Relational-Cultural Therapy: Theory, Research, and Application to Counseling Competencies

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An overview of relational-cultural theory and Relational-Cultural Therapy (RCT) is provided. First, a summary of the overarching framework for relational-cultural theory is offered. The theory’s roots in feminist and psychodynamic theories are discussed, along with distinguishing aspects of relational-cultural theory. The practice of RCT is reviewed, including research support regarding assumptions, practice applications, and effectiveness. The unique role that teaching RCT can play in building counseling competencies is explored with a focus on competencies related to therapeutic relationship-building skills and awareness of individual-cultural diversity. It is contended that RCT can provide an organized, systematic structure for the development of therapeutic relationship-building skills and a framework on which to build when asking counseling trainees to reflect on issues of power, privilege, oppression, and marginalization, including the ways in which those issues influence counseling. Specific examples are provided to illustrate the application of RCT in fostering these counseling competencies.

Keywords: relational-cultural theory, counselor training, counseling competencies, cultural diversity, therapeutic relationship skills

In writing about the training and practice implications of contextual models of therapy, Wampold (2001) emphasized that theoretical approaches to counseling must be grounded in psychological principles and knowledge. Furthermore, there has been a recent call within professional psychology to teach and measure trainee competencies, including relationship and interpersonal skills and awareness of individual-cultural diversity (e.g., Assessment of Competency Benchmarks Work Group of the American Psychological Association Board of Educational Affairs, 2007; Hatcher & Lassiter, 2007; Nocross, 2010). Therefore, the overarching purposes of this article are to review the psychological foundations of Relational-Cultural Therapy (RCT), which is a theoretical orientation that is garnering increasing attention within the field of psychology, and to explore what the teaching of RCT has to offer in building the counseling competencies of trainees. First, the RCT framework and its empirical support will be presented, followed by an exploration of teaching implications related to building counseling competencies.

The Theory and Practice of RCT

Relational-Cultural Theory

Theoretical framework. Above all, RCT is a feminist therapeutic approach. Enns (2004) outlined principles common to all approaches to feminist counseling. These principles support the welfare of all clients and include (a) privileging client perspectives and lived experiences and viewing clients as capable collaborators in moving toward strength-based change; (b) emphasizing an egalitarian client-counselor relationship, along with a concurrent awareness of the impact of power differentials related to the counselor and client roles; (c) valuing diversity, with an emphasis on exploring the complexity of intersecting social and cultural identities and therapist self-reflection regarding personal privilege and its impact on the counseling process and relationship; (d) modeling and fostering personal, interpersonal, and sociopolitical empowerment (Morrow & Hawxhurst, 1998); and (e) focusing on change rather than adjustment as the goal of counseling, with an emphasis on the overlap between personal issues and broader sociopolitical and socioeconomic considerations (see Enns, 2004, pp. 19–42 for a discussion of all principles). While specific feminist theoretical orientations may vary in the degree to which each principle is emphasized (Enns, 2004), the principles provide a framework encompassing all feminist therapies, including RCT.

Although the assumptions of RCT are congruent with multicultural counseling (e.g., importance of interdependence, counselor self-reflection, and awareness of oppression), it is important to note that cultural competence is the foundation to providing effective multicultural counseling (Sue & Sue, 2003). For instance, RCT’s focus on interdependence and contextualism is compatible with more collectivistic values. In discussing the application of relational-cultural theory to African American women, Enns (2004) noted, “With sensitivity to culture and daily challenges of

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women of color, the relational-cultural themes of this model can be integrated with African American values that emphasize interdependence, collective goals, and a unifying spiritual orientation” (pp. 183–184). Despite this congruence, however, it is cultural competence that provides counselors with the awareness, knowledge, and skill to ethically and effectively work with diverse clients.

RCT also has roots in psychodynamic approaches. A review of seven central features that differentiate contemporary psychodynamic process and technique from other therapies (Blagys & Hilsenroth, 2000) shows that these features apply to the practice of RCT. For instance, therapeutic interventions focused on affect and emotional expression, interpersonal relations, and identification of traumatic and/or troubling life experiences (Blagys & Hilsenroth, 2000) are descriptive of both psychodynamic and RCT practice. Arguably RCT differs from traditional psychodynamic theory in terms of certain underlying principles (e.g., feminist underpinnings, social justice focus, emphasis on development through relationship vs. individuation and autonomy) but is congruent with the central features of contemporary psychodynamic theoretical approaches, particularly in terms of process.

**Distinguishing theoretical assumptions of Relational-Cultural Theory.** The relational-cultural theoretical foundation is built on the assumption that meaningful, shared connection with others leads to the development of a healthy “felt sense of self” (Jordan, 1997, p. 15). Contrary to traditional models based on the “myth of the separate self” (Jordan, 2010, p. 2)—that is, consider separation-individuation to be the primary path to self-development—relational-cultural theory proposes that differentiation and growth of the felt sense of self develops through meaningful and mutual connections with others (Miller & Stiver, 1997).

Psychological health and maturity are conceptualized as continuously evolving throughout life span via increasing relational complexity and mutuality, rather than through increasing separation and autonomy (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). This core assumption is more complex, and more challenging to traditional models, than it initially appears. Consider, for example, the development of intimacy. Traditional models of psychological development view separation-individuation of the self as the prerequisite to the ability to achieve relationship intimacy. Relational-cultural theory, on the other hand, asserts that intimate relationships are the conduit to the development of the sense of self. That is, interdependence rather than independence is the developmental pathway to intimacy and to an increasingly complex felt sense of self.

In view of relational-cultural theory’s emphasis on relatedness, four characteristics that represent central aspects of growth-fostering relationships are delineated: (a) mutual engagement and empathy, defined as mutual involvement, commitment, and sensitivity in the relationship, including a willingness to impact and to be impacted by another person; (b) authenticity, defined as the freedom and capacity to represent one’s feelings, experiences, and thoughts in the relationship, but with an awareness of the possible impact of this authenticity on the other person; (c) empowerment, defined as the capacity for action and sense of personal strength that emerges from the relationship; and (d) the ability to express, receive, and effectively process diversity, difference, and/or conflict in the relationship, and to do so in a way that fosters mutual empowerment and empathy (Jordan, 2010; Liang, Tracy, Taylor, Williams, Jordan, & Miller, 2002; Miller & Stiver, 1997). In relational-cultural terms, connection occurs in relationships that incorporate these four relational characteristics; disconnection, which can be situational or chronic, occurs when these characteristics are not present (Jordan, 2010). It is theorized that the chronic absence of these qualities in important relationships results in a pervasive lack of interpersonal connection and a sense of isolation leading to distress (Jordan & Dooley, 2001; Miller, 1986). Further, it results in the internalization of negative and growth-inhibiting relational images (i.e., inner pictures or templates for relationship; e.g., Jordan, 2010; Miller & Stiver, 1997).

A key tenet of relational-cultural theory is the “central relational paradox” (Miller & Stiver, 1997, p. 81). Because some individuals encounter chronic and serious disconnections in relationships, they learn to keep feelings, experiences, and/or thoughts out of relationships, thus sacrificing authenticity and mutuality to experience some semblance of acceptance and safety (Miller & Stiver, 1997). For example, an individual with a history of child abuse might withhold important feelings in significant adult relationships because of fears of further abuse or abandonment. Such survival mechanisms are labeled by Miller and Stiver as “strategies of disconnection” (p. 106). Use of these strategies, although not necessarily consciously applied, allow an illusion of connection (Walker, 2004a). Caught in the struggle between the need to self-protect and the need for authentic relationship, the individual yearns for and yet is terrified by genuine connection, resulting in the central relational paradox (Miller & Stiver, 1997; Walker, 2004a).

The influence of Western sociocultural norms on sex role development is incorporated throughout relational-cultural theory. Although originally developed to explain women’s psychological growth, research and theory have extended the application to men (e.g., Bergman, 1995; Cochran, 2006; Frey & Dyer, 2006; Frey, Beesley, & Miller, 2006; Frey, Beesley, & Newman, 2005; Frey, Tobin, & Beesley, 2004; Vasquez, 2006). For instance, Bergman suggested that men’s identity and self-esteem are socioculturally shaped through a process of fostering competition or comparison with others at the expense of healthy relational development. Cochran also pointed out the influence of Western culture in limiting men’s options for coping in healthy ways with loss and sadness and emphasized the applicability of RCT in addressing this issue therapeutically. Feminist scholars have long underscored the cost to men of cultures built on patriarchal privilege. Although men may not be directly exploited or oppressed by sexism and patriarchy, they suffer consequences as a result of it (Hooks, 2000).

It is important to keep in mind, however, that the intent of relational-cultural theory is to underscore the cost of all rigidly imposed sex role standards. That is, the theory goes well beyond any suggestion that women should be idealized. In response to the sociocultural expectation that men will be autonomous and independent, men may sacrifice relational skill development (Bergman, 1995). In contrast, women, who are generally expected to carry primary relational responsibility, may sacrifice authenticity to maintain relationships (Brown & Gilligan, 1992; Miller, 1986).

Although relational-cultural theory has been criticized because the initial development was primarily based on the experiences of White, middle class women (Enns, 2004), the theory and practice of RCT has since been expanded to incorporate a more explicitly
multicultural and social justice perspective (e.g., Adams, 2004; Comstock et al., 2008; Jenkins, 2000; Turner, 1997; Vasquez, 2006; Walker, 2004a, 2004b). This growth is reflective of the theory’s feminist roots and focus on the impact of oppression, marginalization, and social stratification. Congruent with the assumptions of relational-cultural theory, the applicability of traditional models based on separation-individuation to ethnic minorities and women has long been questioned (e.g., Choi, 2002; Gilligan, 1982; Green, 1990; Josselson, 1988). Walker (2004a) observed that when separation and individuation are accepted as the standards for psychological health and maturity, the developmental experiences and cultural worldviews of many groups and individuals, regardless of sex, are marginalized and pathologized.

The Practice of RCT

The practice of RCT emphasizes the critical role of the counseling relationship and relational tools in healing. RCT does not detail a list of specific techniques for implementing the framework, but instead provides an orienting rationale and structure for how relational tools can be applied.

Frey and Dyer (2006) pointed out that application of the relational-cultural framework does not preclude the use of strategies or techniques originating from other theoretical orientations. For instance, Frey and Dyer described the application of RCT to the restructuring of thinking errors about behavioral accountability with male adolescents who engaged in sexually coercive behavior, stating, “Often accountability is pursued [in therapy with sexually aggressive adolescents] via confrontive or even punitive and shaming interventions. From the perspective of the relational-cultural model, accountability and responsibility are reframed as essential to relational respect . . .” (p. 247). Thus, the expectation of accountability is reframed in relational terms; the message is that the youth has the capacity to be accountable and to move beyond past actions to reconnection with self and others. In addition, it reframes accountability as resulting in relational respect and empowerment.

Jordan (2010) summarized the core components of RCT as: (a) working with relational connections and disconnections, including therapist commitment to working through disruptions in the therapeutic relationship; (b) focusing on the development of mutual empathy, including self-empathy; (c) working through and restructuring negative relational images; (d) therapist responsiveness, authenticity, and willingness to be impacted by the client; (e) fostering relationship resilience; and (f) validating and incorporating clients’ cultural and social contexts. Congruent with the focus of RCT, traditional psychotherapeutic constructs (e.g., countertransference, transference, resistance) are reconceptualized in relational and strength-based terms (Miller & Stiver, 1997). For instance, it is proposed that the function of resistance is to protect the individual from authentic connection; that is, it is a strategy of disconnection (Miller & Stiver, 1997). Transference is viewed as a naturally occurring relational process emerging from relational images that are inevitably threaded throughout relationships. Counseling provides a setting in which the client and counselor can explore and reprocess these images, particularly isolating relational templates (Miller & Stiver, 1997).

Research Support for RCT

Support for RCT’s Theoretical Framework

There is considerable research regarding the contribution of relational qualities such as belongingness, social connectedness, authenticity, mutuality, and loneliness to psychological adjustment (e.g., Kayser, Watson, & Andrade, 2007; Lee, Keough, & Sexton, 2002; Lee & Robbins, 1998; Lee & Robbins, 2000; Swift & Wright, 2000). The development of measures operationalizing these qualities as defined by relational-cultural theory, however, has permitted more specific testing in the central assumptions of the framework. For example, the Relational Health Indices (RHI; Liang et al., 2002) is a self-report scale developed to measure the qualities of engagement, authenticity, and empowerment in peer, community, and mentor relationships. Factor analysis of the RHI has confirmed a similar three-factor structure (i.e., peer, community, and mentor subscales; Frey et al., 2005; Liang et al., 2002) for both women and men (Frey et al., 2005). The Mutual Psychological Development Questionnaire (MPDQ; Genero, Miller, & Survey, 1992; Genero, Miller, Survey, & Baldwin, 1992) is a self-report scale developed to measure the perceived bidirectionality in relationship mutuality. The MPDQ operationalizes the construct of mutuality through the lens of relational-cultural theory. That is, mutuality is understood as a bidirectional relational process involving a shared willingness to be impacted and changed by the other, as well as a growing willingness to participate authentically and fully in the relationship (Jordan, 2010; Miller & Stiver, 1997).

A third instrument, the Connection-Disconnection Scale (CDS; Tantillo & Sanftner, 2010) is a scenario-based, self-report instrument for women with eating disorders that measures relationship mutuality. Last, Hartling and Luchetta (1999) developed the Humiliation Inventory (HI), which conceptualizes the consequence of humiliation as involving chronic and overwhelming disconnection leading to psychological and behavioral dysfunction.

Research regarding central constructs and assumptions.

As noted, the development of instruments operationalizing relational-cultural constructs has supported more focused testing of the theory. For example, Liang, Tracy, Taylor, and Williams (2002) investigated the assumption that relational quality rather than structural components of relationships (i.e., sex and ethnicity match, frequency, and duration of contact) is the most significant contributor to growth in relationships. Liang et al. found that mentoring relationships characterized by authenticity, engagement, and empowerment significantly predicted higher self-esteem and less loneliness in college women beyond that predicted by structural variables.

Frey et al. (2004) conducted a study testing relational-cultural theoretical assumptions, including that a lack of relational quality predicts increased psychological distress, in contrast to the traditional view that psychological distress leads to impaired relationship quality. Consistent with relational-cultural theory, increased relational quality predicted decreased distress. In addition, the relational predictors accounted for significant variance even after that accounted for by troubling family experiences, suggesting that engaged and authentic peer and/or community relationships may buffer or ameliorate the impact of problematic family experiences. Subsequently, Frey et al. (2006) examined the relational-cultural theoretical assumption that relational complexity continues to
evolve through the life span, proposing that childhood attachment is important but not sufficient in understanding relational health and psychological adjustment. Congruent with the relational-cultural framework, relational health predicted significant variance beyond that accounted for by attachment, suggesting that ongoing experiences of relational connection may mitigate attachment insecurity and lack of parental support (Frey et al., 2006). In particular, the results of both studies supported relational-cultural assumptions that conceptualize relational development as “(a) ongoing, active, and reciprocal and (b) involving continual elaboration about the meaning of relationships . . .” (Frey et al., 2006, p. 308).

Of note is that both of the Frey et al. (2004, 2006) studies found that predictive patterns differed for women and men. That is, decreased psychological distress was predicted by community (i.e., group) relational health in men and women; peer (i.e., dyadic) relational health was an additional predictor only for women. It was concluded that these gendered patterns supported assumptions of the relational-cultural framework (e.g., Bergman, 1995). Specifically, the results suggested that college men’s socialized need for autonomy and status may be met through membership in the community where they may experience a sense of belonging without the risk of personal dyadic intimacy. However, women may have the additional buffer of positive peer relationships when experiencing problems in the community domain (and vice versa) (Frey et al., 2006).

Spencer, Jordan, and Sazama (2004) applied a qualitative focus group methodology in exploring the applicability of relational-cultural theory to urban and suburban, racially and ethnically diverse youths’ relationships with important adults. Major themes identified included mutuality, respect, authenticity, and active engagement as core characteristics of positive relationships. The significance of mutuality in overcoming the power differential existing between youth and adults was also identified. Spencer et al. concluded that the themes reflected the four central characteristics of growth-fostering relationships that have been identified in relational-cultural theory.

Research examining practice applications. A number of theoretical articles have focused on exploring the application of RCT approaches to specific treatment populations, including individuals with eating disorders (Trepal, Boie, & Kress, 2012), individuals with self-injurious behaviors (Trepal, 2010), Latina immigrants (Ruiz, 2012), and young adolescents (Tucker, Smith-Adcock, & Trepal, 2011). Likewise, empirical studies exploring RCT applications tend to be focused on specific treatment groups.

In a series of studies examining RCT approaches to individuals with disordered eating, Sanftner, Tantillo, and Seidlitz (2004) first explored mutuality in close relationships in a sample of eating disordered women and concluded that disconnections in relationships played a role in eating disorders. Sanftner et al. (2006) then applied the relational-cultural framework in examining associations between college women’s eating disordered behaviors and mutuality with mothers, fathers, and romantic partners. As expected, low mutuality predicted eating disordered beliefs, attitudes, and behaviors, even after controlling for the level of emotional involvement and perceived disapproval of parents and romantic partners. Subsequently, Sanftner, Ryan, and Pierce (2009) investigated the relationship between body image and mutuality in college women and men from the perspective of relational-cultural theory. For both men and women, low mutuality with mothers and fathers was associated with body dissatisfaction; for women, low mutuality with romantic partners was also associated with body dissatisfaction. It was concluded that results of these studies were consistent with relational-cultural assumptions proposing that low mutuality leads to relational images supporting eating disordered attitudes and/or poor body image.

Sormanti, Kayser, and Strainchamps (1997) and Kayser, Sormanti, and Strainchamps (1999) investigated assumptions of the relational-cultural framework in regard to women’s adjustment to cancer. Specifically, the influence of mutuality, relationship beliefs, and relational coping strategies on psychosocial adjustment were examined. Sormanti et al. found that beliefs about silencing the self and the importance of prioritizing others’ needs over one’s own were related to decreased health-related self-care behaviors. Likewise, Kayser et al. found that mutuality in partner relationships was related to improved quality of life and decreased depression, and that mutuality and decreased silencing of the self were related to increased agency in performing essential self-care.

Last, a home-based support program specifically designed to implement the relational-cultural framework in working with at-risk mothers was examined qualitatively by Paris and Dubus (2005). Participants identified feeling more connected, cared for, validated, and able to care for their infants as a consequence of their relationships with their in-home support workers. Paris, Gemborys, Kaufman, and Whitehill (2007) offered a comprehensive analysis of the program and attributed its effectiveness to the well-defined relational-cultural treatment approach. This framework provided direction for training and supervision, and gave structure to in-home support workers regarding strategies for developing authentic and empowering relationships with the mothers.

Research on RCT Effectiveness

RCT outcome research. There are a limited number of outcome studies examining applications of RCT, although two studies have shown promising results. First, Oakley, Addison, and Piran (2004) conducted an outcome study applying a time-limited, manualized RCT model to women receiving psychotherapy services in a community-based setting. The study utilized both quantitative and qualitative methodology, with data collected on five occasions between initial screening and 6 months posttreatment. Participants reported (a) significant improvement between pre-therapy and posttherapy on measures of depression, anxiety, alexithymia, self-silencing, self-esteem, and psychological well-being; (b) significant attainment of treatment goals; (c) maintenance of gains at 3 month and 6 month follow-ups; and (d) strong satisfaction related to the RCT model, the therapeutic relationship, and personal gains.

An additional outcome study comparing short-term cognitive-behavior therapy (CBT) and RCT groups for women diagnosed with bulimia nervosa or binge-eating disorder was conducted by Tantillo and Sanftner (2003). Participants were randomly assigned to the groups, both of which provided a manualized, 16-week intervention. Data on frequency of binge episodes, frequency of vomiting episodes, bulimic behaviors, depression, and mutuality was collected on five occasions between baseline and 12 months posttreatment. Tantillo and Sanftner reported the groups were
equally effective, although participants in the RCT group reported higher levels of perceived mutuality with the group.

**Other applicable effectiveness research.** Support for core RCT assumptions underscoring the centrality and healing function of relationships in human development is also emerging from the fields of social neuroscience and interpersonal neurobiology. Scholars in these fields (e.g., Cozolino, 2006; Schore, 1994; Siegel, 1999) apply data from neuroscience, including research on neural systems, to the development of interpersonal relationships. Research on mirror neurons, the facial recognition system, lifelong neuroplasticity and neurogenesis, and the social functions of brain structures, for example, support the contention of interpersonal neurobiologists that “It is the power of being with others that shapes our brain” (Cozolino, 2006, p. 9). Referring to applied psychology, Cozolino emphasized the importance of a therapeutic relationship characterized by empathy, attunement, and interpersonal resonance, noting, “An intimate relationship with the therapist reactivates attachment circuitry and makes it available to neuroplastic processes” (p. 308).

**Future Directions for Research**

Research results examining the relational-cultural theoretical framework are promising. In view of the correlational nature of some of the research, however, limitations exist regarding assuming causality. Also of note is that samples have largely focused on female and/or male college-age participants or women with special needs (e.g., dealing with cancer, at-risk mothers). Research designs testing application of the theoretical framework to diverse individuals, especially those in a community setting, would add to the literature base.

Likewise, results of the existing outcome research on RCT are encouraging, although further research focusing on clinical outcome is needed. This is not particularly surprising given that the model is relatively new. Outcome studies related to the application of RCT with men as well as women would support expansion of RCT; this point is particularly salient in view of evidence that RCT is being increasingly applied to psychotherapy with men (e.g., Cochran, 2006; Vasquez, 2006).

Given the increasing attention to RCT in the field, the expansion of relevant scholarly literature, and the unique aspects of the theory, a consideration of what RCT has to offer in a training context is warranted. In particular, the contribution that RCT can make in building counseling competencies may provide helpful guidance to clinical instructors and supervisors.

**Teaching Implications**

The Practicum Competencies Workgroup of the Association of Directors of Psychology Training Clinics (ADPTC, 2006)1, incorporating input by the Council of Chairs of Training Councils Practicum Competencies Workgroup, produced a document outlining baseline competencies and competency domains and related skills that form the basis for psychology practicum training and skill assessment (see Hatcher & Lassiter, 2007, for details regarding development). This document identifies the development of productive relationships with clients and their families, and with colleagues, supervisors, support staff, and community professionals, as “a cornerstone of professional psychology” (pp. 7–8). The importance of developing respectful and effective relationships as an indicator of readiness for practicum, internship, and entry to practice is also emphasized by the Assessment of Competency Benchmarks Work Group of the American Psychological Association Board of Educational Affairs (2007). For instance, the Benchmarks document includes skills such as “effectively negotiates conflicual, difficult, and complex relationships including those with individuals and groups that differ significantly from oneself . . . maintains satisfactory interpersonal relationships . . . (and) negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback non-defensively . . .” (see Relationships domain, sections A & B, Fouda et al., 2009, p. S12) as core competencies indicating readiness for practicum and internship.

Furthermore, the Council of Counseling Psychology Training Programs’ (CCPTP, 2006) Model Training Values Statement Addressing Diversity highlights the importance of creating and fostering a multicultural training environment in which all individuals are valued and accepted. Thus, an additional aspect of training in psychology is learning about and appreciating all human diversity. The recognition of intersectionality, that is, that all individuals have multiple and intersecting cultural and/or social identities is key to understanding the complexity of relationships with clients and colleagues. As supported by our profession’s ethical principles, psychologists are expected to be culturally competent, to examine the effects of oppression and privilege, and to eliminate the effects of biases from their work. The competencies outlined by ADPTC (2006) and the Assessment of Competency Benchmarks Work Group of the American Psychological Association Board of Educational Affairs (2007) highlight specific training competencies related to working with diverse others and developing an awareness of one’s own social and cultural identities.

**RCT and Therapeutic Relationship-Building Competencies**

The importance of exposing student counselors to a variety of theoretical orientations and therapeutic interventions is undeniable. Fostering the development of critical thinking skills and exposure to the scholarly literature regarding common factors models (Wampold, 2001, 2010), multicultural counseling competencies, culturally sensitive treatments, empirically supported relationships (Norcross, 2002), empirically supported treatments, and a range of counseling theories will enable students to not only build successful professional careers but to have a sound framework from which to continue to build competencies. Scholars have also called attention to the central importance of teaching relationship development skills. For instance, Wampold stated that “. . . the emphasis in training should be placed on core therapeutic skills, including empathic listening and responding, developing a working alliance, working through one’s own issues, understanding and conceptualizing interpersonal and intrapsychic dynamics, and learning to be self-reflective about one’s work” (p. 230). Norcross (2010) stressed the importance of psychology training programs providing “explicit training in the effective elements of the therapy relationship” (p. 134). Similarly, Cozolino (2006) stated:

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1 Please note that this organization has recently been renamed to the Association of Psychology Training Clinics, or APTC.
Therapists tend to undervalue the impact of the human relationship as they focus on diagnostics, treatment strategies, and management issues. The research suggests that the training of therapists should include more emphasis on skills related to resonance, attunement, and empathic aspects of treatment. This is not to say that the technical aspects of therapy are unimportant, but rather to counterbalance the trend toward understanding psychotherapy as a set of interventions we do to clients, with a relationship we have with clients (Cozolino, 2004). (pp. 311–312)

This guidance provides a persuasive rationale for teaching RCT skills, whether or not counseling trainees embrace RCT as their central guiding orientation. Clinical instructors and supervisors frequently discuss with counseling trainees the importance of developing therapeutic relationship skills, but less often provide an organized, systematic structure for the development of these skills.

RCT can provide this structure by supplying (a) a framework for developing an understanding of key relational components and overall relationship development, (b) guiding principles for applying this understanding, and (c) markers for assessing the effectiveness of relational interventions. To illustrate these aspects, a few examples will be offered.

First, it is not uncommon for counseling trainees, especially those early in training, to struggle with understanding the difference between therapeutic counselor authenticity and immediacy, and “just being honest”—that is, counselor responses that do not serve the client or support therapeutic change but are defended as being honest reactions. Therapist analysis and identification of “one true thing” (Jordan, 2010, p. 65) that can be communicated to the client assists counseling trainees in differentiating such therapeutic from potentially harmful responses. The focus of this RCT intervention is to identify a response that will be authentic but will also move counseling forward in a growth-enhancing way for the particular client. Consider, for example, a new client who presents with a relational image focused on adapting herself to the other to protect against rejection. The client talks at length about how wise the counselor is and that she is not capable of thinking of solutions as effective as she believes the counselor’s “advice” will be. The counselor could respond authentically by saying, “I look forward to both of us sharing our thoughts and our wisdom” (i.e., one true thing). Alternatively, the counselor could respond with, “I’m not going to give you advice. That’s not what counseling is about—it would just allow you to avoid responsibility for your decisions.”

The latter response could be argued as being “authentic” by a novice counselor; however, it is likely to cause relational disconnection and a sense of inadequacy in a client who is new to counseling and fearful of rejection. The concept of “one true thing” offers a concrete strategy that facilitates the counselor’s critical analysis regarding use of authenticity as a therapeutic tool, including its role as a change agent.

The RCT construct of the central relational paradox also provides a structure from which to teach counseling trainees to reframe client ambivalence, lack of authenticity, and/or fear of mutualism as survival strategies rather than as evidence of counselor ineptitude or the client’s “resistance.” This understanding, described in RCT terms as honoring the strategies of disconnection (Miller & Siver, 1997), decreases defensive blaming and pathologizing of client responses by the counselor and motivates the counselor toward engagement rather than avoidance or premature confrontation of such client relational responses.

A similar teaching challenge pertains to assisting counseling trainees in reframing disruptions in the strength and quality of the counselor-client relationship (i.e., the therapeutic alliance; Norcross, 2010) as opportunities rather than as indicators of the inevitable end of the relationship. Counseling-disruption is often extremely anxiety-provoking to counseling trainees, exacerbating their competency-related fears (including how they will be perceived by supervisors) and decreasing their willingness to take appropriate therapeutic risks in an effort to “play it safe.” Safran, Muran, Samstag, and Stevens (2002) and Norcross (2010) emphasized the importance of therapists identifying and exploring ruptures in the therapeutic alliance in a way that is responsive, authentic, nondefensive, and acknowledges the therapist’s contribution to the rupture. Safran et al. point to evidence underscoring the value of therapists developing such skills: “ . . . the importance of dealing effectively with alliance ruptures may extend beyond allowing the treatment to continue and the technical aspects of treatment to work; it may actually be an intrinsic part of the change process” (p. 245). This statement is congruent with assumptions of RCT, which conceptualize counselor-client conflict or disconnection as inevitable and potentially growth-enhancing: “Working with conflict and difference in therapy becomes crucial . . . 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” (Jordan, 2010, p. 5). As a central aspect of RCT, considerable attention is given to guiding counselors in decreasing defensive responding and developing skills for working through disconnections, advancing the counselor-client relationship, and expanding the client’s relational capacity (Jordan, 2010; Jordan, Walker, & Hartling, 2004; Miller & Siver, 1997).

More specifically, through careful supervision in application of the RCT framework, counseling trainees can develop a conceptual understanding regarding the dynamics of relationship ruptures or disconnections and a skill set for constructively navigating such disruptions. For example, supervisors often encounter counseling trainees who perceive a disruption in the therapeutic relationship to be a fatal blow. Not uncommonly, the disruption is subsequent to an error in “anticipatory empathy” (Jordan, 2010, p. 52), that is, an error in anticipating the client’s affective response. Anticipatory empathy generally emerges from the counselor’s knowledge of the client and understanding of how experiences and interactions impact the client. As noted previously, training in RCT conveys that such client-counselor relationship disruptions are expected and offer opportunities for relational growth rather than indicating an irreversible failure on the part of the student counselor. A supervisory focus on determining blame for the disconnection (e.g., counselor empathic failure, client resistance) is reductionistic; instead, in taking a RCT approach, the focus becomes processing the disconnection. That is, the central goal shifts to exploring counselor responses that (a) engage the conflict (e.g., “You seem very quiet and distant. I suspect I missed something important you were telling me.”), (b) explore the complexity of the contributing relational factors (e.g., “You’re right—I did say you seemed hostile, and before I heard all of what you had to say. It makes sense that it wasn’t a very helpful response. What was going on for you when I said that?”), and (c) move toward a new, shared understanding (e.g., “I appreciate your willingness to have this honest conversation with me. It actually makes me feel more connected to you.”)
What was it like for you to talk this through") (Jordan & Dooley, 2000). Not to be overlooked is that this approach also provides a relational-cultural experience in the supervisor-supervisee relationship via encouraging open discourse regarding conflict or disconnection and attending to the quality of supervisory (not only supervisee) listening.

RCT and Competencies Related to Individual-Cultural Diversity

Comstock et al. (2008) outlined the ways in which the RCT framework supports the development of multicultural and social justice competencies, including providing a framework from which to understand the influence of socialization processes involving power, oppression, privilege, and marginalization on relational development. The literature base examining multicultural and cross-cultural applications of RCT and relational-cultural theory is expanding (e.g., Coll, Cook–Nobles, & Surrey, 1997; Rosen, 1997; Tatum, 1997; Turner, 1997; Vasquez, 2006; Walker, 2004b; Walls, 2004), and offers a range of scholarly readings for teaching and fostering student counselors’ self-examination and critical thinking skills. For instance, RCT incorporates the construct of cultural controlling images, defined as culturally developed, false narratives about social or cultural groups, or individuals identifying as members of such groups, that (a) delineate how the groups or individuals should be treated and (b) serve to maintain inequities in power and access to resources (Collins, 1990). This construct promotes an understanding of the mechanisms by which power inequities related to difference are constructed and maintained in cultures (Walker, 2004a). The concept of controlling images is a concrete anchor on which to build when asking counselors to reflect on the many ways in which privilege and “isms” impact therapeutic relationships and client and counselor relational images.

A useful teaching strategy for fostering self-reflection and critical analysis related to controlling images (and multicultural counseling competencies) is the use of a focused journal. In the focused journal, counseling trainees are expected to choose a reading topic related to clinical work with a current client who differs from the trainee in terms of sex, race and ethnicity, sexual orientation, gender expression, religion or spirituality, or able-bodiedness. For each journal submission, counseling trainees are asked to read a scholarly article (preferably qualitative or quantitative research) related to the chosen diversity topic. Journal entries are expected to integrate (a) self-reflection and critical analysis on the topic, specifically as related to the construct of controlling images; and (b) material presented in the scholarly article, with a focus on application to clinical work. This is a challenging task, but one that can be an important learning experience for a counseling trainee.

Although the previous focus has been on the detailed development of two particular competency domains, it is important to underscore RCTs potential contributions to trainee development in other core competency areas. For instance, RCT also promotes competencies related to (a) reflective practice (e.g., use of self, reflection-in-action) and self-assessment; (b) advocacy (e.g., awareness of social, political, economic, and cultural factors in service provision); and (c) scientific knowledge (e.g., examining counselor contribution to therapeutic process and outcome, broadening complexity of case conceptualizations) (Fouad et al., 2009).

Careful focus on core competency domains when teaching RCT allows the practicum instructor and/or clinical supervisor to support trainees’ transfer of theory to practice in a way that is targeted and skill-based.

Conclusions

Overall, there is a growing body of literature related to testing of the relational-cultural theoretical framework and applications of RCT. As has been reviewed, RCT can contribute to counselor development through the provision of a conceptual framework for understanding and critically analyzing relational development; concrete strategies for the development of therapeutic relationships; and opportunities to build competencies in the domains of therapeutic relationship-building, awareness of individual-cultural diversity, and multicultural counseling. Continued attention to well-designed qualitative and quantitative research would contribute to the continued expansion and improvement of relational-cultural theory and practice.

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References


