One feature that distinguishes professional counseling from other mental health and illness disciplines is its developmental, strength-based, contextually-focused, and wellness perspective. Given the multicultural paradigm that the counseling field emphasizes, it is increasingly important to identify models like relational-cultural theory (RCT) that support these principles. This article includes an overview of the basic tenets of RCT and applications to mental health counseling.

There are a number of features that distinguish professional counseling from other mental health disciplines. Counseling maintains a perspective that is developmental (Zalaquett, Fuerth, Stein, Ivey, & Ivey, 2008); strength-based (Erikson & Kress, 2005a, 2005b; Kress, Erikson, Rayle, & Ford, 2005); contextually-focused (Comstock et al., 2008; Duffey & Kerl-McClain, 2006/2007); and wellness-centered (Myers, Sweeney, & Witmer, 2001; Neukrug, 2003). Given the multicultural focus emphasized within the field (American Counseling Association, 2005; American Mental Health Counselors Association, 2000; Arredondo et al., 1996), it is highly important to identify multiculturally supportive theories, such as relational-cultural theory (RCT).

Relational-cultural theory has evolved from the work of Jean Baker Miller (1976) and scholars at the Jean Baker Miller Training Institute (JBMTI), located at the Stone Center at Wellesley College. Unlike many traditional
human development theories, which often reflect values of individuation, autonomy, and separation (Fedele, 1994; Jordan, 2000; Miller, 1976), RCT posits that people develop more fully through connections with others. Relationship, rather than autonomy, is the cornerstone of growth. According to RCT, people become relationally complex rather than increasingly individuated and autonomous. Therefore, RCT promotes a contextual and relational lens for understanding human development.

The implications for conceptualizing mental health issues from this relational perspective are far-reaching. Clearly, members of today’s society are diverse with respect to gender, culture, race, ethnicity, sexual orientation, religion, and a multitude of other factors. RCT takes into account these sociopolitical and relational aspects while offering a paradigm to support client growth. Although RCT has been an emerging theory within psychology, it is more recently becoming mainstreamed in counseling (Comstock & Qin, 2005; Corey, 2009; Duffey, 2009). In fact, the Association for Creativity in Counseling, the newest division of the American Counseling Association, was founded in 2004 on RCT principles with a mission of using creativity within counseling to promote diversity and relational development (Duffey, 2006/2007; Duffey, 2009; Duffey & Kerl-McClain, 2006/2007). This article includes an overview of underlying RCT tenets. We also describe an RCT counseling experience using an illustrative case example.

RCT: A DEVELOPMENTAL WELLNESS PERSPECTIVE

Roots of RCT

Early in RCT’s evolution, researchers at the JBMTI explored the complexities and relational experiences of women and members of devalued cultural groups (Jordan & Hartling, 2002). Their work proposed that connection and context, rather than individuation and separation, are the basis on which development can be measured (Jordan, 2000, 2001; Miller, 1986). While the work initially focused on the experiences of women, RCT is now being used to better understand the experiences of all groups, particularly those who are marginalized due to power and privilege imbalances (Jordan & Hartling, 2002). Current RCT literature recognizes that creating and sustaining growth-fostering relationships is as important for males as for females (Bergman, 1991; Dooley & Fedele, 2004; Jordan, 2010). Pollack (1998) discusses two decades of research at the Harvard Medical School and the harmful effects of an outdated “boy code” that continues to impact everyone in society (p. 6). Levant (1992) offers compelling evidence that many traditional male role expectations are obsolete and dysfunctional, keeping men out of touch with their emotions and disconnected from true intimacy. The RCT model, based on relational development across the lifespan, provides an alternative to traditional Western theories
and cultural expectations of separateness and autonomy for men, women, and children.

**A Contextual Focus**

This shift in focus not only influences how counselors conceptualize client issues; it also establishes a direction for the counselor-client relationship itself. This point becomes particularly salient when we consider the counseling diagnostic process (Erikson & Kress, 2005a, 2005b; Kress et al., 2005; White, 2002). Clients who might be otherwise diagnosed with some form of pathology may, from an RCT perspective, display attitudes and behaviors consistent with their life experiences.

For example, consider Diana (pseudonym), a 30-year-old woman who struggles with her weight and relationships. On her first visit, Diana relayed that her weight had fluctuated more than 50 pounds in the past year. Diana described how she has struggled with weight since she was a young girl. She also discussed difficulties with an on-line relationship: afraid to post her real picture, she posted a profile on an Internet dating service using a picture of someone else.

Diana developed an on-line relationship with a man who lived thousands of miles away. They connected on many levels, and he wanted to meet her. However, she described feeling shame and fear because she misrepresented herself to him. As the possibility of their meeting became more real, understandably Diana felt even more ashamed, isolated, and alone.

Diana’s story illustrates a basic RCT principle: while individuals yearn for connection, they can also develop strategies that, for a number of reasons, keep them out of the connections they desire (Comstock, Duffey, & St. George, 2002; Duffey, 2005a; Jordan, 2001, 2010; Miller, 1986; Miller & Stiver, 1997). These strategies may include withdrawing from loved ones, being unwilling to examine their role in conflicts, appearing invulnerable to avoid seeming weak, and hiding authentic feelings (Hartling, Rosen, Walker, & Jordan, 2000). Strategies may involve addictions and other abusive behaviors (Duffey, 2005a). All these strategies, by their very nature, have the potential to impede relationships, induce shame, prompt further avoidance (Comstock et al., 2002; Duffey, 2005a; Hartling et al., 2000; Jordan & Dooley, 2000), and restrict an individual’s authentic development.

Rather than diagnostic labeling, RCT counselors help clients conceptualize themselves within a broader context, one that moves them out of a position of shame, defectiveness, and isolation toward genuine authenticity and connection with others (Hartling et al., 2000; Walker, 2004a). Mutual empathy and a growth-fostering counselor-client relationship provide the vehicle for change. However, before discussing the related therapeutic process, let us first consider RCT’s theoretical underpinnings.
CORE PRINCIPLES OF RCT

Jordan (2000) succinctly summarized RCT’s basic tenets:

1. People grow through and toward relationship throughout the lifespan.
2. Movement toward mutuality, rather than movement toward separation, characterizes mature functioning.
3. Relational differentiation and elaboration characterize growth.
4. Mutual empathy and mutual empowerment are at the core of growth-fostering relationships.
5. In growth-fostering relationships, all people contribute and grow or benefit; development is not a one-way street.
6. Therapy relationships are characterized by a special kind of mutuality.
7. Mutual empathy is the vehicle for change in therapy.
8. Real engagement and therapeutic authenticity are necessary for the development of mutual empathy. (p. 1007)

These principles suggest that people are hard-wired to desire connection. While growth occurs in connection with others, disconnections are an undeniable aspect of life. In growing through disconnections to reconnection, however, and in distinguishing between growth-fostering connections and toxic or abusive relationships, we become more relationally competent. To clarify these core principles, we describe eight key RCT concepts: growth-fostering relationships, empathy, mutual empathy, authenticity, strategies of disconnection, the central relational paradox, relational images, relational resilience, and relational competency.

Growth-Fostering Relationships

When people are involved in growth-fostering relationships, each party’s growth and the relationship itself become a priority (Miller & Stiver, 1997). Jean Baker Miller (1986) gave the following example of a growth-fostering exchange: One person expresses thoughts and feelings to another. The other person is empathic, and responds with his or her own thoughts and feelings, adding “something more” (Miller, 1986, p. 4). As this exchange continues, each expression of thoughts and feeling creates a progression or flow, enlarging and expanding the feelings and thoughts of both people. This experience brings increased awareness and understanding of one’s own and the other’s thoughts and feelings. This process can also occur in relationships with more than two parties.

Miller (1986) described five observable “good things” that result from growth-fostering relationships:
• Each person feels a greater sense of “zest” (vitality, energy).
• Each person feels more able to act and does act.
• Each person has a more accurate picture of her/himself and the other person(s).
• Each person feels a greater sense of worth.
• Each person feels more connected to the other person(s) and feels a greater motivation for connections with other people beyond those in the specific relationship. (p. 3)

Thus, growth-fostering relationships are characterized by mutual empathy and relational authenticity, and result in mutual empowerment.

**Empathy**

According to Jordan (1991a), empathy is a complex cognitive and affective process that involves understanding the experiences of others while resonating with their feelings. The affective component entails feeling emotions similar to the other person’s. The cognitive process entails gaining both awareness of the source of the emotional arousal and clarity about one’s own experiences and feelings as compared to the experiences and feelings of the other. Empathy creates increased awareness and clarity about the meaning of another’s experience (Jordan, 2010).

Empathy has long been recognized as an important counseling component. Carl Rogers (1957) identified empathy as a necessary condition for therapeutic personality change. However, RCT theorists posit that the one-way empathy that characterizes many theories is not enough to make a difference for the client. They adopted the concept of *mutual empathy*, an experience involving both people that promotes relational healing and psychological growth (Miller & Stiver, 1997).

**Mutual Empathy**

Mutual empathy is pivotal to understanding therapeutic change (Jordan, 2000). RCT counselors not only understand the experiences of clients but also help move clients out of isolation into connection. It is the process of mutual empathy that relieves a client’s isolation (Jordan, 2010). If clients are to benefit from the empathic responses of counselors, they “must see, know, and feel” that they are having an impact on the counselor (Jordan, 2010, p. 4). When clients see and feel this, they feel less alone.

Mutuality does not imply equality of power, and counselor responsiveness does not suggest full disclosure. The client’s growth and healing is the primary goal of counseling. According to Jordan (2010), the guiding question for a counselor when deciding whether to be transparent is, “Will this facilitate growth?” (p. 52). This *anticipatory empathy* involves anticipating the client’s
response based on the counselor’s emotional knowledge of the client (Jordan, 2010).

Mutual empathy is created when both participants in a relationship are affected by the other (Jordan, 2000, 2010). In other words, rather than hiding behind a mask of neutrality, counselors not only allow themselves to be affected by the experiences of their clients, they communicate this to the clients through words and actions. This responsiveness allows clients to experience being fully understood by another person. When clients see and feel that their pain is received and felt by another person, and that their pain matters, they begin to feel less isolated and hopeless (Jordan, 2010). They begin to realize that they can have an impact on people who are important in their world, and this awareness contributes to a sense of client empowerment (Walker, 2004a).

In the past, the sense of mattering may have been lacking, especially among members of minority groups who have experienced a history of oppression and marginalization. When these clients experience a sense of having impacted their counselors, and their differences are accepted, they feel validated (Jordan, 1991b). This allows clients to risk being more fully present and honest in the relationship, thus continuing the movement from isolation into connection.

In the example of Diana, mutual empathy is pivotal to the therapeutic process. For example, as Diana felt increasingly comfortable in counseling, she became better able to articulate the shame and feelings of unworthiness she has carried since childhood. She described her father as a loving but distant man, and her mother, who had been emotionally battered as a child, as impossible to please. In fact, Diana brought in recorded messages where her mother repeatedly called to tell her what a bad daughter she was and how she needed to do better as a daughter and as a person or she would surely regret it. Diana would look intently at the counselor’s face as she played multiple messages of her mother screaming. She struggled with the messages and fought hard to see herself differently. The counselor was not only moved but humbled by Diana’s struggle to accept herself as a worthy person and by the shame she carried. It was important that Diana know her struggle had affected the counselor. Diana expressed relief when she recognized that impact. She would smile and say, “You get it, right?”

RCT practitioners believe clients must feel the counselor’s empathic response and suggest that a counselor taking a neutral, uninvolved stance may actually interfere with therapeutic healing. This is in contrast to more traditional models that suggest the counselor must remain non-expressive or detached (Jordan, 2000, 2010). Indeed, it is the counselor’s capacity to remain authentic that supports opportunities for growth in the counseling relationship.

**Authenticity**

The notion of authenticity is fundamental to growth according to RCT.
Authenticity here refers to the capacity to fully represent ourselves honestly in relationships (Miller, Jordan, Stiver, Walker, Surrey, & Eldridge, 2004; Miller & Stiver, 1997). According to RCT theorists, we become more able to know, understand, and state our own feelings and thoughts when we can be authentic with the people in our lives (Miller & Stiver, 1997). However, authenticity from this perspective can be a challenge for many, especially for people who suffer from experiences of shame-based oppression and marginalization or for people who feel defective or insignificant (Hartling et al., 2000; Jordan, 1997). Further, power differentials, particularly harmful abuses of power, and inequities in gender and cultural experiences, health, socioeconomic status, and other factors can undermine our capacity to authentically represent ourselves. These experiences may lead to patterns of disconnection that impede authentic relating and growth.

Self-empathy is a catalyst for authenticity (Jordan, 1991a). As clients come to look at themselves and their experiences with compassion and understanding, their internal voices no longer carry messages of self-blame or criticism (Banks, 2006). Nakash, Williams, and Jordan (2004) believe that authenticity and the capacity to form and maintain growth-fostering relationships rely on clients' internal awareness. Thus a counseling goal for clients is to look for ways to become more internally connected and relationally engaged.

Strategies of Disconnection

Besides understanding the benefits and conditions of growth-fostering relationships and ways that people form and sustain connections, RCT theorists explore the inevitability of disconnections and their impact on mental health (Jordan, 2000, 2001, 2010; Miller & Stiver, 1991). Disconnections are undoubtedly part of every relationship, occurring when people let each other down, fail to respond empathically, behave in hurtful ways, or inflict or experience a myriad of other relational injuries (Jordan, 2001). Disconnections are likely to occur when members of minority groups are marginalized and discounted by people in power. Social injustices and the myth of meritocracy contribute to feelings of shame and isolation (Comstock et al., 2008; Hartling et al., 2000; Walker, 2004b). This sense of disconnection is reinforced if counselors fail to understand and acknowledge these contextual factors.

Disconnections result in experiences directly opposite to the “five good things”: a decrease in energy, an inability to act, confusion or a lack of clarity about self and other, decreased self-worth, and withdrawal from social contact (Comstock et al., 2002; Jordan & Dooley, 2000; Jordan & Hartling, 2002). However, as people work through disconnections, they become more relationally resilient; as they come to feel competent in their relationships, they increase their relational resiliency.

Conversely, when injured persons are not able to fully represent themselves
and their feelings in relationships, or when the response to their attempts at connection is indifferent or injurious, they may begin to keep parts of themselves out of relationship to preserve whatever form of relationship they can. They often blame themselves and become more internally disconnected. In time, their understanding of reality is altered. By hiding their genuine feelings and thoughts, even from themselves, they may feel less real, less understood, and thus more helpless and ineffectual in relationships (Jordan, 2001). People experiencing such chronic disconnection often feel shame, isolation, self-blame, a sense of defectiveness, and immobilization. This was the case with Diana. Using a traditional theoretical lens, her behaviors could be interpreted as pathological. From an RCT perspective, the behaviors were in fact self-protective strategies for survival. Unfortunately, such strategies ultimately lead to further disconnection.

The Central Relational Paradox

Although these strategies of disconnection are intended to protect individuals from both perceived and real risks of hurt or rejection, they also keep people out of the connection they desire. RCT refers to this dynamic as the central relational paradox (Miller & Stiver, 1997). Chronic disconnections can lead to condemned isolation, a feeling that human connection is not possible because one is not worthy (Miller & Stiver, 1997). This experience is all too familiar for many members of devalued and marginalized cultural groups who carry personal shame and blame themselves for failures resulting from social injustices. Understanding and working through feelings of condemned isolation is integral to facilitating movement toward healing (Dooley & Fedele, 2004). Acknowledging the possible impact of sociocultural factors is critical to this work (Comstock et al., 2008; Hartling et al., 2000; Walker, 2004b).

Relational Images

One way of working through this paradox is to explore relational images. These images are concepts people hold about relationships that guide behavior (Miller and Stiver, 1995). Generated from previous experiences, they act as a template for how relationships are perceived to be. People develop expectations of how they will be treated in relationships, and these expectations influence how they interpret relational dynamics. The relational images and patterns of relating produced by experiences of chronic disconnections or abusive behaviors can be very difficult to change (Miller & Stiver, 1995). However, as people experience growth-fostering relationships and become more authentically present, even in the face of conflicts, and as they develop self-empathy and compassion for their experiences, they can revisit these images and increase their resilience and relational competence.
Relational Resilience

Although the literature on resilience has historically focused on how an individual functions after experiencing adversity or trauma, Hartling (2004) and Jordan (2004, 2005) discuss resilience from a relational standpoint. “Relational resilience involves movement toward mutually empowering, growth-fostering connections in the face of adverse conditions, traumatic experiences, and alienating social-cultural pressures. Resilience is the ability to connect, reconnect, and/or resist disconnection” (Jordan, 2005, p. 83).

Resilience, from an RCT perspective, involves the following paradigm shifts:

1. From individual “control over” dynamics to a model of supported vulnerability;
2. From a one-directional need for support from others to mutual empathic involvement in the well being of each person and of the relationship itself;
3. From separate self-esteem to relational confidence;
4. From the exercise of “power over” dynamics to empowerment, by encouraging mutual growth and constructive conflict;
5. From finding meaning in self-centered self-consciousness to creating meaning in a more expansive relational awareness. (Jordan, 2004, p. 32)

Relational Competence

As individuals become increasingly resilient, they also develop their relational competence. Relational competence involves moving toward mutuality in relationships (Jordan, 2004). People care about one another and learn from their experiences with each other. They also consider the impact they have on others, while becoming open to the influence of others. They are willing to be vulnerable and choose mutuality rather than power-over relational strategies (Jordan, 2005). Competence from this perspective promotes depth of relationship, even when relating superficially or remaining detached might feel more natural or safe. A recent survey dealing with the understanding of relational competence found support for the relational constructs of authenticity, mutuality, and power (Duffey, Haberstroh, & Trepal, 2009).

THE RCT COUNSELING EXPERIENCE

Because RCT practitioners consider isolation to be a primary source of human suffering (Jordan, 2000, 2010), movement out of isolation is a principal therapeutic goal. Counselors and clients work collaboratively to understand the clients’ patterns of connections and disconnections. Clients explore their relational images and relearn their relational expectations (Jordan, 2001). As clients rework these unproductive patterns through the therapeutic relationship, they experience growth (Jordan, 2000).
The Counselor-Client Relationship

Counselors employing an RCT philosophy have "deep respect and mutuality" (Jordan, 2001, p. 97) for their clients. RCT counselors believe it is not helpful to remain disengaged and neutral during counseling sessions; rather, detachment and counselor non-responsiveness are seen as hurtful to many clients (Jordan, 2000; Miller et al., 2004). RCT counselors are characterized by (a) an understanding of the client, (b) concern for the impact on the client of what is said, and (c) careful clinical consideration based on knowledge of the client and an understanding of what would be therapeutic (Jordan, 2001, 2010). This understanding of the client is built on both knowledge of the client's relational history and the history of the therapeutic relationship (Jordan, 2001, 2010). Thus, the counselor works to help clients enhance self-empathy and self-safety (Miller et al., 2004).

RCT stresses the importance of acknowledging the cultural context of the client's experiences as well as the context of the therapeutic relationship. This ensures that the counselor does not unintentionally reinforce or replicate cultural practices that encourage disconnections and feelings of shame (Walker, 2004b).

In Diana's case, an RCT counseling experience gave her the opportunity to explore her relational images from a place of safety. In time she began to understand how the context of her life contributed to her patterns of connection and disconnection. Diana has by now gained considerable insight and is showing considerable courage in her relationships. Recently, she invited her roommate to attend a counseling session with her in which she acknowledged that she had spoken negatively about the roommate to a mutual friend. Diana explained that she envied her roommate because she perceived her life to be much easier than her own, and she apologized for acting from this place of envy. The exchange between Diana and her roommate was a growth-fostering one. Both left the conversation feeling understood and cared for. The counselor considered it a privilege to participate in this process. Diana continues to practice creating supportive relationships and is becoming increasingly able to represent herself authentically and responsibly.

Central Techniques and Methods

Although RCT is not technique-driven, creative and innovative media can be used successfully in tandem. RCT counselors have effectively used psychodrama (Vogel, 2006/2007); music (Duffey, 2005b; Duffey, Somody, & Clifford, 2006/2007); art (Sassen, Spencer, & Curtin, 2005); expressive writing and photographs (Vogel, 2005); and many other creative techniques. However, "RCT therapy is largely based on a change in attitude and understanding rather than a set of techniques" (Jordan, 2010, p. 5). Therapeutic authenticity and mutual empathy are central to this work, and RCT counselors consider mutual
empathy to be fundamental for growth (Jordan, 2010; Ruiz, 2005). Through the RCT counseling process, clients (a) recognize the patterns of connections and strategies for disconnections they are using, (b) understand what brought about these patterns of relating, (c) recognize that they now can choose how they respond to disconnections, and (d) collaborate with the counselor on ways to work toward growth and connection.

Counselors can demonstrate empathy and connect with clients by being trustworthy and authentic. They can express, verbally and nonverbally, their understanding of the client’s experiences and worldviews, demonstrating and articulating respect for the client’s emotional experience. RCT counselors also consider the context of the client’s relationships, worldviews, relational images, and current relational dynamics. They empower clients by communicating when they are moved by the client or the client’s experience. They encourage self-empathy by helping clients (a) develop compassion for themselves; (b) articulate disconnections as they arise within the therapeutic relationship; and (c) negotiate disconnections and reconnections in their relationships. These counseling skills can be applied with individuals, couples, families, or groups. (Comstock et al., 2002, provide information about the group process from an RCT perspective.)

**RCT in Action**

Counselors who wish to incorporate RCT into their practice might consider the following suggestions:

1. During the assessment phase, evaluate the client for (a) strengths and coping skills, (b) indications of self-empathy, (c) signs of relational resilience, including support systems available, (d) whether they feel they belong and matter somewhere in their lives, (e) societal sources of disempowerment, (f) whether they have experienced discrimination or social exclusion, and (g) whether they have experienced personal or societal trauma (Jordan, 2010).

2. Explore client relational images (also referred to as relational expectations) and ability to engage in constructive conflict. Help clients learn to represent their own needs and views to others when in conflict (Jordan, 2010).

3. Explore client strategies of disconnection, acknowledging contextual and cultural factors that may have contributed to these strategies. Help clients recognize the impact of oppression and marginalization so that they can move away from unearned feelings of guilt and shame. Jordan (2010) recommends affirming the wisdom of clients’ strategies of disconnection and cautions against dismantling these survival strategies too quickly.
4. Be cognizant of how the counseling process can threaten the client’s strategies of disconnection and trigger fear. The counselor needs to “[follow] the client’s lead and help titrate the movement toward connections appropriately, in such a way that the client is not triggered into terror” (Jordan, 2010, p. 40).

5. Validate clients realistically. Show, verbally and nonverbally, that you understand their experiences of life and the world. Make it clear that you respect their emotional experiences. Flesh out the context of relationships and the client’s interpretations of them.

6. Empower clients to name destructive social practices, build support systems, and recognize that it may be impossible to make changes alone. Help clients learn to resist shaming practices at societal and personal levels (Walker, 2004b).

7. Be authentic. When you are moved, say so, though this need not require full disclosure. Use anticipatory empathy when deciding how much to reveal to clients (Jordan, 2010).

8. Encourage self-empathy. Resonate with client experiences and express compassion. Encourage the client’s observing self to have compassion for the client’s experiencing self. When clients are especially self-critical, ask how they would view the situation if it involved a friend or loved one (Jordan, 2010).

9. Be aware of and express your knowledge that the relationship is mutual. Stay attuned and talk about your sense of connection with the client. Stay connected to the wholeness of the client—all the parts you have learned about. Be open to learning about parts you do not yet know. Talk about how the client has connected. Talk about disconnections and the possibilities for reconnecting.

10. Be open to feedback from the client and avoid defensiveness. Let go of the need to be right or in control, which can lead to distancing from or demeaning of clients (e.g., “She’s confusing me with her father,” “He’s resisting my interpretation” [Jordan, 2010, p. 42]). The client’s healing is more important than the counselor’s ego (Jordan, 2010).

**RCT as Short-Term Treatment**

Because RCT is based on deepening connections and relational capacity, it was primarily considered a long-term counseling approach, but many clinicians have adapted it for short-term use. Unlike most short-term counseling models, Jordan (2010) explains, short-term RCT counseling does not focus on separation and termination from the outset. The emphasis is on developing relational awareness, understanding relational patterns and images, encouraging connections, and building skills for developing new relationships (Jordan, 2010). Much of the work in short-term counseling is similar to long-term work, but the
counselor does not stress termination. Rather, Jordan recommends that the process be intermittent.

**RESEARCH IN SUPPORT OF RCT**

Many writings on RCT are based on single case studies or practitioner experiences, which provide helpful qualitative data. More recently, empirical research is supporting RCT concepts. The JBMTI (2010) formed a research network of scholars interested in this work and for 10 years has hosted an annual RCT research symposium. Research from related fields also supports RCT theory (Jordan, 2010).

**Outcomes**

Several studies have looked at counseling outcomes. Tantillo and colleagues used an RCT approach with a psycho-educational multifamily group for treating eating disorders (Tantillo, 2006). A pilot study found that using short-term RCT focused on relational issues was effective in treating bulimia and depression (Tantillo & Sanftner, 2003). Research suggests that eating disorders are diseases of connection, and increasing perceived mutuality in relationships with others and decreasing disconnections are important for motivating change and reducing symptoms (Sanftner, Tantillo, & Seidletz, 2004).

**Growth-Fostering Relationships and Relational Qualities**

Other studies have investigated the effects of growth-fostering relationships as defined by RCT using the Relational Health Index (RHI), an assessment tool that measures three dimensions: engagement, authenticity, and empowerment/zest (Liang, Tracy, Taylor, & Williams, 2002). Relational health was found to be positively associated with mental health and adjustment in college-age women, and growth-fostering community relationships were associated with lower stress and depression (Liang et al., 2002). Similarly, mentoring studies indicate that relational qualities in the mentoring relationship, including empathy, authenticity, and emotional support in a safe place, strongly influence the success of mentoring (Liang, Tracy, Kauh, Taylor, & Williams, 2006; Spencer, 2006, 2007; Spencer, Jordan, & Sazama, 2004).

Research on coping with cancer also supports the concepts of RCT. Studies of women’s adjustment to cancer found that mutuality was highly correlated with quality of life and self-care agency and negatively correlated with depression (Kayser & Sormanti, 2002; Kaiser, Sormanti, & Strainchamps, 1999). For couples coping with cancer, the relational qualities of mutuality, awareness, and authenticity were important (Kayser, Watson, & Andrede, 2007).

A qualitative study by Paris, Gemborys, Kaufman, and Whitehill (2007) used RCT principles to help new mothers. Volunteers using the RCT concepts of
authenticity and mutuality made home visits to 15 new mothers suffering from isolation, anxiety about parenting, and postpartum depression. Qualitative data from the mothers were positive, indicating an increased sense of competence, connection, and empowerment.

RCT theory was also used as a foundation for studying relational competence and ethical issues that support creative counseling practice. A grounded-theory study by a task force of the Association of Creativity in Counseling (ACC) identified subthemes in three main categories: relational competencies, creativity in counseling, and the intersection of power (Duffey et al., 2009). A visual representation of the axial coding paradigm illustrates the relationship between these themes (see Figure 1).

**Figure 1. Relational competencies and creativity.**

Neuroscience Research

Recent neurological research supports the importance of relational connections and suggests that human beings are "hard-wired to connect" (Jordan, 2010, p. 20). Neuropsychological assessment of Romanian orphans indicated that brains grow in connection, and lack of connection results in loss of neurons and brain dysfunction (Chugani et al., 2001). The brain research of Goleman (2006) supports the RCT concept that personal growth results from relationships. Eisenberger and Lieberman (2004) found that the social pain of exclusion—even the anticipation of exclusion—follows the same neural pathways as pain created by physical injury. These findings support the work of RCT theorists who posit that marginalization and social isolation result in enormous pain (Jordan, 2010). However, new information on brain neuroplasticity indicates that interactions can reshape the brain, validating the RCT belief that growth-fostering relationships can rework destructive neural patterns (Jordan, 2010).

Future Research

Further examination of RCT in practice is needed. Because RCT grew out of work with women, study of its effectiveness with men and children is needed. There is hope that new technology for registering brain functioning will allow researchers to assess relational interactions that enhance personal growth (Jordan, 2010).

LIMITATIONS

The RCT model seems to work with a variety of clients, but as with any counseling theory, RCT has limitations. Jordan (2010) suggests it may be difficult to help clients who are entrenched in sociopathic patterns of behavior because their avoidance of authenticity and their vulnerability may be too entrenched and unyielding to respond. Other limitations mentioned by Jordan may be a result of common beliefs in the dominant therapeutic culture. For example, the emphasis on therapist neutrality may make it difficult for mental health counselors trained in other approaches to embrace the importance of counselor responsiveness. Finally, because RCT counseling is driven by philosophy rather than technique, it poses special challenges for students and teachers. Careful supervision and ample opportunity for discussion and consultation are necessary (Jordan, 2010).

FUTURE DIRECTIONS AND APPLICATIONS

RCT offers promise for other fields beyond mental health counseling. RCT theory is the basis of the first scale designed to assess the impact of humiliation, a highly destructive form of disconnection (Hartling & Luchetta, 1999).
Items from this scale are being used in a research initiative in England and nine other countries to examine the intensity of shame and humiliation resulting from economic hardship (Jordan, 2010). Researchers are also applying RCT theory to the study of organizations and the work place, where relational skills, empathic teaching, and mutuality are important leadership skills (Fletcher, Jordan, & Miller, 2000). Finally, other scholars are seeking a better understanding of men and boys (Pollack, 1998; Dooley & Fedele, 1999) and of relational-cultural ethics (Birrell, 2006).

CONCLUSION

Professional counseling is the mental health discipline of choice for an increasing number of counseling and psychology consumers, rather than the more traditional medical and psychopathology models. Particularly attractive is the wellness perspective on client diagnosis, treatment, and process. RCT gives counselors a theoretical foundation that considers the role of gender, socioeconomic status, ethnicity, and a myriad other variables. It also gives counselors a philosophical base from which to view the counselor-client relationship, the means by which growth occurs, and the mutuality that is integral to the process of growth. As counselors continue to establish their identity within mental health disciplines, exploring theories that align more clearly with counseling’s identified perspective could better distinguish counselors from other mental health practitioners and clarify their role in society. Counselors can thus demonstrate the uniqueness of mental health counseling and its purpose and value within the larger mental health arena.

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