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Project Report

A Comparison of Relational Psychologies

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About the Author

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Abstract

This paper provides a review of relational theories of psychological development offered within feminist psychology, infancy research, and relational psychoanalysis. Areas of convergence and divergence among these theories are identified with particular attention to how psychological development, health, distress, and healing are defined, what the goal of development is understood to be, and how cultural contexts influence development. To then illustrate how a relational perspective shifts the focus of research and offers new insights into existing empirical evidence, the relational theories reviewed in this paper are applied to the risk and resilience research which has identified that good connections with adults provide significant psychological protection for youth who are dealing with adversities.

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Introduction

The study of relationships has always been a part of the study of human development. The obviousness of the importance of relationships makes discussions of the subject seem trite. At the thought of introducing this topic for discussion among a group of psychologists, I can almost imagine the yawns, the roll of the eyes and the “yes, yes, of course relationships are important,” as if to say surely we can move on and talk about something we all do not already know. But has developmental psychology fully grappled with the fact that we are born out of and into relationship with others? What does relationship mean?

Many developmental theorists have written about the importance of relationships in human development. Conceptions of the self as inherently social, and ways of understanding the interplay between self and society, can be found in the work of early theorists such as Baldwin (1913) and Mead (1934), and that of numerous psychologists throughout this century (e.g., Ferenczi, 1933; Horney, 1937; Sullivan, 1953; Vygotsky, 1978; Winnicott, 1960). However, it has only been over the past 30 years, against the backdrop of the women’s movement in the United States, that a distinct relational view of psychological development has begun to take shape. Reframing psychological development as a relational process, these new theories have developed within feminist psychology (e.g., Gilligan, 1977, 1982; Miller, 1976), psychoanalysis (e.g., Mitchell, 1988; Stolorow, Brandshaft, & Atwood, 1987), and research on infant development (e.g., Stern, 1986; Tronick, 1989; Trevarthen, 1979). They share the foundational idea that self and relationship, rather than representing two poles of a continuum, or separate and distinct psychological experiences, are inextricable and therefore incomprehensible when one is viewed in isolation from the other. Taken together, these relational theories represent a paradigm shift¹ within psychology from a view of the human condition as one of separation and an accompanying understanding of healthy psychological development as a progression toward increasing self-differentiation, autonomy and independence (e.g., Erikson, 1950; Freud, 1930; Kohlberg, 1981; Mahler, Pine, & Berman, 1975), to one which assumes that we are fundamentally relational and that our psychological development necessarily occurs in and through continuous engagement and mutual participation in relationships with others.

As Kuhn’s (1962/1970) articulation of how a paradigm shift occurs would suggest,² each of these

groups of theorists responded to their observation of anomalies in their research and clinical work by questioning the dominant paradigm of separation in psychology and developing an alternative relational view. Though they have developed their thinking by focusing on different aspects of developmental psychology—the feminists on the inclusion of girls and women in psychological theory and research, the relational psychoanalysts on the experiences of adult men and women in therapy, and the infant researchers on relationships between infants and their mothers—they make more general claims about the human condition and share two basic assumptions: (1) we are born with an innate capacity for, and desire to engage in, relationships with others and (2) an increasing capacity for significant and meaningful connection with others is the primary marker of psychological development and is critical to the development of what is commonly referred to as a sense of self (Aiken & Trevarthen, 1997; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Mitchell, 1988). Linking psychological health and vitality with growth in and through relationships with others, the identification and exploration of the primary relational processes through which psychological development occurs are central to each of these lines of inquiry.

In this paper, I identify the basic concepts of relational psychology as outlined within infancy research, feminist psychology, and relational psychoanalysis and examine places where these theories converge and where they diverge. Then, as a way to illustrate how relational theory shifts our understanding of psychological development, I turn to the research on risk and resilience which has found one “supportive” relationship with an adult to provide significant psychological protection for adolescents. I argue that viewing this evidence from a relational perspective, rather than from within a paradigm of separation, offers new insight into understanding *how* supportive relationships with adults provide psychological protection for adolescents. In particular, I suggest that these relationships are protective, not so much because they provide something special or unique, but because they provide adolescents with a basic relational context that is necessary for healthy psychological development to occur. As such, focused study of these relationships may offer us not only long-needed explanations of this empirical evidence, but may also offer us a window into a deeper understanding of how psychological development itself occurs.

At the heart of relational theory, and the evidence about the protective nature of relationships with

adults for adolescents, lie basic questions about what relationship means. Being in some form of relationship with others is an inevitable part of the human condition. Starting from this premise, understanding the influence that the nature of our relationships has on our individual and collective or cultural development becomes a central question for the study of human development. Common sense tells us that we develop within relationships with others and that who these relationships are with, the quality of them, what occurs and does not occur and what is said and not said within them, the forces which impinge on them, and the contexts within which they take shape must influence our development. But how? This question, a key challenge for developmental psychology, is a central question in relational psychologies and is the focus of my inquiry here.

Review of Relational Theories

In the Beginning, There is Both Self and Relationship: The Infancy Research

In the late 1960s and the early 1970s, some researchers began to suspect that we may actually be born with cognitive and interpersonal abilities then assumed to develop over the first few years of life (e.g., Bruner, 1969). Shifting from the practice of observing infants by themselves, these researchers began to observe infant behavior within a relational context. Focusing on moment by moment observations of the interactions between mothers and infants, researchers have now documented that infants are born with both a motive to know and engage with the physical world, conceptualized as subjectivity or a sense of self, and a motive to communicate with persons, which has been called intersubjectivity (Gianino & Tronick, 1988; Trevarthen, 1980, 1998).

These findings represent a shift from the view that the cognitive ability to differentiate ourselves from others has to develop over the first year of life and that the attainment of this ability is required before true communication can occur. In this view, infants' interactive behaviors in the early months of life are believed to be essentially reflexive as they occur before the infant has developed the cognitive capacity necessary for self-differentiation (Shaffer, 1984; Spitz, 1963; Sroufe, 1979).

Increasingly, it is understood that we are in fact born with a host of complex communicative abilities which we utilize to engage with our caregivers from the earliest moments of life (Trevarthen, 1980; Beebe & Lachmann, 1994).

Infants are born with a well-differentiated

affective system (Weinberg & Tronick, 1994), the cognitive ability to differentiate themselves from the world and to distinguish things from persons (Trevarthen, 1979), and the capacity to play an active role in the regulation of their interactions with others (Gianino & Tronick, 1988; Trevarthen, 1980). It is also thought that infants have the cognitive ability for representation at birth and that they use it to represent early social interactions (Beebe, 1986; Stern, 1985).

Tronick (Tronick, Als, Adamson, Wise, & Brazelton, 1978; Weinberg & Tronick, 1996) has examined the impact of a mother interrupting face-to-face play with her baby by holding her face still and not responding to her child for two minutes. During this still-face condition, infants make repeated efforts to elicit a response from their mothers, showing surprise and sometimes distress at her lack of response. When the mother does reengage, the quality of the play remains below that of the play that preceded the still-face. This continued disruption indicates that the infants are not simply reacting on a moment to moment basis, but rather that these events have a lingering influence, suggesting they may be represented internally (Tronick, 1989).

Murray and Trevarthen (1985) have shown that even infants between six and twelve weeks of age display distress and attempt to reengage their mothers during a still-face condition. Comparing infants' responses in the still-face condition to those when they are presented alternately with live images and videotaped replays of their mothers, differences were noted in the infants' responses. While the infants attempted to reengage the mothers when they were still-faced, they did not make these attempts during the video replays. Rather, they displayed expressions of confusion and puzzlement and tended to look away from their mothers' images when it became clear there was no association between their behaviors and the responses of their mothers.

Both the mothers and their infants are responding to the communicative cues of their partner. This bidirectional nature of mother-infant communication has been documented through the use of time-series analyses (Cohn & Tronick, 1987; Tronick & Cohn, 1989). This research has shown that in interactions between infants as young as three months and their mothers, both the infants and the mothers respond to the behavior of their partner by adjusting their own behavior. That is, the infant's behavior can be predicted on the basis of the mother's behavior and vice versa (Beebe, Lachmann, & Jaffe, 1997).

Central to the theoretical models which have been developed on the basis of this empirical evidence, is an

effort to understand individual psychological development as occurring within the context of relationships with others, comprised of continuous jointly constructed interactions (Beebe & Lachmann, 1988; Tronick & Weinberg, 1997). Simply put, now that we know we are born with both the desire and the capacity to engage in relationships, the theoretical challenge is to conceptualize the process of psychological development as one which depends upon, and occurs within, our relationships with others. Though several researchers have now put forth theories of development based on this evidence, beginning with Stern (1985) and followed by others (e.g., Beebe & Lachmann, 1988, 1994), I will focus here on one such model, the Mutual Regulation Model (MRM) (Gianino & Tronick, 1988; Tronick, 1989; Tronick & Weinberg, 1997).

The Mutual Regulation Model

Framing psychological development itself as a relational process, the Mutual Regulation Model (MRM) (Gianino & Tronick, 1988; Tronick, 1989; Tronick & Weinberg, 1997) rests on a basic assumption that children and adults make meaning of their experiences in collaboration with others (Tronick & Weinberg, 1997). Understanding and mastering the world of objects occurs within social and relational contexts which scaffold and provide meaning for the infant's experiences. Thus, the focus of the MRM is on understanding and explaining the interactive processes through which psychological development occurs.

The MRM holds that normal development depends on both the infant and the caregiver. The infant brings to the relationship physiological capacities for affective regulation and communication and, ideally, the caregiver has both the capacity to accurately read the infant's communications and the willingness to act in response to them (Tronick & Weinberg, 1997). The infant's affective system, or the experience and display of emotions, is viewed as having an important interpersonal function. It serves to "communicate the infant's ongoing appraisal of the interaction" and to "initiate, modify, and maintain the exchange" (Gianino & Tronick, 1988, p. 49). This affective system allows the infant to engage with his or her caregiver in mutual regulation, which is a process made up of "the capacity of each of the interactants, child and adult, to express their motivated intentions, to appreciate the intentions of the partner, and to scaffold their partner's actions so that their partner can achieve their goal" (Tronick & Weinberg, 1997, p. 56).

Exchanges with interactive partners which are well-regulated generate positive affect, while

mismatched exchanges produce negative affect. The expression of these affective states in turn communicates to the interactive partner to continue what he or she is doing or to change interactive behaviors (Gianino & Tronick, 1988). "In short, interactive regulation and self-regulation complement each other: the infant's affective displays alter the partner's behavior and the interaction, which facilitates the infant's attempts to regulate his affective state" (Gianino & Tronick, 1988, p. 61).

While some researchers have emphasized that matched or synchronized exchanges are the most important contributors to the healthy development of the infant (Brazelton, Koslowski, & Main, 1974; Condon & Sander, 1974), the MRM posits that, while reciprocity is important, "the successful resolution of mismatches is more central, serving a multiplicity of developmental functions" (Gianino & Tronick, 1988, p. 51). As matching has been found to occur less than one fourth of the time (Tronick, Als, & Brazelton, 1980), the more normative pattern for infant-caregiver interactions appears to be a process of movement from coordinated states to mismatched states followed by quick repairs (Tronick & Weinberg, 1997).

The development of psychological health and psychological distress are understood to be a function of this process of mutual regulation. Infants develop a sense of themselves as effective social interactants through the mutual reparation of mismatches. This process contributes to the development of a positive affective core as well as a belief in the trustworthiness of the caregiver (Tronick & Weinberg, 1997). Conversely, psychopathology is "likely to arise in situations where there is persistent and chronic interactive failure" (Tronick, 1989, p. 117). In these situations, the infant "eventually gives up attempting to repair the mismatches and increasingly focuses his coping behavior on self-regulation in order to control the negative emotions generated" (Tronick & Gianino, 1986).

When infants must cope with a withdrawn or depressed caregiver, they develop disengaged and self-directed regulatory styles (Tronick, 1989). Over time a pattern of turning inward, away from the environment, forms in an effort to regulate negative affect. When the caregiver is intrusive, continually disrupting the infant's activity, the infant develops angry, reactive, and defensive coping behaviors. These regulatory styles then affect future, potentially normal, interactions as the infant anticipates these mismatches from future interactive partners (Tronick & Weinberg, 1997). Thus, difficulties with development ensue when there is increasing

movement out of relationship with caregivers due to a need to over-focus on the maintenance of self-regulation.

This basic process of mutual regulation becomes increasingly more complex as the child develops. By the end of the first year of life, infants develop the capacity for “secondary intersubjectivity” or “an awareness of their own and their partners’ intentional states” (Tronick & Weinberg, 1997, p. 71; Trevarthen, 1997). This capacity, coupled with the continued mutual regulation of affect, allows for the creation of a new level of interaction the MRM terms “dyadic states of consciousness.”

While each individual “is a self-organizing system that creates his or her own states of consciousness,” one’s own consciousness “can be expanded into more coherent and complex states in collaboration with another self-organizing system” through the formation of dyadic states of consciousness (Tronick, 1998, p. 292). These states become possible as infants develop the capacity for awareness of their caregivers’ affective states which allows them to react not only to their caregivers’ behaviors, but now also to their states of mind (Tronick & Weinberg, 1997). This dyadic state of consciousness, created through the collaboration of the infant and the caregiver’s subjectivity, allows for the exchange of affective information fostering the development of increasingly complex forms of both self and dyadic organization. The development of these dyadic states of consciousness becomes key to continued healthy psychological development as collaboration with others expands our own subjectivity, providing us with greater psychological complexity and coherency than is attainable alone.

Finally, the MRM emphasizes that mother-infant interactive patterns are formed through the participation of both the mother and her infant. The mutual and participatory nature of the construction of these interactions naturally leads to the possibility that what may be optimal for one mother-infant pair may not be for another. In fact, Tronick & Weinberg (1997) assert that though reestablishment of coordinated states has been found to occur most readily with mothers who exhibit mid-range sensitivity to their infant during interactions. The current empirical evidence suggests that there is no single optimal form of interaction (Tronick & Weinberg, 1997).

Summary

Through their focused attention on the interactions between mothers and their babies, these researchers have established an extensive base of empirical evidence documenting both the presence of

interpersonal abilities in early infancy and the complex ways in which infants and caregivers engage in interpersonal communication. In response to this evidence, which ran contrary to the prevailing theoretical assumption that these abilities had to be developed over the first year of life, these researchers built a relational theory of psychological development. In this view, relationships do not provide merely the context for development, but rather are the mechanism through which psychological development occurs. Having begun to define the basic processes which underlie human interaction, these theorists are suggesting that the principles observed in infant-mother interactions are likely the foundational patterns of all human interactions (Beebe & Lachmann, 1998; Tronick & Weinberg, 1997).

Bringing Psychology into Relationship with Girls, Women and Culture: Feminist Theories of Women’s Psychology and Girls’ Development

The retrospectively simple but at the time revolutionary act of noting the absence of women in psychological theory and research led both Miller (1976) and Gilligan (1982) to assert that the study of girls and women expands our understanding of human development and challenges the framing of development as a process of increasing separation and autonomy. Noting that the existing paradigm of separation in psychological theory and method reflected the core Western values of independence and autonomy, they argued that theoretical models rooted in this tradition made women appear less mature, or even pathological, in comparison to men. Bringing girls and women into the study of psychology, and asking how women’s place within a patriarchal order influenced psychology’s understanding of women and women’s understanding of themselves, made the centrality of relationships in psychological development visible and the interplay between maintaining a sense of connection with oneself and making and maintaining connections with others audible (Brown & Gilligan, 1992; Gilligan, 1982; Jordan, 1991; Miller 1976). A large feminist psychology literature has now been established (Belenky, Clinchy, Goldberger & Tarule, 1986; Brown, 1998; Brown & Gilligan, 1992; Clinchy & Norem, 1998; Gilligan, Rogers, & Tolman, 1991; Goldberger, Tarule, Clinchy, & Belenky, 1996; Jack, 1991, 1999; Johnson, Roberts, & Worrell, 1999; Jordan et al., 1991; Josselson, 1996; Leadbeater & Way, 1996; Miller & Stiver, 1997; Taylor,

Gilligan, & Sullivan, 1995; Way, 1998) and two relational models, one with more clinical and the other with more developmental roots (e.g., Miller, 1976, and Gilligan, 1982, respectively), have been explicated and are reviewed below.

The Stone Center Relational/Cultural Model

A group of female clinicians working with adult women clients have developed the relational/cultural model of psychological growth (Jordan et al., 1991). In this model, "relationship-differentiation," or "increasing levels of complexity, choice, fluidity, and articulation within the context of human relationship," replaces the notion of separation and individuation (Surrey, 1985). Relationships with others are not viewed as a vehicle for reaching the developmental goal of an individuated self, but rather the active participation in mutually empathic relationships itself becomes the goal of psychological development (Miller & Stiver, 1997, p. 22). Therefore psychological development is understood to take place in and through increasingly complex relationships and psychological health is understood to be a function of participation in relationships with others in which mutually empowering connections occur (Miller & Stiver, 1997, p. 26).

Connections, disconnections, and reconnections in relationships are viewed as the core developmental processes (Miller, 1988; Miller & Stiver, 1994, 1995). Connections occur within relationships in which "mutual empathy and mutual engagement" are present (Miller & Stiver, 1997) and result in "both people develop(ing) psychologically in at least five important ways" (Miller & Stiver, 1993, p. 426). First, both participants experience a sense of connection which is accompanied by an increase in energy or a feeling of what Miller (1988) has called "zest." Second, both people are active in the relationship with one another and feel empowered to act beyond or outside of this particular relationship. Third, each knows more about one's own thoughts and feelings, as well as those of the other person. Fourth, both feel an enhanced sense of self-worth and experience a desire for more connection with each other and with others beyond this one relationship (Miller, 1988).

Psychological health is an outgrowth of this type of connection with others while psychological distress develops in response to repeated and chronic patterns of disconnection (Jordan, 1989; Miller, 1988; Miller & Stiver, 1994, 1995). Disconnections occur "whenever a relationship is not mutually empathic and mutually empowering" (Miller & Stiver, 1997, p. 51). Disconnections can range from a minor feeling of

"being out of touch" to a major experience of trauma and violation (Miller & Stiver, 1997, p. 51).

Like the MRM, the relational/cultural model holds that when attempts to change the interaction or to move out of disconnection and into connection fail, the focus then shifts towards changing the self or controlling one's emotional responses. A problem of relationship thus becomes experienced as a problem of the self (Miller, 1988). When chronic or severe forms of this type of disconnection occur, a person can move into what Miller (1988) calls a state of "condemned isolation." That is, the person feels "locked out of the possibility of human connection" (Miller, 1988, p. 7). It is in this most extreme state of disconnection that severe psychopathology is likely to develop.

Like the infant researchers, these theorists point out that movement from connection, into disconnection, and then into reconnection is the normative flow of relationships (Miller & Stiver, 1994). All relationships, even optimal ones, have moments of disconnection. It is the process of reconnection that is key to psychological development. Reconnection fosters development when it does not simply involve returning to the prior state of connection, but rather facilitates the creation of a new connection which moves the relationship to a different level. Repeated disconnections without reconnection foster the sense that one must change oneself in order to accommodate the relationship and can lead to disengagement from relationships, contributing to psychological isolation and the development of psychopathology (Miller, 1988; Miller & Stiver, 1997).

This changing of oneself, or taking parts of oneself out of relationship, for the sake of maintaining relationships, is what Miller and Stiver (1991) have called the central paradox. As we fundamentally need and seek connection with others (Miller, 1988), repeated disconnections intensify this yearning, yet at the same time contribute to a fearfulness about engaging in relationships. Miller and Stiver (1991) write, "Precisely in the face of so needing connection, we develop a repertoire of methods, which we believe we must maintain, to keep us out of real engagement" (p. 2). The paradox is that the very strategies we employ to maintain relationships preclude our full engagement in relationship.

These theorists posit that out of our experiences of connection, disconnection, and reconnection in relationships with others we develop "relational images" or inner pictures which reflect our expectations and fears of how others will respond to our longings for, and attempts at, connection (Miller & Stiver, 1995 p. 2). Using this concept as a way of

explaining how earlier relationships come to influence our experience in relationships later in life, Miller and Stiver (1995) state that relational images “become the framework by which we determine who we are, what we can do, and how worthwhile we are” (Miller & Stiver, 1995, p. 2). Though it is believed that relational images are most likely created in infancy, they continue to develop and can be transformed throughout life.

Though much attention is given to relational processes that occur between two people, Miller and Stiver (1997) emphasize the importance of the larger context within which relationships occur. They assert that the patriarchal system around which Western societies are organized, by privileging particular groups of people based on gender, ethnicity, class, sexual preference, and religion, creates a context in which whole groups of people exercise power over other groups, the effects of which impact even our most intimate relationships. Patriarchal social structure itself is thus thought to be a major source of disconnections and the power-over structure of relationships that is inherent in this system is understood to be the source of psychological difficulties.

As the relational/cultural model theorists are clinicians, they have written about how these ideas inform thinking about psychological healing and the psychotherapeutic process (Jordan, 1989; Kaplan, 1984; Miller et al., 1999; Miller & Stiver, 1991, 1994, 1995). Healing is understood to be a process of transforming disconnection through creating and building upon experiences of connection in everyday relationships and in the psychotherapy relationship. This process happens through the attainment of mutual empathy which facilitates movement in the relationship. The therapist, through empathy, is moved by the patient’s experience. The patient in response, empathizing with the therapist, feels the therapist’s response and knows that he or she has had an impact on the therapist. This moment of profound connection fosters the belief that the patient can allow more of herself or himself to be brought into the therapy relationship. Being an effective therapist in this model requires that one is able to “open oneself up to being known, to being moved, and to moving the other person” (Jordan, 1995, p. 6) as mutual empathy requires that the client is aware of the therapist’s state of mind. This emphasis on states of mind echoes the infant researchers’ assertion that through the development of dyadic states of consciousness the infant reacts and responds not just to the mother’s behaviors but also to her state of mind (Tronick & Weinberg, 1997), facilitating

further psychological development.

Feminist Developmental Theory

A feminist relational model of psychological development has emerged from research on adolescent girls’ development (Brown, 1998; Brown & Gilligan, 1992; Gilligan, 1990, 1996; Gilligan et al., 1991). This model builds on Gilligan’s early work on moral development and women’s psychology (Gilligan, 1982) and holds that authentic relationships, or those which allow for the expression of one’s full range of feelings and experiences, provide the conditions necessary for healthy psychological development to occur. Examining the experiences of girls with different racial, ethnic, and social class backgrounds (Brown, 1998; Taylor et al., 1995; Tolman, 1996; Way, 1995, 1998), these researchers have demonstrated that any understanding of girls’ psychological development must include an examination of the relational and cultural contexts within which girls live. Though initially derived from and applied to the study of girls’ and women’s development, this theoretical model has now informed an understanding of the centrality of relationships in boys’ lives as well (Gilligan, 1996; Way, 1997).

Psychological development, or the development of voice (Gilligan, 1993), is embedded within the body, relationships, and culture (Gilligan et al., 1990). Gilligan (1993) asserts that voice is both natural, or belonging to the individual, and cultural, meaning it is embedded within and therefore deeply connected to one’s relational context, and “is a powerful psychological instrument and channel, connecting inner and outer worlds” (p. xvi). Voice is literally the instrument of the psyche and “speaking and listening are a form of psychic breathing” (Gilligan, 1993, p. xvi). From this perspective, the study of development involves listening for “the changing qualities of human connections over time, and the different tonalities that tend to characterize particular relationships” (Gilligan et al., 1990, p. 109). Thus, the expression of one’s voice becomes a barometer of relationship and thereby of psychological health and distress (Gilligan, 1993). Attending to voice involves asking four basic questions: “(1) Who is speaking? (2) In what body? (3) Telling what story about relationship—from whose perspective or what vantage point? (4) In what societal and cultural frameworks?” (Brown & Gilligan, 1992, p. 21).

Development is framed not as the individual’s journey through a linear progression of stages, but rather is understood to be a process through which the psyche unfolds and expands in and through relationships with others (Gilligan et al., 1990). This

understanding of the psyche as “embedded” within relationships locates both the process and study of development within these layered relational contexts.

Understanding development as a process of unfolding and expansion, rather than a progression down a path, focuses attention on what constrains, binds, or restricts the developmental process rather than what blocks or stops it. Development continues under conditions of restriction but is shaped or formed within this particular context. As any context encourages some forms of development while restricting others, resistance, or those forces which allow the individual to actively struggle with the forces which define the developmental context, become a central focus. Psychological health and distress are defined in terms of such resistance.

Psychological health within this view is most simply defined as “staying in relationship with oneself, with others, and with the world” (Gilligan, 1991, p. 23). Increases in this capacity over time are markers of psychological development and continued development depends upon the presence of relationships that provide resonance for, and encourage the development of, one’s own particular voice (Taylor et al., 1995, p. 33). Such relationships allow one to speak one’s mind, or express a full range of thoughts and feelings, within these relationships and foster a resistance to disconnection from self or relationships under conditions of restriction (Taylor et al., 1995; Way, 1995). Acknowledging that tensions between oneself and others, and between one’s inner and outer worlds, are an inevitable part of the human condition, both healthy development and difficulties with development are understood to be a function of how these tensions are resolved (Gilligan et al., 1990). Taylor et al. (1995) write, “Psychological health can entail a struggle against internalizing or taking into oneself negative messages about one’s value, as well as resistance to the idealization of relationships, which override what a girl knows from experience” (p. 33).

This struggle between self and relationship is at the heart of development. Gilligan (1990, 1996), like the relational/cultural theorists, identifies a central relational paradox. That is, when our own needs, desires, and knowledge come into conflict with those with whom we are in relationship, we are faced with an impossible choice. If we hold on to ourselves, we may risk losing the relationship. But if we give up a part of ourselves in an attempt to preserve the relationship, we are no longer fully engaged in relationship. It is at this point of tension between self and relationship that resistance becomes key.

When girls are able to remain conscious of

conflicts between their inner and outer worlds, “political resistance”—or “an insistence to know what one knows and a willingness to be outspoken” (Gilligan, 1990, p. 502)—develops. Political resistance can be either overt or covert (Taylor et al., 1995). Overt resistance is when a girl actively resists, through word or actions, participating in relationships that feel false, or acts and speaks against pressures to conform to the conventions of self-sacrifice and self-silencing. Covert resistance is when a girl takes her feelings and knowledge underground, or out of relationship with others, but she does so consciously and out of a motivation for self-protection or self-preservation.

Political resistance is closely linked with what these theorists call a critical perspective. Drawing from the work of other feminist theorists, Taylor, et al. (1995) define a critical perspective as “an awareness and critique of standards of behavior that diminish, demean, or disempower individuals or groups” (p. 18). Such a critical perspective might be seen in the ability to critique narrow standards of beauty for girls and women or the ability to both recognize and reject conventional notions of femininity and masculinity (Taylor et al., 1995, p. 18). In this group’s study, the girls who both demonstrated a critical perspective and had relationships with adult women who supported their critical perspective were doing better than their peers two years after high school (Taylor et al., 1995).

Brown (1998) has hypothesized that cultural pressures may foster the development of a particular form of covert resistance. Building on Bakhtin’s ideas, she defines ventriloquation as the process “whereby one voice speaks *through* another voice or voice type” (1998, p. 34), she states that girls may “ventriloquate” the voice of the dominant culture. Such a ventriloquated voice, adopted typically to please or stay in relationships with others who align themselves with the rules and authority of the dominant culture, may initially be consciously utilized by a girl to stay out of trouble. Over time, in the absence of resonant relationships or relationships that allow the girls to develop a critical perspective on these values, this covert resistance may become less conscious and begin to cover over the girl’s own voice. In such a situation, the girl’s disagreement with the dominant voice will be experienced as an individual problem, or a problem with her rather than a problem with the culture.

Psychological symptoms can be understood to be markers of what Gilligan (1990), in her work with adolescent girls, has called “psychological resistance”—“a reluctance to know what one knows and a fear that such knowledge, if spoken, will endanger relationships and threaten survival” (p. 502). In this

view, when girls' conflicts of self and relationship become dissociated—lost “to the conscious self of knowledge or feelings that have become dangerous to know and feel” (Taylor et al., 1995, p. 26)—psychological resistance sets in. Psychological distress then is understood to signify what Gilligan (1991) calls “relational crises: losing touch with one's thoughts and feelings, being isolated from others, cut off from reality” (p. 23). As girls develop, the presence or absence of resonant relationships can encourage the development or transformation of these basic forms of resistance, and thereby foster psychological health or difficulties with development.

These researchers, focusing on adolescence rather than early childhood, have begun to document the ways in which girls in adolescence come into relationship with the cultural norms associated with a patriarchal social order. Their work has highlighted the particular importance of relationships with adult women which offer girls the opportunity to develop a critical perspective. They argue that a critical perspective can mitigate against the development of psychological resistance in response to the tension between what a girl's experience is and the way of thinking about her experience provided by the cultural context within which she lives.

Summary

Both of these models highlight the tension between self and relationship and contrast “real” or “authentic” relationships and “inauthentic” relationships. The difference between these types of relationships centers around whether or not the relationship allows for the expression of girls' and women's full range of experiences, or perhaps their full selves. These theories rest on a political analysis of both the science of psychology itself and of the psychology of girls and women in particular. Their observation of the centrality of relationships in girls' and women's lives led Miller (1976) and Gilligan (1982) to challenge the paradigm of separation they identified in psychological theory and to replace it with a relational model of human development. Though based on work with girls and women, this relational reframing of development is now considered to be central to an understanding of the psychology of boys and men as well (Gilligan, 1996; Miller & Stiver, 1997).

Psychological Growth, Change, and Healing in Relationships with Others: Relational Psychoanalysis

Though psychoanalysis, a field with a rich history of understanding intrapsychic or internal processes, has always concerned itself with relationships, the intrapsychic processes (or the internal world) of the individual have taken precedence. An evolution in psychoanalytic thinking has taken place which has led to a greater recognition of the influence of relationships in infancy through adulthood. Now most psychoanalytic theorists integrate interpersonal relationships more centrally into their understanding of the development of psychological health and distress, so much so that Greenberg and Mitchell (1983) assert “the common ‘landscape’ of psychoanalysis today consists of an increasing focus on people's interactions with others” (p. 2).

Relational psychoanalytic theory replaces Freudian biological drive theory, which postulates an inherent and pre-structured mind that pushes from within, with a “fundamentally different conceptual framework in which relations with others constitute the fundamental building blocks of mental life” (Greenberg & Mitchell, 1983, p. 3). The relational psychoanalysts see the mind as “fundamentally dyadic and *interactive*; above all else, mind seeks contact, engagement with other minds” (Mitchell, 1988, p. 3). The structure and organization of an individual's psyche, therefore, is seen as being formed through the patterns of interactions with others. Psychological development is conceptualized as an interplay between biology and interpersonal processes which exert “mutual influence” on the developmental process (Mitchell, 1988, p. 4).

The relational perspective in psychoanalysis is not really a single unified theory, but rather is comprised of shifts among many analytic theorists toward an increasing recognition and articulation of the importance of relationships with others in the psychological life of the individual (Greenberg & Mitchell, 1983). The roots of the relational perspective can be found early in the development of psychoanalytic theory and particularly within interpersonal psychoanalysis (e.g., Horney, 1937; Sullivan, 1953), object relations theory (e.g., Fairbairn, 1952; Klein, 1948; Winnicott, 1960), and self psychology (e.g., Kohut, 1977). Two groups of relational theorists have developed particularly coherent theories, though they use different language and emphasize different points. While they both integrate ideas from many branches of psychoanalytic thought, the relational theorists whose ideas rest upon

the notion of a relational matrix (e.g., Mitchell, 1988), have drawn largely from interpersonal psychoanalytic theory while the intersubjective theorists (e.g., Stolorow & Atwood, 1992) have been more influenced by self psychology. For the purposes of this review, I will focus on the major works and current thinking of these two groups.

Interpersonal Relational Psychoanalytic Theory and the Relational Matrix

The overarching framework of this model is the relational matrix or “the web of relations between self and other” (Aron, 1996, p. 33). The relational matrix highlights that psychological reality is understood to be operating within both intrapsychic and interpersonal realms and includes self, object, and the interpersonal space between self and other. Mitchell (1988) writes, “each person is a specifically self-designed creation, styled to fit within a particular interpersonal context.” The mind is derived “from the establishment and maintenance of connections and patterns of interactions with others” (Mitchell, 1988, p. 61). Bodily experiences are understood to be experienced within, and interpreted through, the context of one’s relational matrix (Mitchell, 1988, p. 61).

In this view, psychological development involves both interpersonal and intrapsychic experiences. The intrapsychic experience of the individual is understood to be constituted largely of experiences in interpersonal relationships and mediated by biological constraints such as temperament, physiological responsivity, distinctive patterns of self-regulation, and the like (Ghent, 1992). The intrapsychic and interpersonal worlds are seen as complimentary systems and relationships between external people and things, as well as between internal personifications and representations of people and things, are seen as important (Aron, 1996, p. 17).

Psychological health and distress are understood to be formed in and through the relational matrix, and in fact, Mitchell (1988) veers away from defining psychological health at all. As each person develops within a unique relational context, the notion that there is a normal mind to which deviations can be compared no longer makes sense. Psychological difficulties are “regarded as the degree of ‘adhesion’ to one’s early relational matrix and, conversely, the relative degree of freedom for new experience which that fixity allows” (Mitchell, 1988, pp. 277-278).

In this “relational-conflict” model, “disturbances in early relationships with caretakers are understood to seriously distort subsequent relatedness, not by freezing infantile needs in place, but by setting in motion a complex process through which the child

builds an interpersonal world (a world of object relations) from what is available” (Mitchell, 1988 p. 289). The analyst thus becomes concerned with questions such as how rigid the individual’s self-organization is and how much new experiences are allowed and tolerated.

Psychological healing is understood to occur within the context of mutual and empathic relationships (Aron, 1996). For Mitchell (1993), what the analyst does is not as important as how he or she does it. He writes, “What is most crucial is that, whatever the analyst does, whether acting flexibly or standing firm, he does it with considerable self-reflection, an openness to question and reconsider, and, most important, with the patient’s best interests at heart” (1993, p. 195). It is in the context of a responsive and co-constructed relationship, where the analyst and analysand together work to deepen their understanding of the meaning of the analysand’s experiences, that psychological change occurs.

Aron (1999) extends this thinking to consider how the development of psychoanalysts’ professional identities within the psychoanalytic community influences the nature of their clinical relationships. He notes that analysts develop particular relationships with both psychoanalytic theory, and with the psychoanalytic society, and that the acknowledgment of these relationships suggest that the notion of analytic technique, or prescriptive rules for regulating the psychoanalytic relationship, is flawed.

Aron (1999) states that within the psychoanalytic relationship “the analyst’s choices derive their meaning not on the basis of their status as technique but rather from the ongoing context of the relationship in which they take place” (p. 19). He argues for a shift from an emphasis on the establishment of rules and regulations that can be applied to all psychoanalytic relationships to the development and articulation of an “interlocking network of clinical concepts and dimensions that the analyst can use as a framework within which to evaluate the potential benefits and drawbacks of any form of behavior within the individually unique interactive matrix” (p. 18). Thus the goal of psychoanalytic training becomes the development of the reflexive ability to consider different forms of actions based on a variety of theoretical perspectives, to consider how these different options compliment the analyst’s own personal style and character, and to consider the impact of these options within the individual psychoanalytic relationship.

The Intersubjective Perspective

Another well developed relational psychoanalytic theory is the intersubjective perspective (Atwood & Stolorow, 1984; Stolorow & Atwood, 1992; Stolorow, Brandshaft, & Atwood, 1987). Though these theorists generally agree with Mitchell's (1988) conception of relational psychoanalysis, they argue that he is ultimately still situated in an individualistic paradigm, or what they call the "myth of the isolated mind" (Stolorow & Atwood, 1992, pp. 21-22).

In the intersubjectivist view, the intersubjective field, or the intersection of two subjectivities (Atwood & Stolorow, 1984, p. 41), is the focal point for understanding psychological health, distress, and healing. All psychological phenomena are understood as being formed at the "interface of reciprocally interacting subjectivities" rather than as products of isolated intrapsychic mechanisms (Stolorow & Atwood, 1992, p. 1). They contend that the developing organization of the child's experience can only be understood as being constituted within the "unique, continuously changing psychological field constituted by the intersection of the child's evolving subjective universe with those of caretakers" (Atwood & Stolorow, 1984, p. 69).

Like the infant researchers, the intersubjectivists are interested in affect and the regulation of affect in the context of relationships. The intersubjectivists place affect at the center of their theorizing by stating that affect and affective experience are primary in human motivation rather than the instinctual drives of Freudian theory (Stolorow, Brandshaft, & Atwood, 1987, p. 16).

Psychological health is defined as "optimal structuralization" or the achievement of an "optimal balance" between maintaining one's own psychological organization while also remaining open to new forms of experience (Atwood & Stolorow, 1984, p. 39). Self-differentiation is key to this process. Stolorow & Atwood (1992) define self-differentiation as "the evolving sense of being a distinct center of affective experience and personal agency, with individualized aims and goals" (p. 79). However, in keeping with the basic premise that all individual development takes place within an intersubjective system (Stolorow & Atwood, 1992), self-differentiation is also understood to develop within this context.

Psychological distress is understood to be the result of "severe disjunctions or asynchronies" in the intersubjective field established between the child and the caregivers (Atwood & Stolorow, 1984, p. 69). These disjunctions create an enduring and "fundamental psychic conflict" between the child's own affective

core and the emotional needs of the caregivers (Stolorow, Brandshaft, & Atwood, 1987, p. 52). This fundamental conflict disrupts the self-differentiation process leading to three broad psychological patterns.

One result is to be perpetually caught in endless ambivalence due to feeling torn between one's own inner aspirations and the demands of the caregivers, leading to wrenching indecision and noncommitment. The second outcome is to resolve the conflict by protecting one's own individuality and exhibiting rebelliousness which ultimately leads to isolation and estrangement. The third way of attempting to resolve this conflict is to abandon one's own affective strivings to maintain one's connections with others which requires submission and leads to chronic depression. (Stolorow, Brandshaft, & Atwood, 1987)

The intersubjectivists view psychological healing as a relational process as well (Stolorow & Atwood, 1992). The relational psychoanalysts include the analyst and his or her subjectivity in their understanding of the dynamics of the analytic situation. The primacy of what was understood to be analytic neutrality, or the absence of the analyst's person in the psychoanalytic relationship, is lessened as the analyst's responses and feelings become an important part of the psychoanalytic process (Atwood & Stolorow, 1984).

Developing an awareness and understanding of both intrapsychic experiences and the interactional context within which they are constructed are at the heart of relational psychoanalytic treatment (Stolorow, 1991). The experiences of transference and countertransference are central to this process. Stolorow (1991) notes that examining how a patient's transference and the analyst's response to this transference have long been emphasized in psychoanalytic theory, yet the impact of the analyst's own subjectivity on the patient's transference had not been considered. The intersubjectivists enlarge the interactional field of therapy by recognizing that countertransference includes the ways in which the structure of the analyst's own subjectivity "shape his experience of the analytic relationship and, in particular, of the patient's transference" (Atwood & Stolorow, 1984, p. 47). Thus, "transference and countertransference together form an intersubjective system of reciprocal mutual influence" (Stolorow, 1991, p. 24).

The success of an analytic pair is thought to be dependent in part on "the goodness of fit between what the patient most needs to have understood and what the analyst is capable of understanding" (Stolorow, 1991, p. 24). "The therapeutic impact of the

analyst's accurate transference interpretations...lies not only in the insights they convey, but also in the extent to which they demonstrate the analyst's attunement to the patient's affective states and developmental longings" (Stolorow, 1991, p. 25).

This shift in emphasis in treatment is also reflected in the shift in how the psychoanalytic study of the mind is conceptualized and conducted. Relying on in-depth case studies of psychoanalytic treatment, the study of the individual is inherently contextualized within a particular psychoanalytic relationship. As such, the patterns of meaning that emerge in psychoanalytic study do so within the specific psychological field created by the intersection of the analyst's and analysand's subjectivities. Atwood and Stolorow (1984) state, "Because the dimensions and boundaries of this field are intersubjective in nature, the interpretive conclusions of every case study must, in a very profound sense, be understood as *relative* to the intersubjective context of their origin" (p. 6).

Summary

Increasingly, attending to the central role that relationships—both the analysands' current relationships and the psychoanalytic relationship itself—play in psychological development and healing, the relational psychoanalytic theorists could no longer hold onto the individualistic premises of Freudian drive theory. Their attention to interplay between the intrapsychic and interpersonal worlds of their clients, coupled with the introduction of the subjectivity of the analyst to the understanding of both the subjectivity of the patient and the analytic relationship, led to the recognition of the need for an alternative psychoanalytic perspective, one that placed relationships with others at the center of their thinking about psychological development. These relational theorists offer ways of conceptualizing how experiences in early relationships influence one's experiences in later relationships, how disruptions in relationship are developed and maintained through the participation of, and interplay between, both partners, and how engagement in later relationships which provide new relational experiences can facilitate healing around psychological difficulties.

Bringing Relational Theories into Relationship with One Another

Examining these relational theories together highlights some of the striking areas of convergence and significant points of departure between them. In this next section, I examine these theories together,

identifying how psychological development is defined within each model, what the goal of development is understood to be, how psychological health, distress, and healing are defined and understood, and the role that cultural context plays. Bringing these models into relationship with one another provides some opportunities for addressing the limitations of each, offering a richer and more complex way of conceptualizing human development as a relational process than any one of them offers alone.

Psychological Development as a Relational Process

Beginning with their most basic assumptions about psychological development, these theories share the premise that psychological development occurs in and through relationships with others. Relationships with others therefore naturally take a central role in the theorizing but they do so in different ways. These differences are most evident in the posited goal of psychological development, which also highlights the tension between self and relationships within these theoretical frameworks.

The two perspectives which contrast the most here are those of the relational psychoanalysts and the relational/cultural model theorists. In relational psychoanalytic theory, development is contextualized in a relational—or intersubjective—world, but the primary goal of development is understood to be self-differentiation and the emphasis in this theory is on understanding how the self emerges out of and takes shape within relationships with others (Atwood & Stolorow, 1984; Mitchell, 1988). The relational context therefore is understood to provide the developmental mechanism, fostering or impeding this process of self-differentiation (Mitchell, 1993; Stolorow & Atwood, 1992). It is here that the relational psychoanalysts, though moving away from drive theory, maintain a view of individual development that is more closely aligned with a separation model than do any of the other relational theorists.

Relational/cultural theory, in contrast, holds that the ability to participate in mutually empathic relationships is both the primary goal of development and the mechanism through which development occurs. Further, they have at times questioned the usefulness of the notion of a sense of self at all (Miller, 1976; Miller et al., 1999; Miller & Stiver, 1997). Participation in connection with others is understood to be a basic human motive and connection with others replaces the self as the major area of interest or locus of the process of development (Surrey, 1985; Miller & Stiver, 1997, p. 52).

The infant researchers and the feminist developmentalists less clearly state a primary developmental goal, but their theoretical models demonstrate the interconnection between self and relationship (Aitken & Trevarthen, 1997; Tronick & Weinberg, 1997). For the infant researchers, the capacity for both self and mutual regulation are key to healthy psychological development. The infant researchers stress that an infant with particular innate abilities and proclivities is born into relationships with adult caregivers who have their own well-developed affective core and patterns of relating. The interactions between the caregiver and the infant—how well matched they are and whether the adult is able to adjust to the baby’s needs—lay the foundation for how the infant learns to regulate his or her affect, or how the baby develops psychologically. Both the ability to self-regulate and the active participation in mutually regulated relationships, on the part of both infant and caregiver, contribute to the development of dyadic states of consciousness which foster the continued development of the infant’s capacity to engage with, and freely respond to, new relational partners (Tronick & Weinberg, 1997).

For Gilligan (1993), the mechanism through which development occurs is the expression of one’s voice in a resonant relationship. By speaking about voice, Gilligan captures the notion of self and relationship as inherently intertwined and dependent upon one another. Gilligan’s (1993) understanding of voice is “something like what people mean when they speak of the core of the self” (p. xvi). While voice is distinctive in that it is “the footprint of psyche” (Gilligan, personal communication, May 19, 1999), voice also depends on relationship as “speaking depends on listening and being heard” and “is an intensely relational act” (1993, p. xvi). By linking voice with relationships and listening, Gilligan stresses the importance of providing resonance by resounding and responding to the other person’s voice. Resonance—it’s absence, presence, and particular qualities—discourages or encourages the expression and further development of one’s voice.

Gilligan, in her explanation of voice, and the infant researchers, through their identification and description of dyadic states of consciousness, appear to both be addressing how the expansion of the psyche, or consciousness, can occur through the joining of two people in a process of speaking and listening. Through such a process, the two together create a greater consciousness than either one experiences alone. As Gilligan (1996) writes, “you can’t have voice without relationship and you can’t

have relationship without voice” (p. 247).

It is this recognition, naming, and study of the inextricability of self and relationship that make these relational theories at once radical within psychology and in touch with, or grounded within the reality of, lived human experience. I find it unlikely that any one of us would argue that we do not experience a sense of self that is in some way distinct from those around us or that this sense of self—who we think we are and how we think and feel about ourselves—can change depending upon whom we are in relationship with. Though these relational theories place different emphases on self and relationship, examining these models together highlights that placing primacy on one or the other in development, though tempting, does not make sense.

Psychological Health and Distress

In a major shift from a more traditional framing of health and pathology as being generated from within the individual, the relational theories understand both psychological health and psychological distress as developing out of ongoing patterns of relationship that are formed through one’s experiences within the context of important relationships (Miller & Stiver, 1997; Mitchell, 1988; Stolorow & Atwood, 1992; Taylor et al., 1995; Tronick, 1989). It is understood within each of these theories that all relationships involve (1) ongoing interactions comprised of moments of connection, disconnection, and reconnection which are (2) regulated through both self and dyadic (or mutual) regulation. The development of both health and pathology are understood to be the result of how these processes are negotiated. It is the form these processes take, or how they are negotiated between people, that determine whether healthy or pathological development ensues.

The infant researchers, relational psychoanalysts and the relational/cultural model theorists emphasize the importance of the relationship with a primary caregiver for healthy psychological development. Disturbances in these early relationships are thought to play a central role in later psychopathology. The feminist developmentalists place less emphasis on relationships in infancy and early childhood and devote greater attention to later relationships and to the influence of cultural norms and expectations. Despite this difference, the relational processes which are understood to foster psychological health and distress look quite similar across all of these theories.

Though stated in different terminology within each of these models, relationships which foster psychological health involve experiences of

connection, disconnection, and reconnection and repair (Aron, 1996; Brown & Gilligan, 1992; Miller & Stiver, 1997; Tronick & Weinberg, 1997). Connections in relationship are those moments when both participants are simultaneously connected with oneself and with one another. Disruptions or disconnections, which may be minor and fleeting or more severe and long-standing, occur when one partner or the other moves out of connection. All of the relational theories emphasize that these disruptions in relationship are normal and expectable, as people cannot be in synch with one another all of the time. What is pivotal, however, to whether relationships foster psychological health is the mutual reparation of disconnections and movement back into connection, which engenders a sense of efficacy on the part of both participants and the expectation that disruptions in relationship are both expectable and repairable. The infant researchers also emphasize the importance of the formation of dyadic states of consciousness, which expand both participants' states of consciousness, fostering greater psychological complexity and coherence (Tronick & Weinberg, 1997).

Mutuality is a key aspect of relationships which promotes psychological health within each of these relational theories. Mutuality is understood to be the active participation, engagement, and responsiveness of both partners (Aron, 1996; Beebe & Lachmann, 1988; Miller & Stiver, 1997). To enter into relationship, this idea implies, involves allowing oneself to be open to the influence of the other person and to be willing to respond to the person's unique ways of engaging in relationship. Relationships are thus formed and continually modified through the active participation of both partners.

These models also share the assumption that psychological distress begins as a problem in relationship and becomes experienced as a problem with the self. Psychological symptoms are understood to be the result of chronic disruptions, or disconnections, in relationships which are not repaired and thus contribute to negative views of the self and of relationship (Miller, 1988; Tronick, 1989). These disruptions lead to the individual taking him or herself out of relationship and focusing increasingly on the self or on the other person, upsetting the balance between the two (Gilligan, 1990; Miller, 1988). Within the MRM this process is described as an increasing over-focus on self-regulation which occurs when the infant's attempts to repair these disruptions fail (Tronick & Weinberg, 1997). Trevarthen (1993) notes how this turning a problem of relationship into a problem of the self can be attributed to either

participant in the dyad. He observed that mothers presented with videotaped replays of their infants when they have been led to believe they are engaged in live interactions, notice the disruption in the flow of the relationships and begin "projecting the 'problem' to the baby or blaming herself" (p. 147).

Though not explicitly stated within the relational theories, it is implicit in this formulation that the same relationship may encourage the development of both health and distress. Any one relationship, which by nature is comprised of many ongoing interactions, will not be entirely growth-promoting or entirely disruptive. Rather, a relationship may in some ways foster the authentic expression of parts of the self and in other ways impede this process. This conceptualization of the development of psychological health and distress allows for much richer ways of understanding these phenomena and how they shift and change, as one's relational and situational contexts shift and change, over the course of the lifespan.

Psychological Healing

Both groups of clinician theorists—the relational/cultural theorists and the relational psychoanalysts—also view psychological healing as a relational process. If turning inward, or moving out of relationships with others contributes to the development of psychological distress, then moving into relationships with others is seen as central to psychological healing. There are, however, some basic differences between the ideas of these groups.

The intersubjectivists, though emphasizing the fit between the analyst and analysand, stress that the subjective reality of the analysand becomes articulated, rather than constructed, through a process of empathic resonance. They distinguish this process of articulation from Freud's archaeological metaphor of uncovering, and highlight that the therapist's presence fosters this articulation, but they do not argue for the mutual creation of intersubjective experiences (Atwood & Stolorow, 1984). The stance of the analyst is thus "an attitude of sustained empathic inquiry" or "an attitude, that consistently seeks to comprehend the meaning of the patient's expressions from a perspective within, rather than outside, the patient's own subjective frame of reference" (Stolorow, Brandshaft, & Atwood, 1987, p. 10).

Both the interpersonal relational psychoanalysts and the relational/cultural theorists see the active co-construction of the therapy relationship to be central to psychological healing. Mitchell (1997), in his relational matrix view, argues that the analytic relationship is co-constructed and this process of co-construction is considered to be at the heart of the

healing process. He writes, "the analyst and the analysand struggle together to find a different kind of emotional connection" (Mitchell, 1997, p. 58). The product of this struggle is a new kind of relationship within which old relational patterns can be identified, interpreted, and transformed.

The relational/cultural theorists take this thinking a step further by stressing that it is the very creation of "mutually empowering and mutually empathic connections" within the psychotherapy relationship that fosters growth and healing (Miller & Stiver, 1997, p. 122). Though they also argue that old relational experiences are transformed through the new relational context created within the psychotherapy relationship, they place greater emphasis on the importance of the therapist being authentically moved by the client and the client being able to feel and experience his or her impact on the therapist (Miller & Stiver, 1994). It is the active and mutual engagement and participation in the therapy relationship itself that is the goal of therapy (Miller & Stiver, 1994). As it is assumed that the relational context created by this type of connection fosters psychological growth and development, the process of co-creating this relational experience is itself transformative.

The feminist developmentalists talk less explicitly about psychological healing but do address processes which contribute to psychological protection. Again, these involve being in active engagement in relationships that provide resonance. They particularly emphasize the importance for girls of having relationships which foster a critical perspective on dominant cultural ideas and values (Sullivan, 1996; Smith, 1991; Taylor et al., 1995; Ward, 1996).

Culture

Though the influence of culture or cultural context on development is present within each of these theories, the position this aspect of the developmental context takes and how it is operationalized differs greatly. The infant researchers, the feminist developmentalists, and the relational/cultural model theorists all point to the importance of the cultural context within which development occurs. However, here again, they do so to differing degrees.

Much of the relational psychoanalytic theory does not include the cultural context within which the analytic relationship takes place, nor the cultural context within which both the patient and the analyst have themselves developed. Though the importance of culture was introduced in psychoanalytic writing decades ago (e.g., Horney, 1937; Sullivan, 1953) and some contemporary feminist psychoanalytic writers provide notable exceptions (e.g., Benjamin, 1988, 1998;

Chodorow, 1978), this dimension has yet to be fully integrated into the major representative works of the relational psychoanalytic theorists. Though Aron (1996) states that feminist thinking has greatly influenced the development of relational psychoanalytic theory, he seems to be referring mostly to the shift in interest to examining intersubjectivity and relational processes, rather than the potential for feminist theory to introduce an analysis of power and an examination of the influence of patriarchal systems to relational psychoanalytic thinking about development, psychoanalysis, and the psychoanalytic relationship.³

The infant researchers have incorporated the possibility for cultural variation into their theoretical frameworks. Tronick and Weinberg (1997) argue against the notion of the existence of one optimal form of interaction. Trevarthen (1980) discusses how interpersonal behaviors are not only social but cultural as well, and that, as infants enlarge their personal relationships, the transmission of cultural norms is embedded within this process (p. 337). Research on child-rearing practices in other cultures has supported these ideas (e.g., Tronick, Morelli, & Ivey, 1992; Tronick, Morelli, & Winn, 1987) and contributed to the growing emphasis on the moment-by-moment study of relational processes within mother-infant interaction patterns, which may be more universal (Trevarthen, 1988). Still, the empirical evidence gathered by these researchers and other infant researchers on mothers and infants within the United States is limited by the lack of inclusion of other caregivers, such as fathers, and by a focus on white middle-class mothers in particular.

Both of the feminist models were developed on the foundation of a cultural analysis. Beginning initially with questions about how being female impacts girls' and women's psychological development within a patriarchal culture (Gilligan, 1982; Miller, 1976), questions about cultural context have grown to include the influence of race and ethnicity (Jordan, 1997; Taylor et al., 1995; Way, 1998) and social class (Way, 1996; Brown, 1998) on girls' and women's and now boys' and men's development (Bergman, 1991; Way, 1998). These models rest on the assumption that the societal systems perpetuated within patriarchy create a particular relational context which negatively impacts psychological development through the subordination of whole groups of people and the normalization or valorization of some forms of disconnection (Brown, 1999; Miller & Stiver, 1997). Yet, attempts at understanding and documenting the relationship between inner and outer worlds, or

between psyche and culture, in feminist theory and research have thus far largely been limited to the study of Western cultures.⁴

Just as the self cannot be understood apart from a relational context, these literatures all assert that developmental processes cannot be fully understood outside of the cultural context within which they occur. Though much more work is needed in this area, the emphasis on understanding the interrelatedness of psyche and culture in relational theory provides rich possibilities for a deeper understanding of psychological development as embedded within the cultural contexts within which it occurs.

Summary

Each of the relational theories reviewed here was developed in response to the anomalies these theorists noted in their research and clinical observations. These observations highlighted the centrality of relationship in development and offered a challenge to the existing separation theories within each of these areas of psychology (e.g., Erikson, 1950; Freud, 1930; Kohlberg, 1981; Mahler, Pine, & Bergman, 1975). The convergence between these relational theories, across different though clearly related areas of psychological research, is striking and suggests that a paradigm shift is occurring in developmental psychology. This shift in the basic assumptions about the nature of psychological development is echoed in Bruner's (1996) recent call for a focus on the study of intersubjectivity in cultural psychology and his assertion that "psychology's next chapter" is the study of "how people come to know what others have in mind and how they adjust to it" (p. 161). The relational theories offer a dynamic conception of psychological development which holds potential for addressing the challenges raised by the recognition that our development occurs within, and therefore cannot be understood outside of, the multiplicity of relational and cultural contexts within which we are embedded.

Relational Theory as a Way of Understanding How Relationships Provide Psychological Protection for Youth

In this section, I demonstrate that these relational theories provide a promising theoretical framework for understanding how supportive relationships provide psychological protection. I begin by reviewing the research that has identified a link between one supportive or confiding relationship and good psychological outcomes for adolescents at risk for developing psychological distress and then briefly

discuss the two theoretical models that have been suggested within this literature as possible explanatory frameworks. I then view the evidence from a relational perspective and develop two specific hypotheses about protective relationships that are grounded in relational theory.

The Evidence: The Power of a Single Supportive Relationship

During my first semester of doctoral study, I heard several professors repeat an often cited and long known empirical finding. Among adolescents at risk for developing psychological difficulties, one supportive relationship with an adult, not necessarily a parent, is associated with later psychological health (Farber & Egeland, 1987; Garnezy, 1991; Masten & Coatsworth, 1998; Resnick, Harris, & Blum, 1993; Rutter, 1990; Wang, Haertel, & Walberg, 1994; Werner & Smith, 1982). When I asked *how* such a relationship provides protection, the answer was, "We don't know." Though there has been some speculation in the literature (Masten, 1994; Rutter, 1978, 1979), serious attention has not yet been given to understanding the processes or the mechanisms involved in supportive relationships with adults, leaving unanswered basic questions about what relationship means.

The evidence that one supportive relationship provides significant psychological protection can be found throughout the research on why some children who are faced with adversity develop psychological difficulties while other children who experience similar stressors do not (Anthony, 1987; Blueler, 1974; Garnezy, 1974; Rutter, 1979; Werner & Smith, 1982). Once particular stressors associated with the development of psychiatric difficulties in adolescence had been identified, the question of why some children who experience these stressors do well psychologically began to be raised (Anthony, 1974; Rutter, 1971; Garnezy, 1985). Eventually thought of as resiliency (Cicchetti & Garnezy, 1993), research into this phenomenon has grown and become a significant focus within the scientific discipline of what is now called developmental psychopathology (Cicchetti, 1990; Garnezy, 1993; Sroufe & Rutter, 1984). This area of research seeks to understand, within a developmental perspective, both adaptive and maladaptive adjustment under conditions of risk (Garnezy, 1993).

A range of adversities associated with the development of mental illness in children and adolescents has now been studied, including parental mental illness (e.g., Rutter, 1979), separation from a parent (e.g., Rutter, 1971), marital discord (e.g., Rutter,

1990), divorce (e.g., Wallerstein & Kelly, 1990), poverty (e.g., Garmezy, 1991), child maltreatment (e.g., Cicchetti, 1989), severe trauma related to war or natural disasters (e.g., Garmezy & Masten, 1994), and multifaceted risk or combinations of the aforementioned risk factors (e.g., Seifer et al., 1996). For each of these adversities, a relationship with a supportive adult has been found to be associated with good psychological outcomes.

The definitions of a supportive relationship utilized in this research are quite broad and, though they vary, their spirit is quite similar. A supportive parent-child relationship has been defined most simply as the presence of expressions of warmth and the absence of harsh criticism (Brown & Rutter, 1966; Rutter, 1971; 1990). It has also been conceptualized as a relationship in which there are expressions of affection, the presence of rules and structure, and good communication (Garmezy, 1987). In another study such a relationship was defined as one in which an adolescent feels close to and cared about by one or both parents (Resnick et al., 1997). Supportive relationships with adults other than parents are similarly defined (Darling, 1991; Pringle & Clifford, 1962).

The presence or absence of such a relationship has been measured in a variety of ways. Adolescents have simply been asked if they had someone to whom they would turn if they had a private problem and whether or not they had actually done so recently (Hurrelmann, 1991). Rutter (Brown & Rutter, 1966; Rutter, 1971) used the ratings of in-home interviewers which were based on the observed presence of warmth in the parent-child relationship as evidenced by the feelings expressed by the parent during the research interview. Masten et al. (1988) based their determination of the presence of a supportive relationship on the mothers' descriptions of the degree of closeness, trust, and communication among family members and the child. Resnick et al. (1997) gathered information through surveys completed by the adolescents themselves and from in-home structured interviews conducted with adolescents and one or both of their parents. They then constructed a composite variable they called parent-family connectedness based on both the adolescents' and the parents' responses. The most descriptive account of this type of relationship from the perspective of adolescents themselves is from a study in which adolescents who could identify a supportive relationship with a female adult were asked to describe that relationship (Sullivan, 1997).

Good psychological outcomes have also been defined in a variety of ways. In early research, a good

outcome was typically considered to be lower rates of antisocial behavior as measured by the children's teachers (Rutter, 1971, 1979). Others have expanded their outcomes to include overall social and educational competency (Garmezy & Masten, 1991; Masten & Coatsworth, 1998; Pellegrini, Masten, Garmezy, & Ferrarese, 1987). Resnick et al. (1997) defined healthy functioning as the absence of emotional distress and suicidality, low levels of interpersonal violence and substance abuse, and the delay of first experience with sexual intercourse.

A few examples of the evidence from these studies provide a sense of the importance of adult relationships for healthy adolescent development. Responding to the research on early separations from a parent which had led to dire predictions of the consequences of mothers working outside the home for their children's psychological development, Rutter's early research focused on defining the specific conditions under which parent-child separations were associated with poor outcomes (Rutter, 1971, 1972, 1979; Rutter, Quinton, & Yule, 1977; Rutter et al., 1975). In a longitudinal study of children aged 9-12 years in two communities, Rutter (1971) found that among children whose parents exhibited high levels of marital discord, those who had a good relationship with at least one parent tended to have lower rates of antisocial behavior (approximately 40% as compared to 18%). Among children who had at least one parent who had been under psychiatric care and whose families also had high levels of conflict and discord, he found a supportive relationship with at least one parent to be associated with significantly lower rates of conduct disorder (Rutter, 1979). Only one-fourth of the children with a supportive parental relationship showed a conduct disorder compared with three-fourths of the children without such a relationship.

Another major early longitudinal study was conducted by Werner (Werner, 1989, 1992; Werner & Smith, 1992, 1982). Following 698 children born in 1955 on the island of Kauai, Hawaii, Werner and her colleagues also found a supportive relationship to be a key factor for good outcomes among the children who were at risk due to such factors as perinatal stress, poverty, discordant family environments, parental alcoholism, or mental illness, and reared by a mother with little formal education (Werner, 1989; Werner & Smith, 1989). Of particular importance to healthy functioning at age 18 was having had the opportunity to establish a close bond with at least one caregiver from whom they received a good deal of positive attention during infancy (Werner, 1984, 1990). This caregiver did not have to be a parent, as children who

received this support from substitutes such as grandparents, older siblings, neighbors, and regular babysitters fared as well as those children whose primary caregiver was a parent (Werner, 1984, 1990).

Other researchers have also found that a supportive relationship with an adult outside of the home can also provide protection. Jenkins and Smith (1989), found that children living in homes with high levels of conflict who had such a relationship exhibited fewer symptoms of psychological distress. Hurrelmann (1989) in a review of the literature on the role of non-parental adults in adolescent development concludes that frequent interaction with significant adults is key to the prevention of deviant behavior in both childhood and adolescence.

A more recent national longitudinal study of over 36,000 adolescents in grades 7 through 12, found that parent-family connectedness provided adolescents with significant protection against suicidality and emotional distress (Resnick et al., 1993). Parent-family connectedness, defined as "the adolescent's experience of being connected to at least one caring, competent adult in a loving, nurturing relationship" (p. 56), was a consistent and powerful protective factor. This finding held regardless of demographic or family composition factors.

Finally, studies which attempt to identify what factors contribute to good adult functioning have also found a supportive adult relationship during childhood to be key. Retrospective studies of adults who were maltreated as children have found a supportive relationship in childhood to be associated with better psychological functioning as an adult (Egeland, Jacobvitz, & Sroufe, 1988; Kaufman, 1991). In addition, mothers who were maltreated as children but who had at least one supportive relationship have been found to be less likely to abuse their own children (Egeland et al., 1988; Hunter & Kilstrom, 1979).

This area of research has grown and with the increase in the number of studies conducted has also come an increase in the complexity and sophistication of the models being constructed to account for the associations between risks and protective factors in psychological development (Luthar, 1991; Masten & Coatsworth, 1998; Noam, 1992). Researchers have demonstrated that multiple risks tend to be associated with poorer outcomes and that a triad of protective factors seem to best buffer the at-risk teen (Garmezy, 1989; Seifer, et al., 1996). This triad is comprised of a close relationship with a caring parent figure, individual characteristics, such as intelligence and sociableness,⁵ and connections with a larger

community including relationships with teachers and other adults and connections with community organizations (Garmezy, 1989; Luthar & Zigler, 1991; Masten & Coatsworth, 1998; Rutter, 1990).

Also, as greater attention has been given to the study of the interaction of multiple risks and protective factors (Cowen, Wyman, Work, & Parker, 1990; Luthar, 1991; Garmezy, Masten, & Tellegen, 1984; Seifer & Sameroff, 1987; Seifer et al., 1996) accompanying developmental models have been constructed to begin to understand how these interactions may change over time (e.g., Noam, 1988). For example, Weissbourd (1996) has asserted that what might be considered to be a risk factor at one stage of development may be a protective factor at another and Noam (1996) has argued that developmental delays may actually be protective, rather than simply problematic, at certain points in development and within particular social contexts. In this research, supportive relationships with parents and other adults have continuously been found to play a key role (Masten, Best, & Garmezy, 1990; Masten & Coatsworth, 1998; Luthar & Zigler, 1991), yet due to the continued efforts to study the multiplicity and complexity of risk and protective factors, focused attention has yet to be given to understanding how these particular relationships provide protection.

Current Explanations of How Supportive Relationships Provide Protection

Despite the noted need for understanding how supportive relationships with adults provide protection (Masten, 1994; Resnick et al., 1993; Rutter, 1990), serious attention has not yet been given to understanding the processes or the mechanisms involved in these relationships. Only two explanatory frameworks, attachment theory and self-efficacy based on Bandura's social learning theory, have been offered by Rutter (1978, 1979) and Masten (1994) respectively. However, as neither theory adequately explains the existing evidence they have not been embraced with much enthusiasm.

Attachment Theory

Rutter (1978, 1979) has drawn primarily from attachment theory in his speculations about possible explanatory frameworks. Initially developed by Bowlby to explain why and how young children who are separated from their mothers become psychologically distressed, attachment theory holds that we are instinctually driven to maintain proximity to our caregivers to ensure that we will be physiologically cared for and protected from predators (Bowlby, 1969/1982). Our attachment behaviors, such

as crying, making eye contact, following, and calling out, are instinctual and lead to the development of affectional bonds (Bowlby, 1980). These affectional bonds are understood to contribute to healthy psychological functioning while disruptions and disturbances can lead to the development of psychopathology (Bowlby, 1980). Primacy is placed on the first attachment relationship, that between infant and primary caregiver, as the nature and quality of our later affectional bonds are understood to be based upon this relationship (Bowlby, 1980).

Despite Rutter's reliance on attachment theory in his preliminary explanations for how relationships provide protection, he also identifies the limitations of this theory to explain this evidence. He notes that attachment research has indicated that infants usually develop an attachment to a specific person but that neither feeding nor caretaking are essential features of this bond (Rutter, 1978). Rather, a good deal of attention, particularly if this attention is associated with responsiveness and sensitivity to the baby's signals, is most likely to foster attachment.

This emphasis in attachment theory on the importance of bonding with one adult in the early months of life does not well address the observation that a protective supportive relationship may not be available until later in a child's life, and may be with a teacher, or another family member, who is not directly involved in routine caring for the child (e.g., Garnezy, 1991; Rutter, 1978). Rutter (1979) demonstrates that children who had been separated from their parents in early childhood but who later lived in homes characterized as harmonious and happy showed significantly fewer incidences of conduct disorder than those children who were still living in homes with high levels of marital discord. He concludes that "the effects [of family discord] are *not* permanent and given a change for the better in the family situation the outlook for the child's psychological development correspondingly improves" (Rutter, 1971, p. 245). Birns's (1999) recent critique of attachment theory supports this point and raises further questions about the inevitability of the later negative consequences that have been found to be associated with poor attachment experiences during the first two years of life.

Self-Efficacy

Masten (1994) discusses the self-efficacy model as a possible explanatory framework. Based on Bandura's (1986) concept of self-efficacy developed to explain coping under stress, this theory suggests that experiences of success contribute to a view of the self as effective which encourages further action and increases the possibility for continued successes

(Garnezy & Masten, 1991; Masten, 1994; Masten et al., 1990). Thus, supportive adults are seen as providing the child with opportunities for success.

For example, supportive adults are likely adults who effectively "provide information and access to knowledge," "coach competent behavior providing guidance and feedback," and "model competent behavior" (Masten, 1994, p. 14). However, Masten (1994) adds a relational component to her application of the self-efficacy model by emphasizing the importance of warmth, caring, and nurturing in the child's relationship with an adult. She begins her list with the suggestion that effective parents or mentors "make a person feel worthwhile and valued through their consistent nurturing behaviors and engender trust in people as resources" (Masten, 1994, p. 14). Cognitive factors remain the emphasis but there is the recognition that these are most likely to be effective in a positive affective context.

As Masten et al. (1990) have noted, among children under stress "the most important and consistent protective factor is that of adults caring for children during or after a major stressor" (p. 431). Though the provision of skill-building opportunities is likely a key part of caring, it is too narrow a conceptualization of caring. Thus the self-efficacy model provides a rather limited explanation for how relationships provide protection due to its largely cognitive focus.

Conclusion

Attachment theory emphasizes the importance of the parental bond while self-efficacy theory focuses on the development of cognitive abilities. Though these theories address key aspects of development, and attachment theory offers rich models for how parental relationships affect new relationships later in life through the development of internal working models (e.g., Bretherton & Munholland, 1999), both of these theories are rooted in thinking about psychological development which focuses primarily on the individual's development of autonomy and independence. Rutter (1971) foreshadowed a limitation of this individualistic paradigm when he suggested early on that the interaction between a supportive adult and a child may be important as well, noting that "the child's contribution to parent-child interaction is a most important, but much neglected subject" (p. 21). Relational theories, as I illustrate in the next section, have the potential to address the limitations of both attachment theory and self-efficacy as explanatory models for how relationships can provide psychological protection.

Relational Theory as a Way of Understanding How Relationships Provide Psychological Protection: Two Preliminary Hypotheses

Examining this evidence through the lens of relational theory provides promising insights into *how* relationships with adults provide psychological protection for youth. I offer the following two main hypotheses which are further delineated below: (1) these relationships are protective, not because they offer something “special” or unique, but rather because they provide key relational conditions necessary for healthy psychological development and (2) the mechanisms through which these relationships provide psychological protection are likely to be the relational processes identified in relational theories to be those which foster the development of psychological health and vitality.

First, I suggest that these relationships are not “protective” in the sense that they provide something special, but rather that they are likely what relational theory would call growth-fostering relationships (Miller, 1988). As such, these “protective” relationships may be providing the basic relational context necessary for healthy psychological development to occur. Taking this view, it may not be the risk conditions alone that impede or derail development, but the presence of risk in the absence of growth-fostering relationships that can lead to difficulties with development.⁶ Relational theory posits that relationships provide the mechanism through which psychological development, healthy and distressed, occur. That is, development is a relational process and both psychological distress and health are forms of development. As we all necessarily live in a world of relationships, adversity is experienced, and sometimes even created within, our relational contexts. Relational theory would suggest that growth-fostering relationships are likely to be those relationships which encourage the development of psychological health and vitality in the face of adversity.

Second, given that the basic structure of relationship is dynamic in that it is created through the joining of at least two people, the particulars of any given relationship will be influenced by each participant, the fit between them, the relationship that they construct together, and the context within which this relationship develops and continues. Therefore, rather than focusing on identifying the types of support that adults offer adolescents, relational theory suggests that we look for and closely examine which

relational processes seem to be fostering the growth and development of the adolescent and, most likely, that of the adult as well. Further, the basic conditions and core relational processes which are identified in relational theory as those which foster psychological health and vitality are likely to be the key mechanisms through which growth-fostering relationships provide psychological protection.

For example, relational theory suggests that a relationship between an adolescent and an adult, like any relationship, will involve movement into and out of connection with one another. Within both the MRM (Tronick & Weinberg, 1997) and the relational/cultural model (Miller & Stiver, 1997), the importance of movement through disconnection or disruptions in relationships into reconnection or repair is emphasized. Simply stated, as it is not possible to always maintain connection with another person, our desires and needs, small and large, are many times in conflict with those of our relational partners. The negotiation of this movement into connection, disconnection, and reconnection determines the ways in which a relationship may foster or impede psychological growth.

Building around voice as Gilligan (1993) defines it, it is likely that these growth-fostering relationships provide resonance which encourages the development of one’s authentic voice, or a voice which “conveys” rather than “covers” (Gilligan, 1993, p. xxi) one’s inner world and one’s experiences in relationships with others. Without resonance, there is no voice, and without voice a person has no psychic presence. Resonant relationships (or possibly relationships which allow for the development of dyadic states of consciousness) foster the development and expression of one’s psyche in relationship with another’s psyche. Perhaps the presence of at least one such relationship, by facilitating healthy development, offers significant psychological protection against adversity.

The application of this notion of dyadic states of consciousness (Tronick and Weinberg, 1997) to these relationships suggests that the motives of the adult are likely to play a significant role. Perhaps an essential motive of a supportive adult is the desire to promote the adolescent’s healthy development, or the adolescent’s sense that the adult is genuinely interested in *him* or *her*, and is both capable of taking his or her interests to heart and acting in accordance with the adolescent’s best interests. In order for the adolescent to pick up on the adult’s motives, he or she must have some access to this information. That is, the adult must be open to allowing the teen to know his or her motives in some way and the teen must be able to

accurately read it or pick up on them.

As growth-fostering relationships encourage the growth and development of both of the relational partners (Miller, 1986), it is likely that the adult is also affected by the relationship and experiences it as growth-promoting in some way. The adolescent in such a relationship will likely have some awareness that he or she is having an impact on this adult, possibly through experiencing love from the adult, feeling that the adult holds the teen in positive regard, or experiencing the expression of one's own thoughts and feelings as impacting the course of this relationship with the adult, or even challenging and altering the adult's own beliefs or values. The adult's subjectivity cannot overpower or subsume that of the adolescent's nor can the adolescent's overpower or subsume that of the adult's. There must be an interplay between the two, with each bringing their own feelings, knowledge, and experiences into the relationship with one another. Such a relationship would allow an adolescent the room to explore his or her own thoughts and feelings while at the same time providing the teen with some access to the inner world of the adult who has his or her own psychological subjectivity.

This point leads into the emphasis in relational theories on the importance of mutuality and empathy in growth-fostering relationships (Miller & Stiver, 1991; Mitchell, 1997; Tronick & Weinberg, 1997). Mutually empathic relationships are those relationships in which both partners actively participate in the construction of the relationship, have access to one another's affective states, and are open and responsive to the thoughts, feelings, and intentions of the other. This openness allows both participants to draw upon each other's ability for intersubjectivity, or the ability to know and respond to one another's states of mind, and to create dyadic states of consciousness.

As the relational/cultural model theorists have pointed out, mutuality does not mean equality (Jordan, 1991; Miller et al., 1999). While mutuality implies that each person plays an active role in the construction and maintenance of the relationship, they may bring different skills and knowledge to bear and one partner may hold considerably more power than the other. The negotiation of this imbalance of power in unequal relationships becomes a critical factor in determining whether a relationship will promote growth in both partners. As Miller (1976) writes, "Authenticity and subordination are totally incompatible" (p. 98). In a mutual relationship, the accessibility of both partners' subjectivities is essential

so that each may have access to, come to know, and respond to the inner states of the other. Thus, though an adult necessarily has greater power in a relationship with an adolescent, supportive adults are likely to find ways to appropriately share power in their relationships with adolescents.

When adolescents encounter growth-fostering relationships with adults, these relationships may provide a different relational experience around which the adolescent can shape his or her sense of self, or develop a more authentic voice. Infant research has shown that when a mother's depression negatively influences her interaction with her baby, the baby can come to expect mismatches in new relationships (Weinberg & Tronick, 1998). This evidence, coupled with research on resiliency, has found relationships later in life to have a positive impact on psychological health (Quinton, Pickles, Maughan, & Rutter, 1993; Rutter, 1979), suggests the possibility that the converse may be true as well. That is, new relational experiences that are positive may influence one's expectations of the possibility for more such relational experiences. Relational/cultural theory would support this notion. Miller (1998) has argued that a different experience of relationship, one which contributes to the development of feeling more effective in relationship, may increase the likelihood that the teen will seek out relational partners who will contribute to their own continued healthy development and to whose development they can also contribute.

Further, research with adolescent girls has suggested that the development of a critical perspective, which often occurs within the context of a relationship with a supportive adult woman, is particularly important for the development of an authentic voice (Sullivan, 1996; Taylor et al., 1995). This critical perspective is thought to mitigate against cultural messages which devalue, denigrate, or deny girls' and women's experiences, providing necessary support to prevent girls from turning a problem within the culture into a problem within themselves. Tolman's (1996) work on girls' sexuality is particularly illustrative here. A critical perspective can allow a girl to know that she experiences sexual desire, and to feel her desire, in the face of the strong and dominant cultural message that sexual desire is something that only boys or "bad" girls experience. Gilligan (1996) has suggested that a critical perspective may also be crucial for boys as they, too, are socialized in ways which discourage the expression of large parts of their experience, such as their feelings of emotional vulnerability and dependency. It is likely that a supportive relationship fosters this type of critical

perspective, or a way of viewing one's problems within a social and relational framework and thereby minimizing self-denigration.

Findings from two studies in which girls were asked to talk about important relationships with adults (Brown, 1998; Sullivan, 1997) support the idea that these relationships may be providing the relational conditions associated with growth-fostering relationships as identified within relational theory. The emphasis in these girls' narratives in both of these studies was on relational processes, or what happened between the girl and the adult. Brown (1998) found that what the girls she studied wanted in a teacher was someone who would listen to the feelings behind their behaviors and not simply blindly enforce the rules. They particularly appreciated teachers who were themselves and therefore a bit irreverent at times, who listened and who treated them as unique and important. Sullivan (1997) heard similar ideas expressed by the adolescent girls she interviewed. They described important relationships with adult women as those in which they felt listened to, understood, and taken seriously. The girls also noted that these women communicated that they understood their struggles by sharing some of their own experiences.

Placing this relational understanding of supportive relationship alongside attachment theory and self-efficacy, relational theory can both encompass much of the explanatory power of these other models and offer insight into some of the evidence not well addressed by either of them. Relational theory highlights the important and formative influence of the primary caregiving relationship, but is structured in such a way as to also explain how other and later relationships can influence development as well. The emphasis on explicating relational processes which foster or impede development has yielded an articulation of basic processes that occur across many different types of relationships throughout the course of the lifespan. The development of a secure bond leading to basic trust and the development of competency and a sense of oneself as effective are outcomes of the successful mutual negotiation of these relational processes. Relational theory not only offers more descriptive hypotheses for how supportive relationships influence adolescent development but also shifts the emphasis in these hypotheses from the provision of psychological protection to the facilitation of psychological health and vitality.

Conclusion

Examining the now long-known evidence that relationships with adults provide psychological protection for youth through the lens of relational theory offers promising explanations of the as yet unanswered question of *how* they do so. Within a developmental paradigm which separates self from relationship and places primacy on efforts toward understanding the intricacies of the self and predicting individual development, questions about relationship tend to sit on the side. Viewing psychological development as a relational process, that is to say as a process which occurs within, and inherently depends upon, relationship, pulls these questions into the heart of psychological inquiry. Bringing relational theory to the close study of protective, or growth-fostering, relationships with adults may not only provide us with the greater knowledge we need to effectively utilize this evidence to guide practice and design interventions, but may also have the potential to further illuminate basic relational processes that likely form the foundation of psychological development.

¹ My understanding of this shift is based on Kuhn's (1962/1970) definition of a scientific paradigm as "some accepted examples of actual scientific practice—examples which include law, theory, application, and instrumentation together—provide models from which spring particular coherent traditions of scientific research" (p. 10).

² Kuhn (1962/1970) argues that the very presence of a scientific paradigm makes anomalies visible. Once these anomalies are noted by enough people a crisis ensues which upends the existing theoretical framework. From such a crisis a new scientific paradigm emerges and is maintained until new anomalies are discovered precipitating another crisis and so on.

³ For the purposes of this review, I focused my attention wherever possible on major theoretical works which were written expressly for the purpose of outlining the relational perspective. Though I am quite aware of the strong feminist tradition in psychoanalysis, this review strategy highlighted the conclusion that I have drawn here. That is, the feminist work that includes a more political perspective on, and critique of, the cultural context has not been integrated into the work of the theorists whose writing defines the relational psychoanalytic view.

⁴ See Shimizu (1993) and Hartman-Halbertal (1996) for two notable exceptions.

⁵ I think that it is arguable whether this second component is "individual" or whether it should be conceptualized as a relational component as well. What is of most importance may be the "match" between the

infant's individual characteristics and those of the caregivers in that this "match" lays the groundwork for the formation and continuous development of the relational patterns described by infancy researchers discussed earlier in this paper.

⁶ It is important to note that there may be an upper limit here as risk has been found to rise markedly with the accumulation of multiple adversities (e.g., Sameroff, Seifer, & Bartko, 1997). Certain combinations of risks factors or the accumulation of multiple risks may significantly compromise psychological functioning despite the presence of growth-fostering relationships.

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