation. Anger is a necessary and important signal in any relationship; it often marks a place of hurt or injustice. People need to be able to move into conflict to avoid being silenced or subordinated (Jordan, 1990). By suggesting that anger is a necessary part of change and growth in relationship, I am not endorsing cathartic, expressive, impulsive anger. Nor am I supporting the use of aggression, force, or dominance against others. Authentic anger is not about being totally reactive,

expressive, or spontaneous. In all relationships we must act and speak with awareness of our possible impact on others. And if we value good relationships, we will use anticipatory empathy to avoid hurting others when possible. But anger is a signal that something is wrong, that something hurts, that there has to be a shift or change in the relationship. If girls are asked to suppress their anger, they are invited into accommodation, subordination, and inauthenticity. Helping an adolescent girl learn how to speak up, especially how to channel her anger, how to be strategic in her use of her anger, will support her courage and her sense of who she is. The messages from the culture, however, silence and distance girls from these interpersonal signals. Girls then become cut off from themselves and from authentic connection with others.

Promising interventions have been developed in response to the research indicating that adolescent girls are at particular risk for depression, anxiety, losing their sense of worth, and becoming less resilient. Girls define safety in terms of relationships (Schoenberg, Riggins, & Salmond, 2003). The "Girls Circle" model (Hossfeld, 2008; Irvine, 2005) integrates relational theory, resilience practices, and skills training in an effort to help girls increase their positive connections. It is meant to counteract social and interpersonal forces that impede girls' growth and development. Girls Circle is a gender-specific program. Benard has indicated that providing caring and meaningful participation in communities increases empathic responsiveness and helps girls navigate difficult peer relationships (Benard, 2004; Hossfeld, 2008; Johnston, O'Malley, & Bachman, 2002; LeCroy & Daley, 2001; LeCroy & Mann, 2008; Steese et al., 2006). Gender-specific programs become increasingly important as modern adolescents are exposed to risky behavior at a much earlier age. Another curriculum, "Go Grrrls" is a program aimed at strengthening girls' connections and friendships. Go Grrrls was also found to improve girls' body images, assertiveness, efficacy, self-liking, and competence (LeCroy, 2004). The Penn Depression Prevention program and the Penn Resiliency Program (PRP) address personal relationships and cultural pres-

tures in addition to cognitive change (Beck, 1976). The Penn program is a manualized program that can be delivered in schools, clubs, clinics, and other community setting (Gillham et al., 2003; 2008). Given the sex differences in depression in adolescence, the Penn project underscores the importance of addressing girls' depression and resilience separately from boys (Le, Munoz, Ippen, & Stoddard, 2003; Lewisohn & Essau, 2002). It focuses on cognitive risk factors and problem-solving strategies. Restriction of anger may also be linked to depression in girls (Chaplin & Cole, 2005). Girls respond to the physical changes of puberty more negatively than do boys. Further, the internalization of negative cultural messages increases girls' vulnerability to depression (Stice, Spangler, & Agras, 2001). A new initiative at the Penn Resilience project, "Girls in Transition" (GT), highlights issues important to girls in early adolescence. GT encourages girls to think critically about cultural messages that demean women or impose impossible body image standards (Chaplin et al., 2006). Successful mentoring programs are based on teaching skills, relational competence, fostering relationships between mentor and mentee, and fostering connection with community. They emphasize mutual support (Dubois et al., 2011).

As the research and many of the intervention programs point out, helping girls value connection and relationship is essential. Too often the larger culture invalidates or pathologizes a girl's desire for connection or her desire to participate in the growth of others (seen as a failure of "self-interest"). The courage to move into the necessary vulnerability of authentic connections is as important as the courage to move into conflict to protest personal and social injustice. Because there is little real support for the importance of relationships in people's lives, girls and women are viewed as "too needy" or "too dependent" when they express their strong desire for connection. By acknowledging and valuing the basic, lifelong human need for relationship (now strongly supported by neuroscience research), we support a girl's natural inclination toward connection and thereby help create a powerful pathway toward resilience.

In summary, all children experience a better outcome following adverse life conditions when they have a positive relationship with a competent adult, engage with other people, and have an area of competence valued by themselves or society (Masten, et al., 1990). Girls tend to seek more help from others in childhood and offer more help and support in the preadolescent years (Belle, 1987). For girls and women in particular, mutuality is a key factor in how much protection a relationship offers. Lower depression scores are found in women who are in highly mutual relationships (Genero, 1995; Sperberg & Stabb, 1998). The importance of these relationships is not just that they offer support, but they also provide an opportunity to participate in a relationship, which is growth-fostering for the other person as well as for oneself (Jordan, 2010). Participation in growth-fostering connection and relational competence may well be the key to resilience in girls and women. It is likely that understanding resilience as a relational phenomenon rather than as a personality trait will lead us to deepen our understanding of the significance of connection for the well-being of all people.

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