

Series Preface

Some might argue that in the contemporary clinical practice of psychotherapy, evidence-based intervention and effective outcome have overshadowed theory in importance. Maybe. But, as the editors of this series, we don't propose to take up that controversy here. We do know that psychotherapists adopt and practice according to one theory or another because their experience, and decades of good evidence, suggest that having a sound theory of psychotherapy leads to greater therapeutic success. Still, the role of theory in the helping process can be hard to explain. This narrative about solving problems helps convey theory's importance:

Aesop tells the fable of the sun and wind having a contest to decide who was the most powerful. From above the earth, they spotted a man walking down the street, and the wind said that he bet he could get his coat off. The sun agreed to the contest. The wind blew, and the man held on tightly to his coat. The more the wind blew, the tighter he held. The sun said it was his turn. He put all of his energy into creating warm sunshine, and soon the man took off his coat.

What does a competition between the sun and the wind to remove a man's coat have to do with theories of psychotherapy? We think this deceptively simple story highlights the importance of theory as the precursor to any effective intervention—and hence to a favorable outcome. Without a guiding theory we might treat the symptom without understanding the role of the individual. Or we might create power conflicts with our clients

and not understand that, at times, indirect means of helping (sunshine) are often as effective—if not more so—than direct ones (wind). In the absence of theory, we might lose track of the treatment rationale and instead get caught up in, for example, social correctness and not wanting to do something that looks too simple.

What exactly *is* theory? The *APA Dictionary of Psychology, Second Edition* defines theory as “a principle or body of interrelated principles that purports to explain or predict a number of interrelated phenomena” (VandenBos, 2015, p. 1081). In psychotherapy, a theory is a set of principles used to explain human thought and behavior, including what causes people to change. In practice, a theory creates the goals of therapy and specifies how to pursue them. Haley (1997) noted that a theory of psychotherapy ought to be simple enough for the average therapist to understand, but comprehensive enough to account for a wide range of eventualities. Furthermore, a theory guides action toward successful outcomes while generating hope in both the therapist and client that recovery is possible.

Theory is the compass that allows psychotherapists to navigate the vast territory of clinical practice. In the same ways that navigational tools have been modified to adapt to advances in thinking and ever-expanding territories to explore, theories of psychotherapy have changed over time. The different schools of theories are commonly referred to as waves, the first wave being psychodynamic theories (i.e., Adlerian, psychoanalytic), the second wave learning theories (i.e., behavioral, cognitive-behavioral), the third wave humanistic theories (person-centered, gestalt, existential), the fourth wave feminist and multicultural theories, and the fifth wave post-modern and constructivist theories (i.e., narrative, solution-focused). In many ways, these waves represent how psychotherapy has adapted and responded to changes in psychology, society, and epistemology as well as to changes in the nature of psychotherapy itself. Psychotherapy and the theories that guide it are dynamic and responsive. The wide variety of theories is also testament to the different ways in which the same human behavior can be conceptualized (Frew & Spiegler, 2012).

It is with these two concepts in mind—the central importance of theory and the natural evolution of theoretical thinking—that we developed the American Psychological Association (APA) Theories of Psychotherapy

Series. Both of us are thoroughly fascinated by theory and the range of complex ideas that drive each model. As university faculty members who teach courses on the theories of psychotherapy, we wanted to create learning materials that not only highlight the essence of the major theories for professionals and professionals-in-training but also clearly bring the reader up to date on the current status of the models. Often in books on theory, the biography of the original theorist overshadows the evolution of the model. In contrast, our intent is to highlight the contemporary uses of the theories as well as their history and context. Further, we wanted each theory to be reflected through the process of working with clients that reflect the full range of human diversity.

As this project began, we faced two immediate decisions: which theories to address and who best to present them. We looked at graduate-level theories of psychotherapy courses to see which theories are being taught, and we explored popular scholarly books, articles, and conferences to determine which theories draw the most interest. We then developed a dream list of authors from among the best minds in contemporary theoretical practice. Each author is one of the leading proponents of that approach as well as a knowledgeable practitioner. We asked each author to review the core constructs of the theory, bring the theory into the modern sphere of clinical practice by looking at it in the context of evidence-based practice, and clearly illustrate how the theory looks in action.

Each title in the series can stand alone or be grouped together with other titles to create materials for a course in psychotherapy theories. This option allows instructors to create a course featuring the approaches they believe are the most salient today. To support this end, APA Books has also developed a DVD for most of the approaches that demonstrates the theory in practice with a real client. Many of the DVDs show therapy over six sessions. For a complete list of available DVD programs, visit the APA website (<http://www.apa.org/pubs/videos>).

In this second edition, Judith V. Jordan clearly describes relational-cultural theory (RCT) and how it guides an effective psychological practice. As a more recently developed theory of psychotherapy, RCT draws on aspects of psychodynamic and feminist theory in developing a relational model that emphasizes the primacy of human connection

and relationships. Another unique aspect is that most of the developers of RCT were women, and the model specifically considers the influence of culture and identity in developing relationships both inside and outside of psychotherapy. RCT is clearly a theoretical approach for modern times as it is consistent with scientific advances in neuroscience and societal focuses in psychology on social justice issues. Dr. Jordan draws on her own knowledge as one of the original theorists of this approach, on her vast experience as a practicing psychotherapist, and on her work as director of Wellesley College's Jean Baker Miller Training Institute. The numerous case studies will help readers to gain familiarity with the theory by reading about it in practice. This edition provides further information on RCT advances in clinical practice and new areas of application. We were especially pleased to present the first edition of this book because it represented the first complete review of RCT. With this second edition, readers can see new advances in RCT as the approach has developed a broader evidence base in the field of psychotherapy. Thus, this edition represents another milestone in the evolution of this important theory.

—Jon Carlson and Matt Englar-Carlson

Introduction

Mainstream Western psychological theories tend to depict human development as a trajectory from dependence to independence. In these models, the “job” of parenting is to bring the dependent, helpless baby into a state of autonomous and independent adulthood. In contrast, relational–cultural theory (RCT) is built on the premise that, throughout the lifespan, human beings grow through and toward connection. It holds that we need connections to flourish, even to stay alive, and isolation is a major source of suffering for people, at both a personal and cultural level. Seeing connection as the primary ongoing organizer and source of motivation in people’s lives transforms the work of socialization into assisting our children to develop relational skills and to elaborate the possibility for mutuality in relationships. It furthermore calls attention to the need to alter the sociopolitical forces of disconnection that create significant pain for people. Invested in the task of social change, RCT provides a model for

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Relational–Cultural Therapy, Second Edition, by J. V. Jordan

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doing therapy that emphasizes movement out of isolation (Banks, 2016; Jordan, 2017; M. Walker, 2008b). RCT challenges not only the prevailing developmental theories, which frame independence as the hallmark of mature development, but also some of the basic tenets of 21st-century Western culture, which celebrate autonomy, self-interest, competition, and strength in isolation.

Relational psychology is rooted in the tenet that we grow through and toward relationship throughout the lifespan and that we need relationships in the same, life-sustaining ways that we need air and water. We are simply and essentially interdependent beings; we need a culture that supports rather than demeans our need for others. When we overemphasize a goal of autonomy and “standing on your own,” we are siding against our own neurobiology. We create chronic stress. Honoring our relational nature allows us to reach out for comfort when we are afraid or to seek others’ viewpoints when we are working on a project. We appreciate the many ways that mutual connection contributes to creativity.

Although initially ignored then treated as “dangerous,” RCT theory and practice have influenced many theoretical approaches. Now many of those who initially resisted RCT have increasingly assimilated much of the relational model and suggest that “we knew this all along.” The ideas are becoming more mainstream, and significant research is being carried out to test various aspects and applications of RCT (Comstock, 2005; Duffey & Trepal, 2016; Frey, 2013; Lenz, 2016; Norcross, 2002; Oakley et al., 2013; Tantillo & Sanftner, 2010b). Some have applied it to areas other than clinical practice and counseling (Schwartz & Holloway, 2012; Spencer & Liang, 2009). As Robb (2006) noted, to study relationships rather than selves “changes everything.” Although RCT initially evolved in the context of better understanding the psychology of women, it now acknowledges the need for better understanding boys and men as well. RCT posits that all people need to participate in relationships that foster growth; models of human development that emphasize only self-interest and autonomy are not only inaccurate but create suffering. We are wired to flourish in connection, but our culture pushes us to stand separate and compete with one another. This dilemma and clash generate chronic stress and disconnection. The message of healing connections and an appreciation of our

primary yearning for connection has resonated with many clinicians, students, educators, and policymakers. There is burgeoning interest in RCT among graduate students, and many doctoral dissertations have used RCT as their theoretical lens. The first edition of *Relational–Cultural Therapy* (Jordan, 2010) is used in many graduate programs, and the theory has also been represented in college texts (e.g., Engler, 2006; Frager & Fadiman, 2013; Ivey, D’Andrea, Ivey, & Simek-Morgan, 2007; Magnavita, 2004).

THE MYTH OF THE SEPARATE SELF

Most traditional Western developmental and clinical theories are built on a core belief in the importance of the growth of the *separate self*. Thus, autonomy, individuation, firm self-boundaries, separation, and the increasing use of logical, abstract thought are seen as markers of maturity. The ascendance of thought over emotion, the importance of being able to separate thought from emotion, is celebrated. The cultural values of individualism, of “standing on your own two feet,” and competing with others to attain your best performance infuse many of the so-called value-free scientific psychological paradigms.

Several biases have prominently shaped clinical-developmental theories about the self. In its attempt to establish itself as a bona fide “hard science,” the young discipline of psychology modeled itself after Newtonian physics (Jordan, 2000), which is “rooted in Baconian models of science, [and] emphasizes the primary separateness of objects” (Jordan, 2001, p. 92). Newtonian physics posited discrete, separate entities existing in space and acting on each other in predictable and measurable ways. This easily led to a study of the self as a comparably bounded and contained “molecular” entity, a notion most visibly supported by the existence of separate body identities (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991).

Although it has often been presented as a natural fact, *the self* is actually a construct. It is based on a spatial metaphor: The self is seen as occupying space and characterized by a center and a containing wall (Cooley, 1902/1968). In most models, it is portrayed as functioning best if it has a strong, containing boundary protecting it from the potentially dangerous surrounding context. Self-protection and self-coherence are seen as

major functions of the self (Kohut, 1984). In most psychodynamic theories, the self is seen as functioning better if it is more independent of other selves. Better yet is a self that has power over other selves and has no need of others. The biases of psychological self-sufficiency run deep. In the separate-self model, the myth of independence comes to obscure the inevitable dependence and interconnectedness of human beings. Markus and Kitayama (1991) noted that “achieving the cultural goal of independence requires construction of oneself as an individual whose behavior is organized and made meaningful primarily by reference to one’s own internal repertoire of thoughts, feelings and actions” (p. 226).

In Western industrialized nations, the self is encouraged to be mobile and free of constraining bonds of community. It is competitive and achieves safety and a sense of well-being by successfully competing with and beating others. Gaining ascendant power over others is seen as the route to safety and maturity. These myths of development are seen as universal, but they are especially enforced in dominant Western socialization of young boys (Pollack, 1998). Although many young boys and men are injured by the expectations for autonomy and hyperindividualism, many men are privileged with power and status when they achieve some semblance of competitive success. Making invisible their dependencies on others to achieve this, they falsely claim that they have earned their advantage on their own. But for both sexes the expectation of unrealizable goals of independence and invulnerability lead to great stress and even poor physical health.

FUNDAMENTAL PRINCIPLES OF RCT

The practice of RCT is based on a new model of human development that places connection at the center of growth. The fundamental principles of RCT, as it emerged over the years, posit that we grow in relationship throughout our lives. RCT sees the ideal of psychological separation as illusory and defeating because the human condition is one of inevitable interdependence throughout the lifespan. Increasing relationship differentiation, rather than separation from sustaining relationships, is the route of development (Jordan et al., 1991; Surrey, 1991). The theory does

not propose step-wise, “fixed” states or unidirectional paths of development. Instead, it points to increasing levels of complexity and articulation within relationships with an increasing capacity for mutuality.

Growth-fostering relationships are characterized by (a) zest; an increase in energy; (b) increased knowledge and clarity about one’s own experience, the other person, and the relationship; (c) creativity and productivity; (d) a greater sense of worth; and (e) a desire for more connection (Miller & Stiver, 1997). Development involves increasing elaboration and differentiation of relational patterns and capacities (Miller & Stiver, 1997). Human beings seek to participate in relationships in which people both give and receive. The ideal movement is toward authenticity, mutual empathy, and mutual empowerment. Empathy, a complex cognitive and affective capacity, fuels this movement because it is at the heart of our sense of resonance and responsiveness to others. Indeed, although empathy evolves with complexity and nuance throughout the lifespan, we are neurologically hardwired to connect with others (Banks, 2016; Eisenberger & Lieberman, 2004); babies come into the world with a strong readiness to be responsive to other human beings, crying in response to the distress cries of other infants (Sagi & Hoffman, 1976; Simner, 1971).

Mutual empathy, a concept first articulated within the RCT model in 1981 (Jordan, 1986), suggests that for empathy to facilitate change, each person must see, know, and feel the responsiveness of the other person. Mutual empathy involves mutual impact, mutual care, and mutual responsiveness. It contributes to repair of empathic failures and alters relational expectations created in early formative relationships. This concept is fundamental to the therapeutic practice of RCT. Simply put, therapy involves a dance of responsiveness: The therapist says to the client, in effect, “I empathize with you, with your experience and pain, and I am letting you see that your pain has affected me and you matter to me.” The client sees, knows, and feels (or empathizes with) the therapist’s empathy and thereby begins to experience a sense of relational competence and efficacy (Jordan, 2000). In this context, the client finds and experiences the ability to create a caring response in the other person at the same time as her or his sense of isolation diminishes. Both client and therapist begin to move into growth-fostering connection (Jordan, 2000, 2002), which in turn facilitates the

client's broader movement from disconnection to reconnection. Where "stuckness" prevailed, psychological movement and growth begin.

RCT should not be misconstrued as a compendium of harmonious and cozy relationships. Founder Jean Baker Miller argued strongly that "good conflict" is necessary for change and growth, and she suggested that we undergo our most profound change and grow most deeply when we encounter difference and work on conflict or differences in connection. For Miller, conflict is not defined by dominance, violence, or aggression; rather, these modes of interaction are seen as maneuvers to avoid conflict and change. Working with conflict and difference in therapy becomes crucial. The therapist cannot withdraw into a position of power, distance, or all-knowing objectivity. Instead, the therapist must be present with the differences that arise and open to admitting and learning from his or her contribution to the conflict or disconnections that ensue from the interactions.

This quality of responsive presence on the part of the therapist is one of the defining features of RCT therapy. RCT therapy is based largely on a change in attitude and understanding rather than a set of techniques. RCT practitioners believe that clients are worthy of profound respect and that therapy involves an openness to change on the part of both, or all, participants. This attitude of mutuality underlies the practice of mutual empathy and mutual empowerment, the cornerstones of RCT models of change and growth.

DIFFERENCES, STRATIFICATION, AND PRIVILEGE

If connection is the goal of RCT, disconnection is the challenge it seeks to overcome. Acute disconnections occur in all relationships and by themselves are not harmful. If they are reworked in a way that allows both people to feel respected and effective, acute disconnections can enable growth of trust and positive expectations for relationships. Chronic disconnections, on the other hand, are the source of what most people call *pathology* and result from repeatedly encountering nonempathic responses. At the extreme, they result from humiliations, violations, abuse, and emotional neglect. More traditional therapists sometimes focus on the ways

that chronic disconnections create hopelessness and isolation on a personal level; RCT also points to the ways in which disconnections created by stratified social organization and marginalization contribute to the experience of immobilization and isolation. Racism, homophobia, class prejudice, and sexism all lead to chronic disconnections that create pain and drain energy in individuals and societies. Few clinical theories have paid attention to the suffering caused by existing societal power arrangements. An exception was noted by Miller (1973): “Alfred Adler was the first psychoanalyst to condemn society’s conception of women and to see this conception, in itself, as a root contributing cause of the psychological problems not only of women but also of women and children” (p. 3). Analyzing the impact of dominance and subordination on groups and individuals—including, but not limited to, women—is a key aspect of the social justice agenda of RCT (Miller, 1986).

To express authentic feelings, one must enjoy sufficient safety to be vulnerable; this is directly related to how much mutuality exists in a relationship. Privilege and marginalization arise around the stratification of differences in this culture. The dominant culture distorts images of self, images of other, and images of relational possibilities in ways that impede mutuality (Ayvazian & Tatum, 1994; M. Walker & Miller, 2000). RCT seeks to help individuals expand and resist the constricting nature of these relational and controlling images.

Some theorists treat issues of privilege and the effects of dominance and social injustice as irrelevant to theory building, developmental theories, and/or the practice of clinical psychology. Others see these issues as peripheral—“add-ons” incorporated to be politically correct or pay lip service to cultural competence. RCT suggests that issues of power imbalance and oppression are central to any therapeutic understanding and intervention. Unacknowledged privilege and the subtle or blatant use of power over others inevitably create division, anger, disempowerment, depression, shame, and disconnection.

Relationships are embedded in culture. Theory is embedded in culture as well. Psychology theorists have a responsibility to recognize the biases and value structures that inform their theories. Without this recognition, theory is passed off as “objective,” and the interests it serves remain

invisible: “The history of psychological theory is replete with evidence of complicity with cultural arrangements and power practices that divide people into groups of dominants and subordinates” (Jordan & Walker, 2004, p. 3). RCT maintains that understanding the culture and its distortions is essential to understanding the individual who lives within or on the periphery of that culture: “To place culture, alongside connection, at the center of the theory is to break a critical silence. First it acknowledges that social and political values inform theories of human psychology, including those that valorize separation and autonomy” (Jordan & Walker, 2004, p. 3).

The illusion of separation and the celebration of autonomy are part of the denial or denigration of our basic need to participate in growth-fostering relationships. Western culture valorizes these disconnected individualistic qualities. In such a culture, people with privilege can falsely appear more self-sufficient, more mature, more worthy of the privilege. But evidence increasingly suggests that people need to contribute to the growth of others and experience others’ willingness to engage in mutually beneficial interactions. To address these needs effectively, therapists need to ask: How has psychology been complicit in building cultural values that embrace separation and independence? How have psychology and clinical practice been shaped by, but also created and sustained, a culture of disconnection? How has psychology helped to sustain a culture of privilege and prejudice?

These questions themselves contribute to the possibility of achieving social justice and dispel the illusion of the objectivity and neutrality of any theoretical position. In addressing them, RCT acknowledges its value biases: the belief that the capacity to build good connection is an essential human skill; the belief that it is valuable, even essential, for our global well-being that human beings develop relational skills and honor our basic need for connection; the belief that people have an *essential* need to connect with others; the belief that if these core yearnings for connection are supported by the larger context and people learn how to relate in growth-fostering ways with one another, people will experience an increasing sense of well-being at a personal and collective level.