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In this authoritative volume, Dr. Jordan meticulously delineates the history of relational–cultural theory and its continuing influence as a leading practice model of human development, healing, and growth through hope. She situates distortions of power as a primary source of human disconnection, identifying the harm not only to people who are culturally marginalized but to those who wield that power. Jordan draws formulations from neuroscience, mindfulness and somatic studies, as well as art and literature to substantiate the founding concepts of relational–cultural theory. Through clinical vignettes, she takes us into the heart of the art/science of relational–cultural therapy and reveals its founding convictions: to expand our vision and practice of human becoming.

—Maureen Walker, PhD, Author, *When Getting Along Is Not Enough: Reconstructing Race in Our Lives and Relationships*; Senior Scholar, International Center for Growth in Connection

Judith V. Jordan brings this timely revision of the first truly democratic psychology to meet the current global crisis of isolation. A beautifully concise guide for clinicians and educators, *Relational–Cultural Therapy* is revolutionary in the way it centers the healing agency of mutually empathic relationships in all the settings and applications described here—individuals, couples, groups, organizations—and deals with a range of disconnections from trauma to ecology.

—Christina Robb, Pulitzer Prize-winning journalist and author of *This Changes Everything: The Relational Revolution in Psychology*

Judith Jordan's groundbreaking work on relational–cultural therapy is more important than ever. The new edition brings her work into the digital age and broadens her discussion of marginalized groups and social justice. Her emphasis on the healing power of connection is essential in this age of disconnection. She is a national treasure!

—Jean Kilbourne, EdD, Senior Scholar, Wellesley Centers for Women, and creator of the "Killing Us Softly: Advertising's Image of Women" film series

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1

Introduction

Never has the message of the positive power of connection been more needed. Our social systems are broken or breaking. Polarization and me-first functioning prevail. The importance of community gets lost in a system that rewards individual effort at the expense of cooperative creativity.

Healing relationships offer the possibility of moving out of isolation and toward creating societies where an ethic of mutuality provides the context for growth and well-being. Prevailing Western values are weighted heavily toward encouraging "do it yourself" functioning. A dominant set of values celebrating self-interest, independence, and competitive success continue to erode the development of growth-fostering communities. When hyperindividualism prevails in this way, the intrinsically social nature of our neurobiology is overlooked or denied. This creates chronic stress, undermining our physical and psychological well-being. The construct of *the separate self* provides the illusion of independence, while our

https://doi.org/10.1037/0000411-001
Relational–Cultural Therapy, Third Edition, by J. V. Jordan
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interdependent nature is viewed as a sign of weakness. In such a system, our need for connection and empathic interaction gets devalued. Our core biological and neurological needs are distorted by socialization pressures to deny our dependency and build a *bigger, better, bounded self.* Our basic need for healthy connection with one another is treated as shameful. Unfortunately, until recently, psychology has participated in the celebration of the illusion of the separate self. But, with the introduction of relational–cultural theory and other relational theories (Frederickson, 2013; Gilligan, 1982), psychology has increasingly and explicitly recognized the essential social nature and plasticity of the human brain.

Relational–cultural principles offer an expanded understanding of our inevitable need for connection. We are an interdependent species. We need connection just as we need air and water—for our very survival (Eisenberger & Lieberman, 2005)!

Relational–cultural therapy (RCT) further emphasizes that therapists must consider not just the suffering of each individual but, importantly, need to take into account the disconnections created by stratified social organizations and marginalization (e.g., racism, heterosexism, classism, forced binary sexual identification). RCT therapists seek to alleviate personal pain created by isolation but also to address the ways in which systemic sources of suffering must be taken into consideration. As a nation, we are experiencing an epidemic of loneliness, isolation, and depression. RCT can be used as a tool to find social connection when so many forces are driving us apart.

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 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

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disconnection that create significant pain for people. Invested in the task of social change, relational–cultural theory provides a model for doing therapy that emphasizes movement out of isolation (Banks, 2016; Jordan, 2017; M. Walker, 2008b). Relational–cultural theory 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 our lifespans 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," by some, relational–cultural theory and practice have influenced many theoretical approaches. Now many of those who initially resisted relational–cultural theory 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 relational–cultural theory (D. Comstock, 2005; Duffey & Trepal, 2016; Frey, 2013; Lenz, 2016; Norcross, 2002; M. A. 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 relational–cultural theory initially evolved in the context of better understanding the psychology of women, it now acknowledges the need for a better understanding of the psychology of boys and men as well.

Relational–cultural theory 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

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suffering. We are wired to flourish in connection, but our culture pushes us to stand separate and compete with one another. This dilemma generates 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 relational–cultural theory among graduate students, and many doctoral dissertations have used relational–cultural theory as their theoretical lens. The first two editions of *Relational–Cultural Therapy* (Jordan, 2010) are used in many graduate programs, and the theory has also been represented in college texts (e.g., Engler, 2006; Frager & Fadiman, 2013; Ivey et al., 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 et al., 1991). Wheatley's (2006) book points out that "In the quantum world, relationship is the key determiner of everything. . . . In this world, the basic

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building blocks of life are relationships, not individuals" (p. 11). Furthermore, what Siegel calls the "solo-self" is what relational–cultural theory described many years ago as the "separate self." Siegel (2023) concludes that the "solo-self" is a myth of modern times. Relational–cultural theory would further suggest that ideals of independence, autonomy, and standing strong alone have a negative impact on organisms that are wired for connection (i.e., humans).

When our cultural ideals are at odds with our neurobiologies, chronic stress is the outcome. 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 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

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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 RELATIONAL–CULTURAL THEORY

The practice of relational–cultural theory is based on a new model of human development that places connection at the center of growth. The fundamental principles of relational–cultural theory, as it emerged over the years, posit that we grow in relationship throughout our lives. Relational–cultural theory 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 "the five good things": (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).

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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 their 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, they must be present with the differences that arise and open to admitting and learning from their 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, which 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

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mutuality underlies the practice of mutual empathy and mutual empowerment, the cornerstones of RCT models of change and growth. The therapist brings a quality of responsive presence, which is essential for building a sense of safety. This presence differs substantially from "reactivity" which is a knee-jerk, amygdala-driven, uninformed reaction. Responsiveness brings an appreciation of the relationship and considers one's impact on the other. Responsiveness communicates, "I am with you; my response shows that you matter to me. I am present with you. I am affected by you. Together, we create a safe space to examine sources of pain."

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, however, are the source of what most people call *pathology* and result from repeatedly encountering nonempathic responses. At the extreme, they result from humiliation, violation, 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).

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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, 2019; 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). Relational–cultural therapy 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" (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

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self-sufficient, more mature, and worthier 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 the following questions: 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? Our society is currently in crisis around questions of sameness and difference. Polarities and intractable positions erode empathy and compassion. Differences among us are treated as markers of inferiority or superiority. The stratification fuels fear and isolation.

Differences alone do not create the problem, but when the differences are seen as delineated by differential privilege, they become either doors into power or dead ends of powerlessness. It is rarely so simple as "celebrate diversity." Psychology's propensity to see problems as lying within the individual and its tendency to avoid clear systemic ramifications makes it complicit in perpetuating hyperindividualism. Psychology typically locates "the problem" in the individual, not in the context or system This failure to recognize the complex interweaving of the individual, the relationship, and the larger surrounding has led us over the years to get stuck in binary either-or, black-or-white thinking (e.g., nature vs. nurture). Rather than being curious and enriched by our differences from others, we take positions, ranking and competing. Instead of building bridges, we fortify our walls, seeking protection from the context. But safety actually resides in building good mutual connections, not in gaining ascendance over others.

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, relational–cultural theory 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

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relate in growth-fostering ways with one another, people will experience an increasing sense of well-being at a personal and collective level. Relational–cultural theory addresses our relationship to nature and to all living beings, noting that healing often comes about when we connect with the natural world. Although our primary study is of human relationships, a connection with "something larger" may provide significant comfort. As we struggle with the human-made deterioration of our natural environment, we need to cultivate a kind and caring attitude toward nature in the hopes of bringing us back into balance. Exercising "power over" others does not bring about a sense of safety. Rather, it contributes to ongoing destruction of the natural world. Instead of engaging with nature with gratitude, the separate self-model encourages entitlement (e.g., a sense that we are the "masters"; it is our planet!).

Mutual respect is called for to bring about balance and lessen the destruction of the Earth, our home. Just as we emphasize responsiveness and mutuality with each other, we develop an attitude of care toward our environment. Nature is not ours to plunder. The quality of our relationship to the Earth will determine whether we flourish or slowly watch the demise of what has been an incredibly generous host. Psychology, and, more specifically, relational–cultural theory, could play an important role in shifting the trajectory we are on from separation to connection, from isolation to engagement with others, from self-interest to contributing to growth in connection and mutual benefit.

Recently, psychology has embraced the power of meditation to alter brain structure and function. In their book *Altered Traits*, Goleman & Davidson (2017) revealed how meditation also changes your mind, brain, and body. RCT explores the power of meditation to alter the brain and bring about a sense of belonging. Many Buddhist traditions align with RCT (or, I should say, RCT aligns with these ancient philosophies) in moving beyond the separate self to a sense of being a part of something larger: connectedness.