Work In Progress

Relational-Cultural Theory, Body Image, and Physical Health

Ora Nakash, Ph.D.,
Linda M. Williams, Ph.D.,
Judith V. Jordan, Ph.D.

Work in Progress

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Publications Office - Wellesley Centers for Women
Wellesley College, 106 Central Street, Wellesley, MA 02481
Phone: 781-283-2510   Fax: 781-283-2504

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Ora Nakash, Ph.D.
Linda M. Williams, Ph.D.
Judith V. Jordan, Ph.D.
Stone Center
Wellesley Centers for Women

$\mathcal{A}$bstract

In the current paper we sought to expand the relational-cultural model by drawing attention to the dialectic between the relationship with one's body and connections to others while providing preliminary findings on the association between relational health, body image and physical health. The findings of the current study showed that higher levels of relational health were marginally associated with improved body image, as well as higher levels of overall physical health. The results provide some support for the hypothesis and suggest that being attuned to embodied experiences facilitates a more authentic existence, and promotes growth-fostering relationships, which may in turn improve attunement to bodily processes.

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 principal 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 that feel and experience their bodies (Bartky, 1990; de Beuavoir, 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

empowerment/zest. Since recent research suggests that peer, mentor and community relationships contribute to positive outcomes in women's lives and have differential impact on women's adjustment, separate indices were developed by Liang and her colleagues to reflect the three contexts (2002). Twenty three items were designed to assess peer relationships (RHI-P), 25 to assess mentor relationships (RHI-M), and 28 to assess community relationships (RHI-C). The items were rated on 5-point Likert- scales (1=never to 5=always), with a high mean on the composite score on each of these indices corresponding to a high degree of relational health in the context of peer, mentor, and community relationships. Support for the construct validity of the measure was established through moderately high correlations between the RHI subscales and the Mutual Psychological Development Questionnaire (MPDQ; Genenro, Miller, Surrey & Baldwin, 1992), and the Quality of Relationships Questionnaire (QRI; Pierce et al., 1997). In the current study we were particularly interested in peer and community relationships as they directly pertain to the research question.

Femininity Ideology Scale (FIS; Tolman & Porche, 2000). This self-report measure consists of 20 items organized into two scales: experience of self in relationship with others and relationship with one's body. The items are rated on 6-point Likert- scales (1=strongly disagree to 6=strongly agree). Of particular interest to this study was the relationship with one's body scale which included

statements like: "I feel comfortable looking at all parts of my body: and "I often wish my body was different." Alpha coefficients for the FIS scales are high (.81) for both scales as measured for first year college site (Tolman & Porche, 2000). Support for the construct, discriminant, and concurrent validity of the measure was established (see Tolman & Porche, 2000). More specifically, support for the relationship with one's body scale was established through moderate to strong correlations between the scale and the appearance evaluation subscale of the Multidimensional Body-Self Relations Questionnaire (MBSRQ; Brown, Cash & Milkulka, 1990), and the body image subscale of Self-Image Questionnaire (SIQYA; Petersen, 1980). Lower scores on the scale represent better relationship with one's body.
Physical Health Rating. Participants were asked to rate their overall physical health for someone their age on a 5-point Likert- scales (1=very poor/not healthy to 6=excellent).

RESULTS

Participants who did not respond to at least 25% of the items within an index were excluded from analyses. Of the 450 respondents, 448 were included for the peer-related analysis, and 445 for the community related analysis.

Table 1 presents the correlations between RHI scores on the two indices, namely peer and community, which provide a total score across three subscales

Table 1.
Correlations between Relational Health Indices (RHI) and Body Image Subscale
 of the Femininity Ideology Scale (FIS), and Overall Report of Physical Health

N=445	Relation to Body Subscale of FIS	Overall Report of Physical Health
RHI peer total score	-.102	.130**
RHI community total score	-.137*	.184**

*p<.05; **p<.01.

(i.e., engagement, authenticity, empowerment/ zest) and FIS relation to body scale, and between RHI indices and report of physical health. Pearson R correlation revealed a significant negative correlation between RHI community total scale and FIS relation to body scale ($r = -.137$, $df=242$, $p<.05$). Although RHI peer total score was not significantly correlated with FIS relation to body scale ($r = -.102$, $df=242$, p=n.s.) the relationship between the scales was in the desired direction. In addition, RHI community and peer total scores were positively correlated with ratings of overall physical health ($rs=.184; .130$ respectively, $df=444$, $p<.05$).

DISCUSSION

The results marginally support our hypothesis and show that higher report of relational health was related to improved body image, as well as better report of overall physical health. The nature of the current study was correlational, which precluded the ability to draw cause and effect conclusions on the relationship between relational health and embodied experiences studied.

It is important to note that the purpose of this study was to provide preliminary findings on the question at hand, and more importantly to draw attention to the significance of exploring the dialectic between relationship with one's body and connections with others. An integral part of "representing your own experience in relationship" (Miller, 1986), is the representation and knowledge of embodied experiences. It is likely that better connection with one's body, and improved attunement to embodies processes would result in improved relationship with others, yet it is also likely that better relational health facilitates the ability to listen to one's body. Thus, we would like to suggest that connection with embodied processes, and connections with others enhance each other in a cyclical manner. Unfortunately, our study could not determine such important question due to the bidirectional nature of the results. Further research with better ability to shed light on cause

and effect processes is needed. Such research should examine the role unmitigated agency and unmitigated communion play in the association between embodied processes and relational health.

CONCLUSION

The goal of the present study was to investigate the association between relational health and body image and between relational health and overall report of physical health. The findings of the current study supported our hypothesis and suggested that higher report of relational health was correlated with improved body image, as well as better report of overall physical health.

The relational-cultural model has significantly contributed to a paradigmatic shift in the understanding of women's development (Jordan,1997a; Miller, 1976; Miller & Stiver, 1997). The importance of growth-fostering relationships which lie at the heart of the model is no longer pathologized as it had been in traditional psychological theories (i.e., Classical, Kleinean, Object-relations) but rather is claimed essential to women's development. In the current study we sought to expand the model, and talk not only of the quality of one's relationship with others, but also to draw attention to the importance of an individual's relationship to her own body. Being attuned to affective states, as well as sensory-motor experiences may facilitate a more authentic existence. In fact, "knowing" one's body, and being familiar with the embodiment of different emotional and experiential happenings are essential for engagement in mutual relationship with others. In other words, in order to act in the world, and develop growth-fostering relationships, we need to consider an existence that incorporates aspects of both attunement to one's embodied being as well as attunement to others. These aspects are inherently related to the concepts of agency and communion. The constructs of agency and communion were developed by Bakan (1966) to reflect two

fundamental modalities of human existence. Agency is linked to a focus on the self and separation, whereas communion is linked to a focus on others and connectedness. Bakan (1966) proposed that agency and communion should ideally be integrated within an individual. Further, the work of Bem (1974a, 1975, 1977) and Spence (Spence & Helmreich, 1979; Helmreich Spence & Holahan, 1979) supported the idea that agentic/instrumental and communal/expressive characteristics are orthogonal, with individuals of both sexes characterized by differing levels of each.

Bem's work (1974a, 1975, 1977) suggested that androgynous individuals (characterized by high levels of both agency and communion) were able to adapt flexibly to their environments as they could freely engage in both masculine and feminine behaviors, which allowed them to adjust to the changing demands of their surroundings. Recent work suggests that without the counterbalancing effect of the existence of both agency and communion, psychopathology may emerge (Bruch, 2002; Fritz & Helgeson,1998; Helgeson, 1994; Helgeson & Fritz, 1999, 2000; Piro, Zeldow, Knight, Mytko, & Gradishar, 2001). When individuals are characterized by unmitigated agency (a focus on the self to the exclusion of others), they are more apt to have negative interactions with others, low self-esteem, psychological distress, and health problems. This stands in contrast to the characteristics of individuals with moderate levels of agency, who tend to have high self-esteem and reduced psychological distress (Helgeson & Fritz, 1999, 2000; Helgeson & Lepore, 1997). Similarly, individuals with unmitigated communion (who focus on others to the exclusion of the self) are characterized by negative interactions with others, psychological distress and depression, in contrast to those who have moderate levels of communion, who tend to provide and receive interpersonal support (Fritz & Helgeson, 1998; Helgeson & Fritz, 1999, 2000). Although both unmitigated agency and unmitigated communion are related to problems in maintaining satisfactory interpersonal relationships, the nature

of these difficulties can vary. The individual characterized by unmitigated agency has a negative view of others, and tends to be cold and dominant. The individual characterized by unmitigated communion is overly nurturing and intrusive. It is important to note that women are more likely than men to score high on unmitigated communion whereas men are more likely than women to score high on unmitigated agency (Fritz & Helgeson, 1998; Helgeson & Fritz, 1999, 2000). Further exploration of the dialectics between one's relationship with her embodied self and one's relationship with others may shed light on the high prevalence of women who are found to manifest unmitigated communion.

Perhaps, a promotion of a truly mutual and authentic relationship which is essential to growth-fostering relationships requires developing an internal awareness of oneself (including affective, cognitive, and sensory-motor experiences). Being overly attuned to relationship with others may mask a disconnection from oneself, hence leading to a non-mutual non authentic-relationship. This internal awareness does not exist in a vacuum (as may be inferred by Bakan's concept of agency), but rather is continuously being affected and is affecting specific interactions between discrete persons in specific contexts. Holding on to the tension between the awareness inward and outward may serve as a guide to growth-fostering relationships. Perhaps a movement toward a more dialectical approach that speaks of the simultaneous awareness of one's inner experience (affectively, cognitively and bodily) and one's relationship to others should be considered. Thus, instead of speaking of a linear progression from disconnections to connections, we should explore the paradox of the simultaneous existence of connections and disconnections which is specific to any situation and any dyad in any given moment.

Gaining better understanding of this dialectic may shed light on important developmental tasks women face. For example, this exploration could potentially enhance our understanding of questions related to female sexuality, which are particularly

important in view of recent research indicating the prevailing societal norms and pressures silencing female sexuality and desire (Tolman, 2002; Gilligan, 2003). Finding a voice for embodied experiences of desire and sexuality is crucial in helping young girls and grown women to establish a more authentic being in the world, which includes all aspects of their existence (see also Jordan, 1987; Notman, 2003; Tolman & Diamond, 2001).

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