Relational-Cultural Theory: A Framework for Bridging Relational, Multicultural, and Social Justice Competencies

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Relational-cultural theory (RCT) theorists advocate expanding the multicultural/social justice counseling competencies beyond the domains of self-awareness, cultural knowledge, and culturally responsive helping skills. This article provides an overview of RCT and discusses how creating and participating in growth-fostering relationships are essential dimensions of human development and psychological well-being. Implications of this theoretical model for counseling practice are also addressed.

Relational-cultural theory (RCT) was conceived after the publication of Jean Baker Miller's (1976) *Toward a New Psychology of Women*, a groundbreaking book that has been translated into more than 20 languages. The ideas in Miller's book emerged from her clinical practice with women in which she noted that the centrality of relationships in her clients' lives was inconsistent with the traditional theories of counseling and human development she had been taught in medical school. According to Miller and other feminist theorists of the time, these traditional theoretical models emphasize individuation, separation, and autonomy as markers of emotional maturity and psychological health.

Miller (1976), like other multicultural and feminist theorists, suggested that a lack of understanding of the contextual and relational experiences of women, people of color, and marginalized men led many mental health professionals to pathologize these individuals by misunderstanding and devaluing how these important factors contribute to the psychological well-being of all people (Robb, 2006). Consequently, RCT complements the multicultural/social justice movement by (a) identifying how contextual and sociocultural challenges impede individuals' ability to create, sustain, and participate in growth-fostering relationships in therapy and life and (b) illuminating the complexities of human development by offering an expansive examination of the development of relational competencies over the life span. Challenges to developing such relational competencies in today's socially stratified and oppressive culture are highlighted throughout this article.

Over the past 3.5 decades, Miller (1976) and other multicultural, feminist, and social justice advocates and theorists (Daniels, 2007; Ivey, D'Andrea, Ivey, & Simek-Morgan, 2007) have noted how traditional theories of counseling and development are built on the ideology of Western individualism that includes "hyper-competitiveness and deterministic control" (Walker, 2003, p. 1). Such an ideology is based, in part, on the myths of "mastery," "self-sufficiency," and the idea "that people assume their places in the existing societal hierarchy by virtue of merit" (Jordan, 1999, p. 3).

RCT further complements the multicultural/social justice movement by serving as an alternative theoretical framework from which mental health professionals can explore how issues related to sex role socialization, power, dominance, marginalization, and subordination affect the mental health and relational development of all people. The goal of this article is to demonstrate how RCT complements the process of multicultural/social justice counseling competency development by providing an additional theoretical framework that supports the fourth force in counseling and psychology.

Core Tenets and Assumptions of RCT

RCT is a comprehensive theory of counseling and development that emerged from the notion that traditional models of human development and psychotherapy do not accurately address the relational experiences of women and persons in other devalued cultural groups. To fill this gap, RCT provides an alternative and inclusive model of relational development across the life span. The RCT approach to helping and healing is grounded in the idea that healing takes place in the context of mutually empathic, growth-fostering relationships. In an effort to create such relationships, the RCT approach to counseling involves identifying and deconstructing obstacles to mutuality that individuals encounter in diverse relational contexts and networks (Comstock, 2005; Comstock, Daniels, & D'Andrea, 2006).

Core RCT tenets that explicate the process of psychological growth and relational development, as summarized by Jordan (2000), include the following notions:

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1. People grow through and toward relationship throughout the life span.
2. Movement toward mutuality rather than separation characterizes mature functioning.
3. The ability to participate in increasingly complex and diversified relational networks characterizes psychological growth.
4. Mutual empathy and mutual empowerment are at the core of growth-fostering relationships.
5. Authenticity is necessary for real engagement in growth-fostering relationships.
6. When people contribute to the development of growth-fostering relationships, they grow as a result of their participation in such relationships.
7. The goal of development is the realization of increased relational competence over the life span.

Consistent with feminist and multicultural/social justice theorists, RCT scholar Walker (2002) made the point that movement toward connection over the course of individuals' lives is made in relational contexts that have been "raced, engendered, sexualized, and situated along dimensions of class, physical ability, religion or whatever constructions carry ontological significance in the culture" (p. 2). Walker also pointed out that the way individuals respond to "disconnections in relationship is in large measure a function of the multiple social identities operating in that particular relationship and in the relational surround at any given moment" (p. 2). In other words, the context of relational development across the life span is inextricably linked to individuals' racial/cultural/social identities. As such, examining culture-based relational disconnections is one way to promote counselors' relational, multicultural, and social justice counseling competencies. These competencies are grounded in an awareness and knowledge of the ways in which cultural oppression, marginalization, and various forms of social injustice lead to feelings of isolation, shame, and humiliation among persons from devalued groups.

RCT is based on the assumption that the experiences of isolation, shame, humiliation, oppression, marginalization, and microaggressions are relational violations and traumas that are at the core of human suffering and threaten the survival of humankind (Birrell & Freyd, 2006; Gilligan, 2001; Hartling, Rosen, Walker, & Jordan, 2000; Miller & Stiver, 1997). Cultural oppression, social exclusion, and other forms of social injustices underlie the pain and trauma that individuals in marginalized and devalued groups routinely experience in their lives (Birrell & Freyd, 2006). It is important to point out that this theoretical assumption has been supported by numerous empirically based neurobiological studies that examine the antecedents and negative psychological and physical outcomes of such experiences (Eisenberger, Lieberman, & Williams, 2003; Genero, Miller, & Surrey, 1992; Hartling & Ly, 2000; Liang et al., 1998; Schore, 2003; Spencer, 2000; Taylor, 2002).

RCT supports the multicultural/social justice movement by asserting that (a) "although oppression is often institutional-

ized at societal levels, it is necessarily enacted in the context of interpersonal relationships" (Birrell & Freyd, 2006, p. 52), and (b) "the fragmentation caused by the violation of human bonds can only be healed by new and healing human bonds" (p. 57). In essence, counseling relationships that are not guided by relational, multicultural, or social justice ideology purportedly have the potential to further perpetuate the silencing and oppression that marginalized individuals experience in the larger culture (Day-Vines et al., 2007; Walker, 2003).

Many persons in the fields of counseling and psychology have resisted mainstreaming RCT in professional training programs and clinical practices. This resistance is similar to that encountered by the multicultural/social justice counseling advocates. Birrell and Freyd (2006) discussed the underpinnings of such resistance by stating,

> It is unfashionable, in this age of managed care and risk management, to advocate for a treatment that not only takes time, but also involves the possibility, on the part of the therapist, of coming to new understandings of that forgotten realm of what Buber (1975) calls the "interhuman." A treatment that does not address this level of experiencing risks objectifying the already wounded and creating a superficial adjustment to society which involves the risk of further abuse. (p. 54)

RCT's further support of the multicultural/social justice movement is reflected in the manner in which it encourages counselors to think beyond symptom reduction and remedial helping interventions (Birrell & Freyd, 2006). RCT theorists emphasize that a more contextual approach to the helping process aimed at ameliorating the adverse impact of various forms of cultural oppression, marginalization, and social injustice has many positive implications for individual clients and "the wider context of community and the social world" (Birrell & Freyd, 2006, p. 50). These positive implications are tied to the important role RCT counselors place on helping clients examine new ways to develop and maintain growth-producing connections in their lives.

RCT Complements Contemporary and Traditional Approaches to Counseling and Development

The notion of "connectedness," an essential consideration in RCT, is embedded in traditional and contemporary counseling scholarship (Coy & Kovacs-Long, 2005; Townsend & McWhirter, 2005). Historically speaking, the importance of connectedness in fostering psychological development and emotional well-being is reflected in the writings of Alfred Adler and other individual psychology theorists. These theorists described the need for mental health professionals to foster a sense of community and belonging to social groups in their work with clients. Adler took particular time to illuminate the importance of love and belonging as central to a person's mental health (Ivey et al., 2007).

Erik Erikson is another widely respected theorist who discussed a related concept referred to as "homonomy" (Coy & Kovacs-Long, 2005, p. 139). According to Erikson, the term *homonomy* refers to children's ability to rearrange and expand their relational circles based on their individual and developmental needs. This Eriksonian construct represents another indicator of the ways that traditional theorists acknowledged the importance of relational factors in fostering people's sense of psychological well-being.

RCT provides a theoretical basis from which mental health professionals can reconsider the importance of the aforementioned relational concepts for the practice of counseling. Over time, such concepts have consistently been muted by many other counseling theorists who overemphasized therapeutic and developmental goals that are culturally and gender biased. This includes efforts to promote clients' "autonomy," "self-realization," "self-actualization," and "personal mastery" in counseling (Coy & Kovacs-Long, 2005; Ivey et al., 2007). Despite this trend, Coy and Kovacs-Long advocated for the use of RCT concepts by recognizing that mental health professionals should include the ability to affiliate and connect with others in mutually empathic and empowering ways as an indicator of emotional maturity and psychological well-being.

■Expanding the Rogerian Notion of Empathy

Carl Rogers is another prominent counseling theorist whose advocacy for relational concepts received sharp criticism by his psychoanalytic peers. Similar to criticisms that were directed at Adler and others, the criticism Rogers received was for focusing on the client–therapist relationship as a primary source of healing in counseling. Such criticism targeted the emphasis Rogers consistently placed on the counselor's ability to communicate a genuine sense of empathy with clients as a key component in promoting positive counseling outcomes (Comstock et al., 2006; Ivey et al., 2007). Although Rogers's theoretical contributions extended counselors' thinking about the important role empathy plays in the healing process, RCT expands Rogerian theory even further by

1. extending the one-way concept of empathy espoused in Rogers's counseling theory to a two-way process referred to as *mutual empathy*;
2. describing relational movement that occurs in all relationships, including the counseling relationship, which involves inevitable periods of connection and disconnection;
3. resisting and eradicating sociopolitical factors that operate as the source of relational disconnections among many individuals in diverse and marginalized racial/cultural groups who are discouraged from naming their own reality and authentically expressing many of their thoughts and feelings;
4. serving as a theoretical framework from which to promote the concept of mutual empathy as key to healing

and relational transformation in therapy, as well as in other relational/professional contexts, including the work counselors do as multicultural/social justice advocates, consultants, and organizational development agents.

Unlike Rogers's one-way notion of empathy (e.g., empathy communicated by the counselor to the client), the RCT concept of mutual empathy is cocreated in counseling relationships and is viewed as an important source of healing and transformation in the counseling process (Jordan, 2001). This occurs not only when the counselor effectively expresses her or his connection with clients' expressed thoughts and feelings, but also when clients acknowledge being affected by the impact they have had in generating this sort of empathic response in the counselor.

In a mutually empathic encounter, everyone's experience is broadened and deepened because people are "empathically attuned, emotionally responsive, authentically present, and open to change" (Miller, Jordan, Kaplan, Stiver, & Surrey, 1991, p. 11). It is important to point out that this sort of empathy requires a degree of vulnerability on the part of counselors that results from an ability to be authentically present with the client during times of connections and disconnections.

Mutually empathic encounters provide opportunities for counselors to become more culturally competent. This is possible because counselors engaged in mutually empathic exchanges with their clients can learn about their own and their clients' worldviews and beliefs in new and different ways. This can be accomplished by exploring the relational confluence of the similarities and differences between their respective life experiences. Such self and cultural learnings enable counselors and clients to more freely and respectfully come to a mutual agreement about the intervention strategies that are likely to promote the sort of counseling outcomes that are consonant with culturally different clients' worldviews, beliefs, and values (Day-Vines et al., 2007; Ivey et al., 2007). Developing mutual empathy in multicultural counseling situations also results in a deepened understanding of and compassion for all people, which the Dalai Lama has suggested leads individuals to be more "genuinely ethical" (as cited in Birrell & Freyd, 2006, p. 59) in all the work that they do.

The type of relational responsiveness that is espoused by RCT involves a thoughtful process of *anticipatory empathy* (i.e., giving some forethought as to how the client will be affected by the way the counselor chooses to respond) that ideally guides the counseling relationship into a deeper mutual connection. Rogers referred to this as the practice of *accurate empathy*. In extending this Rogerian concept, RCT scholars (e.g., Jordan, 1995; Walker, 1999, 2002) have pointed out that even the best attempts to understand clients sometimes result in empathic failures and relational disconnections.

Although Rogers is generally silent in discussing empathic failures and relational disconnections in the counseling process, RCT scholars understand that these relational dynamics are inevitable in all relationships. These empathic failures and relational

disconnections are particularly painful for the more vulnerable person in the relationship (e.g., clients) and particularly for those clients who come from marginalized and devalued racial/cultural groups in contemporary society (Comstock et al., 2006).

Relational Movement: Connections and Disconnections

The key concepts of RCT are perhaps best understood in the context of relational movement, which is the process of moving through connections; through disconnections; and back into new, transformative, and enhanced connections with others. Being aware of how all relationships move through these different phases is referred to as *relational awareness*. Acquiring this relational awareness is the first step in developing more sophisticated relational capacities that enable one to identify, deconstruct, and resist disconnections and obstacles to mutual empathy in counseling relationships and in the broader culture.

Connections and Disconnections

Miller (1986) identified specific experiential outcomes of being in connection, which she referred to as the "five good things" (p. 3). In a relational connection, Miller (1986) stated that

1. Each person feels a greater sense of zest (vitality, energy)
2. Each person feels more able to act and does act in the world
3. Each person has a more accurate picture of her/himself and the other person(s)
4. Each person feels a greater sense of worth
5. Each person feels more connected to other persons and exhibits a greater motivation to connect with other people beyond those in one's primary relationships (p. 2)

Collectively, these qualities are characteristic of mutually empathic, growth-fostering relationships (Jordan & Dooley, 2000).

Jordan and Dooley (2000) described the experience of disconnection as simply the opposite of the five good things. Consequently, in disconnection, people experience a general decreased sense of energy. One feels unable to act constructively in many aspects of one's life. Instead of a sense of clarity, one experiences confusion regarding self and others. Finally, a decreased sense of worth often prompts one to turn away from relationships in general.

Depending on the nature, frequency, and the relational context of the disconnections a person experiences with significant others in her or his life, and within the larger culture, these experiences can be accompanied by feelings of shame, fear, frustration, humiliation, and self-blame. Jordan (1997) stated that "shame is most importantly a felt sense of unworthiness to be in connection, a deep sense of unlovability, with the ongoing awareness of how very much one

wants to connect with others" (p. 147). Disconnections that cannot be transformed have the potential to lead to feelings of condemned isolation.

Condemned Isolation

While experiencing a sense of condemned isolation, individuals are at high risk of manifesting emotional and psychological difficulties. In addition to condemned isolation resulting from relational disconnections, power differentials, gender role socialization, racism, cultural oppression, health disparities, heterosexism, and other social injustices foster a sense of condemned isolation among persons in marginalized and devalued cultural groups. Miller and Stiver (1997) pointed out that these chronic experiences of disconnections lead not only to condemned isolation but also to the ongoing disempowerment of many persons in oppressed groups in contemporary society.

The sense of disconnection, condemned isolation, and disempowerment many marginalized people experience is exacerbated when counselors fail to acknowledge the contextual factors and social injustices that contribute to their stressors and problems (Hartling et al., 2000; Miller et al., 1999; Walker, 1999, 2001). As a psychological phenomenon, condemned isolation can result from chronic relational and/or cultural disconnections that promote the feeling of being "locked out of the possibility of human connection" (Miller & Stiver, 1997, p. 72).

In this isolation experience, individuals carry a deep sense of shame and the belief that they are defective as human beings. Feelings of condemned isolation are reinforced when individuals from marginalized and devalued groups, who routinely encounter the myth of meritocracy, end up primarily blaming themselves for personal failures that are often linked to factors in the broader cultural context (Hartling et al., 2000; Jordan, 1999; Miller & Stiver, 1997). Hiding or denying large parts of their life experiences, and relating inauthentically with others in an effort to reconnect in nonmutual relationships, often becomes a strategy for surviving the emotional distress associated with feelings of condemned isolation (Miller & Stiver, 1997). This phenomenon represents what RCT theorists referred to as the *central relational paradox* (Miller & Stiver, 1997).

The Central Relational Paradox

As emphasized throughout this article, RCT theorists have asserted that all individuals have yearnings for connection, belonging, and social inclusion. Despite these yearnings, RCT posits that people commonly demonstrate a paradox in the way they address relational issues in their lives. This paradox is enacted when, in the face of their yearning for connection, which inevitably produces a heightened sense of vulnerability, individuals use strategies that result in further disconnection and isolation. Such strategies are commonly used to avoid perceived or real risks of hurt, rejection, and other forms of relational disconnection, social exclusion, and marginalization (Miller & Stiver, 1997).

Although it is noted that all individuals yearn to connect with other people in authentic, mutually empathic ways,

feelings of vulnerability, fear, shame, suspicion, and mistrust make movement into connection difficult. Understanding how these relational dynamics are reinforced by social injustices and various forms of cultural oppression complements the culturally competent counselor's knowledge of such issues. Counselors' level of cultural competence is further enhanced when they acquire the types of relational competencies that enable them to effectively deal with interpersonal and contextual dynamics that underlie the relational paradoxes that clients commonly experience in their lives. These relational/cultural competencies are necessary to acquire when counselors strive to help all clients (and especially clients from marginalized and devalued groups) move past shame-based and mistrustful interpersonal impasses and disconnections and back into transformative connections characterized by new empathic and contextual possibilities (Hartling et al., 2000; Jordan, 1997).

■Challenges to Transforming Disconnections

The ability for people to realize new empathic possibilities through transformative relational reconnections is hampered by the escalating fearful times in which they live. The present war on terrorism that has been declared by governmental officials has created an atmosphere of heightened anxiety and fear that is "counter-relational" because of a perceived need by many persons to live in an increasing sense of "self-protective isolation" (Jordan, 2005, p. 1). Furthermore, from a multicultural/social justice perspective, it is also noted that many persons in marginalized and devalued groups are subjected to various forms of structural violence (as manifested in the complex problems of racism, sexism, heterosexism, classism, etc.) that perpetuate additional forms of fear and psychological disconnections with others. It is critical that counselors understand why and how individuals implement self-protective strategies that enhance a sense of disconnection in response to these societal conditions. It is equally important that counselors become more knowledgeable of the ways that such disconnecting strategies paradoxically represent the source of so much pain in many people's lives.

When people acknowledge their relational fears, anxieties, and concerns about their disconnections, they need others to empathically resonate with their expressed vulnerabilities. Although such empathy is essential in helping clients learn new and more effective ways to work through the central relational paradox, it is particularly important that counselors promote the sort of mutual empathy described earlier when working with individuals who are chronically subjected to various forms of social injustice and cultural oppression (Walker, 2003).

When using an RCT approach in multicultural situations, one should be mindful that disconnections are an inevitable part of all relationships, including the relationships counselors have with culturally different clients (Jordan & Dooley, 2000). It is also important for counselors to keep in mind that developing

new relational competencies involves working to stay in connection with others who are different from them, even when practitioners are drawn to exercise strategies for disconnection in multicultural counseling situations.

The process of resisting disconnecting strategies, by moving into a creative place that is designed to enlarge one's capacity to realize mutual empathy with others, is essential for developing relational resilience and necessary in becoming a culturally competent counselor (Jordan, 1992, 1995, 2000). This is so because developing relational resilience and working through disconnections with clients from diverse groups and backgrounds enhance the awareness, knowledge, and skills counselors need to acquire in becoming culturally competent practitioners (Sue, Arredondo, & McDavis, 1992).

Using RCT strategies to deal with the disconnections that commonly occur in multicultural counseling situations can increase counselors' propensity for culturally competent professional practice in other specific ways. In this regard, counselors commonly encounter subtle and overt forms of mistrust from culturally different clients in multicultural counseling situations. Such mistrust is routinely manifested when there is not much relational history, when the relationship is relatively new, or when significant cultural differences exist between counselors and clients that may interfere with the development of a more positive connection in the helping endeavor (Comstock, Duffey, & St. George, 2002).

With respect to the aforementioned complexities, Day-Vines et al. (2007) emphasized that these disconnections can either be prevented or transformed if counselors feel relationally prepared to "broach" (p. 402) the subject of difference with their clients. In order to appropriately broach the subject in the most effective and respectful way, Day-Vines et al. emphasized that it is essential that counselors first understand their own and then their clients' level of racial identity development and second understand that it is the counselors' responsibility to broach the subject. Consistent with RCT theorists, multicultural/social justice advocates emphasize that culturally competent counselors understand the complexities of broaching issues of difference with their clients and feel prepared to hear the honest responses from their clients.

Although most counselors will work hard to establish trust in the relational process in multicultural counseling situations, many culturally different clients will inevitably adhere to distorted expectations of how others respond to them. According to RCT, these expectations are often not irrational, unfounded, and unreasonable. In many situations, such expectations are based on clients' past experiences with chronic and abusive disconnections with others, various forms of cultural oppression and social injustices, internalized oppression, or any combination of these factors.

RCT advocates offer a number of suggestions that are helpful in overcoming some of the mistrust that is predictably manifested in multicultural counseling settings. One suggestion involves helping marginalized clients recognize where mutual engagement is possible in multicultural counseling situations, despite what individuals have been taught to expect

by the larger culture. It is equally important for counselors who are privileged and/or are members of the dominant group to understand what they have been taught to expect from marginalized members of society. These relational expectations are what Miller and Stiver (1995) referred to as *relational images*, which is discussed in detail in the next section.

Last, in addressing disconnections related to the central relational paradox, we emphasize the importance for culturally competent counselors to understand that both the counselor and the client are mutually challenged to collectively work through the results of historical mistrust that have been engendered between persons in different racial/cultural groups. In attempting to address these important issues, we encourage counselors to do the following:

1. Acknowledge to culturally different clients that all individuals experience a yearning to connect but that feelings of fear, shame, suspicion, and mistrust sometimes make movement into connection difficult.
2. State how the disconnections that emerge from such experiences are fueled by the broader societal/cultural context in which all individuals are situated.
3. Explain how the counseling process can address clients' intrapsychic concerns as well as the contextual challenges clients encounter that undermine their sense of authenticity, mutuality, and connection with others.

Using these RCT strategies in multicultural counseling situations can be useful in addressing obstacles to building mutuality between the counselor and client that may occur because of the perpetuation of negative relational and controlling images that counselors and clients hold about themselves and others.

■ Relational and Controlling Images: Obstacles of Mutuality

According to Miller and Stiver (1995), relational images are expressions of individuals' expectations and fears of how others will respond to them. In essence, these images are reflected in individuals' expectations of the outcomes of their relationships with others when they make personal strides to establish meaningful and respectful connections with others. If a person is repeatedly denied empathic possibilities with other people in the contextual settings where she or he is situated, the person's expectations of relationships in general may become negative and distrustful. For example, a child who is chronically neglected by caregivers may come to expect that she or he will not receive love, care, or attention in any relationship in the future. Because these relational images are "fixed and difficult to alter" (Miller & Stiver, 1995, p. 3), realizing empathic possibilities in other relationships becomes quite challenging; thus, altering these images becomes a central challenge in the therapeutic process.

Consistent with multicultural/social justice theories, RCT suggests that counselors need to understand that "chronic exposure to disaffirming stimuli" (Walker, 2005, p. 52), such

as negative race-, gender-, and class-based stereotypes, stimulates many people's sense of self-doubt and ongoing feelings of their unworthiness to be in a mutually empathic connection with others. From an RCT perspective, internalized racism (as one example) interferes with a person's ability to "name and interpret" her or his "experience in self-affirming ways" (Walker, 2005, p. 52), particularly in relation to members of the dominant culture. As a result of this and other forms of social injustice, RCT suggests that marginalized individuals are less likely to seek out relationships, such as counseling relationships, that have the potential to be a "growing medium for healthy psychological development" (Walker, 2005, p. 52).

From an RCT perspective, relational and multicultural counseling competencies include one's ability to increasingly relate to others more authentically and empathically. In doing so, individuals are able to gain a clearer understanding of themselves, others, and the relational challenges they face within the unique cultural contexts in which they are situated. The process of addressing various relational challenges occurs throughout everyone's life span. From a multicultural perspective, such challenges often take place in environmental-cultural contexts that many marginalized persons experience as being unjust, oppressive, and violent. These perceptions are supported by RCT theorists and researchers who explain how and why negative relational and controlling images that are fostered in a nonrelational world that is dominated by separate-self ideology need to be constructively addressed in counseling (Hartling, 2003; Hartling & Sparks, 2002).

Many feminist scholars and multicultural/social justice advocates, such as Peggy McIntosh (1988), bell hooks (1984), Janie Ward (2000), Janet Helms (1992), and Patricia Hill Collins (2000), have explored the previously stated and related issues in greater detail. In her book *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*, Hill Collins (2000) wrote about the types of controlling images that many people develop about African American women and the ways in which these images have an adverse impact on Black women in society. According to Hill Collins, the types of controlling images that many persons formulate about Black women are used "to make racism, sexism, poverty and other forms of social injustices appear to be natural, normal and inevitable parts of everyday life" (p. 69). The dynamic of "normalizing" these and other social injustices is an important factor that contributes to much of the resistance that continues to be directed at the multicultural/social justice counseling movement and the source of helplessness that is experienced by potential allies.

Jordan (2002) used an RCT perspective to explain how members of the dominant culture promote negative relational and controlling images by normalizing the process of systematic oppression. This perspective is partly reflected in the following observations:

> People at the margin are defined as "objects:" They are seen as being at the margin because of some essential failure of character or effort. The myth of meritocracy and the myth of the level playing

field support this distorted understanding of privilege. That is, people who have not "made it" deserve the place they occupy. . . . If you are from a marginalized group and are successful in terms of the center's definition, you are the exception to the rule; if you are not successful, it proves you *are* the problem and are inferior in some core way. In fact, people at the margin are actively socialized to believe that they *have* failed. . . . The group at the center makes the rules and names the situations and conditions of privilege and disadvantage. The prevailing attitude toward those who do not enjoy the privilege and power in a given system is one of denigration. In mental health parlance we pathologize the experiences of people at the margin. This is obvious in blatant sexism, racism, or heterosexism, where broad strokes of negative stereotypes are aimed at individuals with various characteristics who are deemed inferior by the naming group. (Jordan, 2002, p. 2)

Walker (1999) posited that in this process of marginalization, "the dominant culture distorts images of self, images of other, and images of relational possibilities" (p. 3). For members of the dominant culture, these controlling images confirm and promote the experience of internalized dominance, White supremacy, and presumed superiority (Walker, 2005). As a result, these images limit our individual and collective relational possibilities and our perceptions of (a) who, how, and what we as individuals can be in the world and (b) how and with whom we can mutually relate to persons different from ourselves. Learning to expand and resist the constricting nature of such relational and controlling images represent additional challenges that can foster an increased level of multicultural/social justice counseling competence when effectively addressed by counselors in the field.

◼ RCT and Multicultural Counseling Within a Culture of Fear and Violence

The fourth force in counseling and psychology is emerging within a culture that is increasingly traumatized and overwhelmed with fear and conflict stemming from homeland and international violence (Walker, 2002). As noted earlier, the fear and conflict that are pervasive in the United States are also fueled by various forms of structural violence that adversely affect the lives of millions of persons from marginalized and devalued racial/cultural groups. This includes, but is not limited to, the adverse impact people experience when subjected to structural violence that accompanies the various forms of racism, sexism, heterosexism, classism, ageism, and ableism that continue to be perpetuated in this nation.

Shaw (as cited in Jordan, 2005) suggested that the fourth force in counseling and psychology is emerging from what is perhaps the "most anxious, frightened society in history" (p. 1). Commenting on the nature of contemporary society in this regard, Jordan (2005) suggested that

today we are witnessing the way the dominant-ruling group fuels people's fears about weapons of mass destruction, about

Iraq, about our personal safety in the face of anthrax, about the dangers of gay marriage and gay families. . . . Terrorism, a horrible disruptive process whose real aim is the creation of destabilizing, unremitting fear, can send us not just to our places of vulnerability, but to a defensive preoccupation with being invulnerable, or safe in armed isolation. (pp. 1–2)

RCT advocates that mental health professionals need to explore how the exploitation of fear serves as a social divide, operates as a chronic cultural disconnection, impedes the formation of communities of resistance, and could potentially affect the future course of the fourth force in counseling and psychology. In light of these fear-based challenges, Hartling and Sparks (2002) emphasized that above all else, multicultural/social justice advocates should strive to create and work within diverse "communities of allies" (p. 11), where they can most effectively resist and eradicate nonrelational oppressive practices in counseling and in the broader culture.

In a paper titled "Strengthening Resilience in a Risky World: It's All About Relationships," Hartling (2003) made the point that counselors working from an RCT perspective demonstrate relational, multicultural, and social justice competencies by being attuned to disconnections on interpersonal and sociopolitical levels. By being aware of the psychological impact of oppressive cultural contexts, counselors can more effectively help clients identify, establish, and expand their potential to realize growth-fostering relationships that promote resilience. This can be accomplished by (a) being responsive to clients' social identities (i.e., race, sexual orientation, gender identity); (b) taking a relational-contextual view of clients' mental health; and (c) assisting clients to source, name, navigate, and deconstruct obstacles to mutuality that are often grounded in negative controlling images and relationships. Finally, Hartling supported the efforts of many multicultural/social justice advocates who have recommended that counselors themselves need to incorporate intervention strategies that help create communities of resistance in which they can participate *with* their clients rather than working strictly *for* their clients in individual counseling settings.

◼ Conclusion

This article discussed the many ways that RCT complements and expands traditional models of counseling and development. It also illuminated what counselors can do to address the ways in which the broader culture promotes individualism, cultural stratification, fear, and ultimately relational disconnection. Birrell and Freyd (2006) stressed that in order for mental health professionals to continue to guide the future of the fourth force in counseling and psychology, they need to increasingly

question a system that pathologizes suffering individuals while refusing to look beyond, to the system that sees nothing wrong with objectifying others in the name of help, that rewards power dynamics that, if not properly recognized, have the power to cause great harm (Walker, 2002), and that

privileges individualism and rights over the bonds of human communities. (p. 60)

Clearly, more work needs to be done to outline concrete intervention strategies that counselors can use to promote the sort of positive outcomes that RCT and multicultural/social justice counseling advocates assert are vital in fostering the health and well-being of individual clients and the broader society in which they live. However, it is important to be cognizant of the suggestions that many RCT and multicultural/social justice advocates have already outlined to realize such outcomes as well.

In this regard, Jordan (2002) indicated that the best way to strategically confront and challenge crippling stereotypes, various forms of internalized dominance and oppression, negative relational and controlling images, and other disempowering forces in society is to unite with allies in building diverse communities of resistance in different environmental settings (e.g., in schools, universities, workplaces, communities). It is also important for RCT advocates to work more closely with professional multicultural/social justice counseling organizations such as the Association for Multicultural Counseling and Development (AMCD), Counselors for Social Justice, and the National Institute for Multicultural Competence to achieve shared goals (Constantine, Hage, Kindaichi, & Bryant, 2007; Sue et al., 1992).

In addition to developing and implementing intervention strategies that are aimed at achieving the shared goals of RCT and the multicultural/social justice movement, counseling professionals and students-in-training are encouraged to explore the following questions. These questions were initially presented by Comstock et al. (2002) and have been modified to help counselors develop new relational and multicultural/social justice counseling competencies.

1. What are your strategies for disconnection, and how are they exercised in relationships with others who are culturally different from yourself?
2. What do these strategies look like in your personal and counseling relationships?
3. What are some of your relational and controlling images, and what experiences have helped to shape these images?
4. How have these images affected your capacity to create and maintain mutually empathic, growth-fostering relationships with others who are culturally different from yourself?
5. What parts of your authentic experiences do you leave out of relationships?
6. In terms of authentic relationships, how do you name and deconstruct obstacles to mutuality in your personal and counseling relationships?
7. What are some sociocultural influences that have affected your capacity/ability to develop and maintain mutuality in your relationships?
8. In response to sociocultural influences, what strategies have you used for survival? For resistance? For managing shame?
9. How does the sociocultural makeup of various relational contexts affect your sense of safety regarding authentic relating and mutual engagement?
10. What relational strengths do you possess that complement the multicultural counseling competencies that were developed by AMCD and formally endorsed by the American Counseling Association (Sue et al., 1992)?

By authentically examining their responses to the aforementioned questions, and perhaps by sharing and exploring their responses with other allies, counselors and mental health professionals could all work more effectively as change agents and multicultural/social justice advocates. We hope that the fourth force will continue to transform the mental health professions by continuing to examine "culture-bound notions of mind and person as autonomous, self-contained, socially isolated, and disconnected from history" (Birrell & Freyd, 2006, p. 60).

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