Relational Development: 
Therapeutic Implications of Empathy and Shame

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Abstract

A perspective which emphasizes relational development leads to a shift in understanding therapy, which can be thought of as a process through which individuals find ways to bring themselves more fully into relationship. Empathy serves our basic desire for connection and emotional joining. In shame, we experience a loss of empathic attunement. The experience of being shamed thus leaves one feeling disconnected and disempowered. Marginalized groups, in particular, struggle with this form of disempowerment. Shame is also a powerful obstacle to connection in psychotherapy, but an empathic, relational approach in therapy can significantly alter the experience of shame.

What is relational development?

Western science, including psychology, rests on the assumption of a primary reality composed of separate objects which secondarily come into relationship with one another. As Helen Lynd notes, “The separation having been initially assumed, the problems of relation and integration are posed” (1958, p. 81). Moving from Aristotelian logic and Newtonian physics to quantum physics, we begin to see reality defined by relationships, continuities, and probabilities rather than by discrete objects and dualities. Traditional psychological theories view “the self” as the basic unit of study and emphasize its independence, security, and separation from other selves. In the existing paradigm of “self-development” the task is to internalize resources of love in order to create an ever more unique, self-sufficient, and separate structure: the self. Control, boundedness, and ownership of action have been essential to psychology’s view of the individual (Jordan, 1988).

In the image of a separate self, boundaries are construed as necessary protections, giving shape and strength to the inner person who is threatened from without. Viewing development from a relational rather than a self perspective, boundaries could be understood as processes of contact and exchange, moments of knowing and movement and growth. Thus, we evolve from a metaphor of a bounded self whose task it is to “master” reality, to a relational self “meeting” reality and growing with others. The Stone Center relational perspective on human experience posits that, optimally:

1) we grow in, through, and toward relationship;
2) for women, especially, connection with others is central to psychological well-being;

3) movement toward relational mutuality can occur throughout life, through mutual empathy, responsiveness, and contribution to the growth of each individual and to the relationship (Jordan, 1983; Kaplan, 1983; Miller, 1984, 1986; Stiver, 1984; Surrey, 1985).

Moving away from the primacy of the "intrapsychic self" in no way suggests that there is not a real inner life characterized by organization, a sense of personal history, feelings, expectations, and internal representations of self and other. From a relational perspective the movement of relating, of mutual initiative and responsiveness, is the ongoing central dynamic in people's lives. A psychology of relationship goes beyond the dualities of intrapsychic versus interpersonal, selflessness versus selfishness, altruism versus egoism (Jordan, 1988).

Our perspective emphasizes that in growth-enhancing relationships people take mutual responsibility for relationships and provide the means for each other's development. One client summarized the importance of both people caring for the relationship: "There is Len, me, and the relationship. When I feel that he is paying attention to the relationship, it feels so much better. Usually, I carry that by myself." Another woman, in the middle of a fight with her husband in which both were escalating hurtful remarks and in which she was feeling victimized, suddenly stopped and said, "Wait a minute, who's the real victim here?" and found to her surprise that her transforming answer was, "the relationship." When both people share a respect for and desire to nurture the relationship, mutuality is created.

Piaget's theory of adaptation, comprises accommodation and assimilation and provides one model of the dynamic of relationship (1952). Our internal images, expectations, and organizations of experience change to accommodate newness in our surroundings, and we later change what we take in during the process of assimilating it. Ideally, growth occurs through mutual initiative and responsiveness in relationship, what we might call mutual accommodation and assimilation. Responsiveness to other individuals, as well as having an impact on them, leads to our own growth.

As therapists, we stress the development of relational awareness and an interest in the movement of relationship, not just attention to self and other. With a real appreciation of the "ongoingness" of a need for connection, we will cease infantilizing needs for intimacy, tenderness, nurturance, and deep involvement in relationship. The shift from pathologizing the powerful motivation for connectedness to honoring it, produces a marked change in the way we undertake therapy. It would be like taking all the popular books about women, like, Women Who Love Too Much, or Men Who Hate Women and the Women Who Love Them and retitling them: The Courage to Love, The Power of Taking Responsibility for Relationship, or Women Who Care Enough About Relationships to Buy Thousands of Books on the Subject.

What is relational therapy?

Writing about Dora, Freud suggested that in therapy, "I set myself the task of bringing to light what human beings keep hidden within them" (1905/1959). This is another way of saying that one attempts to make the unconscious conscious or, "Where id was there shall ego be."

In the Freudian model of therapy, there should be a decrease in intrapsychic conflict, with a subsequent increase in exercise of will and autonomy. There is also an increasing internalization of function and structuralization leading to greater interpersonal independence. The interpretative activity of the analyst should cause a lifting of repressions, bringing the unconscious to light. In object relations theory if a "good enough" holding environment is provided, the "real self" will emerge (Winnicott, 1971). In Kohut's unidirectional model the empathic therapist, used as a self-object, provides a function for the derailed narcissistic development of the individual, ultimately leading to increased internal capacity for self-esteem regulation (1984). In all these models the transference is honored and observed, but the actual engagement in the therapeutic relationship is paradoxically aloof and counterrelational.

I would like to suggest that the most obvious and overlooked event in therapy is that when one brings oneself more fully and clearly into relationship, one enhances self, other, and the relationship. One increases one's capacity to be more whole, real, and integrated in all relationships; split-off energy begins to flow back into connection. Here I include relationships with people, nature, material objects, and work. In the following discussion I will not focus on matters of technique so much as a change in attitudes and understanding. These guide the practice of therapy so that the perspective shifts from one of control and self-sufficiency to one of relatedness and movement. The core relational goals are: increased