Relational-Cultural Theory, Body Image, and Physical Health

The work of the Stone Center has called attention to the pivotal role relationships play in psychological well-being (see Jordan, 1997a; Miller, 1976; Miller & Stiver, 1997). The development of the Relational-Cultural theory by scholars at the center offered an alternative model to women’s psychological development and contributed to a paradigmatic shift. At the core of this shift lies the questioning of the dominance of the concept of “self” in traditional Western psychology (e.g., Klein, 1946; Kohut, 1984; Winnicott, 1958), that viewed the individual as a separate entity existing in isolation, and contributed to the elevation of the process of separation-individuation as the pivotal goal of human development. This traditional perception of the self was scrutinized by the relational-cultural theorists, as it stood in stark contrast to research documenting the importance of social supports and relationships to well-being, particularly in women’s lives (e.g., Boyce, Harris, Silove, Morgan, Wilhelm & Hadzi-Palovic, 1998; Bryant, 1985; Warren, 1997). Whereas, most traditional psychological theories emphasized separateness and agency, the relational-cultural model emphasizes the centrality of connections in women’s lives. It focuses on ongoing growth-fostering relationships as critical to women’s development (Jordan, 1986; Surrey, 1985). The process of growth is viewed as a relational process, which is based on differentiation and elaboration rather than disengagement and separation (Surrey, 1985). Central to this perception is the principle of mutuality. According to Jordan (1986) mutuality involves “openness to influence, emotional availability, and a constantly changing pattern of responding to and affecting the other’s state” (p. 1). Mutuality does not mean sameness, but rather is the process of being open to affecting as well as being affected by others (Jordan, 1986).

Relational-cultural theorists have identified three central characteristics of growth-fostering relationships, which include mutual engagement (as defined by perceived mutual involvement, commitment, and attunement to the relationship); authenticity (the process of acquiring knowledge of self and the other and feeling free to be genuine in context of relationships); and empowerment/zest (the experience feeling personally strengthened, encouraged, and inspired to take action) (Jordan, 1992, 1997a; Miller & Stiver, 1997). Recent research has documented the association between relational health and measures of well-being. Higher levels of relational health were correlated with lower levels of depression, perceived stress, and loneliness as well as increased self-esteem (Liang, Tracy, Taylor, Williams, & Jordan, 2002).

The relational-cultural model emphasizes the context in which we live and places great importance on the effect cultural and social processes have on development (Walker, 2004; Walker & Miller, 2004). The model further suggests that disconnections can occur around diversity; racism, sexism, heterosexism, classism, and ageism all play a major role in shaping that context (Jordan, 1997b). The model differentiates between acute and chronic disconnections. Acute disconnections can serve as a way to protest when one is wronged- if the less powerful person is able to represent her experience and be responded to by the more powerful party, trust is enhanced and growth in the relationship is facilitated. Chronic disconnections, on the other hand, represent continued violation of an individual, in which her voice is not heard, she is silenced and is forced to hide/disavow parts of herself in order to remain in the relationship. Whereas, acute disconnections are a vital part of growth-fostering relationships, chronic disconnections contribute to the development of inauthentic representation of experience, and often lead to painful feelings of shame which represent the loss of empathic attunement (Jordan 1997b). This vicious cycle frequently results in isolation which according to Miller (1988) lies at the heart of most human suffering. In the current paper we wish to explore another potential source of disconnection—that of women’s disconnection from their bodies.
Girls’ and women’s relationship with their bodies has gained great attention in recent years (e.g., Tolman, 2002; Gilligan, 2003). Social construction theory offers an important viewpoint on the impact social concepts such as femininity and masculinity play in shaping and organizing appropriate behaviors, practices, identities, emotional experiences, needs and desires of both sexes. Femininity is linked to a focus on others and connectedness, with attributes such as gentleness, submissiveness, dependency, and emotionality, whereas masculinity is linked to a focus on the self and separation, with attributes such as aggressiveness, dominance, independence and rationality (Bem, 1974, 1975, 1977; Eagly, 1987; Brody, 1999; Gergen, 1985; Spence & Helmreich, 1978, 1979, 1980). Gender role theorists and social constructivists further argued that social roles, i.e., the functions people perform in relationships, shape their personality characteristics and self-construals, particularly gender-role related characteristics (Eagly, 1987; Brody, 1999). For example, men’s roles as providers are thought to enhance their masculine identity and characteristics whereas women’s roles as caretakers are thought to enhance their feminine identity and self-construals (see Brody, 1999). Although recent research has supported the idea that feminine and masculine characteristics are orthogonal, with individuals of both sexes characterized by differing levels of each (Bem 1974, 1975, 1977, Helgeson & Fritz, 1999, 2000; Helgeson & Lepore, 1997; Spence & Helmreich, 1978, 1979, 1980) women tend to score higher on femininity scales whereas men tend to score higher on masculinity scales (Helgeson & Fritz, 1999, 2000; Helgeson & Lepore, 1997). One of the negative and pervasive aspects of femininity ideology pressures women and girls to look at and evaluate rather than feel and experience their bodies (Bartky, 1990; de Beauvoir, 1961; Tolman & Porche, 2000). This disconnection from their bodies is encouraged by the impossible societal demands for standards of thinness and restrictions around sexual agency, which result in dissociation from embodied experiences and needs (Bartky, 1990; Tolman & Debold, 1993).

In the present study we examined the association between relational health and body image, as well as between relational health and general physical health. The nature of the study is exploratory, and its aim is to provide preliminary findings on the question at hand. Relational health was measured using the Relational Health Indices (RHI; Liang et al., 2002) which was developed to provide an empirical measurement of the three characteristics of growth-fostering relationships (i.e., engagement, authenticity, empowerment/zest) within peer, mentor and community contexts. To measure body image we used the Relation to Body subscale of the Femininity Ideology Scale (Tolman & Porche, 2000), which provides an empirical measure of women’s objectified relationship with their own body. Physical health was measured through subjective appraisal of one’s overall health. We hypothesized that higher scores on relational health indices would be related to improved body image, and better physical health.

**METHOD**

**Participants**

This is a secondary analysis of data from the Liang et al. study (2002) co-directed by one of the present study authors. For that study, 850 first- and senior- year students at a small women’s liberal arts college in the Northeast were surveyed near the end of the Fall semester. Four hundred fifty students returned the survey, a 53% response rate. Participants’ age ranged between 17 to 23 years (M=19, SD=1.5). Ethnic distribution of the sample was 58% white; 28% Asian/Pacific Islanders; 4.3% Black; 4.3% Hispanic; 1% native American; and 4% other backgrounds.

**Measures**

Relational Health Indices (RHI; Liang et al., 2002). This self-report measure consists of 76 items organized into three scales corresponding to the three characteristics of growth-fostering relationships, namely, engagement, authenticity, and