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Work In Progress

Relational-Cultural Practice: Working in a Nonrelational World

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Jean Baker Miller Training Institute
at the Wellesley Centers for Women

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Work in Progress

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Relational-Cultural Practice: Working in a Nonrelational World

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Abstract

While more and more clinicians are practicing a relational-cultural approach to therapy, many work in settings that continue to reinforce the normative values of separation and disconnection. Consequently, practitioners face the challenges of helping clients heal and grow-through-connection while navigating work settings that are all too often professionally disempowering, disconnecting, and isolating, i.e., "cultures of disconnection." This paper begins a conversation about the complexities of practicing Relational-Cultural Theory in nonrelational work situations and explores new possibilities for creating movement and change in these settings.

This paper is based on a presentation that was a part of the 2001 Summer Advanced Training Institute sponsored by the Jean Baker Miller Training Institute

We would like to think that most clinicians work in settings that are receptive to relational approaches to therapy, environments that explicitly or implicitly value the qualities of growth-fostering relationships, mutual empathy, mutuality, authenticity, where clients and clinicians regularly experience aspects of the five good things described by Jean Baker Miller (1986): zest, empowerment, clarity, sense of worth, and a desire for more connection. However, we know that many clinicians have had to be relational-cultural trailblazers, bringing Relational-Cultural Theory (RCT) into their practice of therapy, into their interactions with families and communities, into their interactions with colleagues and supervisors, and into their interactions with organizational systems. Unfortunately, most of these contexts rest on traditional theories of psychological development that suggest that healthy development follows from an evolving process of separation from relationships. As a result, these environments reinforce and reward practices that promote the development of a separate self, rather than practices that encourage relational development or growth through connection.

Judith Jordan (1997) observes that, "Normative socialization teaches that we are safer and stronger if we can exist without needing relationships" (p. 2). Normative socialization—in alignment with traditional models of psychological development—propagates the values of separation from relationship, competitive individualism, hyper-independence, and self-sufficiency (Jordan, 1999). RCT offers a new view of development, proposing that people grow through participation in mutually empathic, mutually empowering relationships. This view is supported by a substantive body of research that shows that engagement in supportive relationships throughout one's life enhances development and strengthens resilience (Spencer, 2000; Hartling & Ly, 2000). Nevertheless, most Relational-Cultural Practioners

live and work in environments that are rooted in the values of the dominant, separate-self paradigm, which perpetuates the view that independence and separation from relationship are the ultimate goals of development (Cushman, 1995; Putnam, 2000).

Taking a relational-cultural approach to therapy while working in settings that valorize separation challenges us to exercise professional and personal courage, the courage to pursue a vision of growth through connection, not only in our interactions with our clients, but also in our interactions with colleagues, supervisors, administrators, and other service providers. By taking a relational-cultural approach, we are committing ourselves to critically analyzing and transforming the systems of power, domination, subordination, and stratification that impede the health, growth, and development of all people.

In this paper we will explore some of the obstacles and opportunities associated with being a Relational-Cultural Practitioner working in nonrelational settings. Specifically, we will 1) discuss a four-step model for strengthening our resistance and resilience, 2) examine three challenging examples of nonrelational working situations, and 3) identify ways to begin transforming nonrelational practices into opportunities for creating constructive change or growth through connection.

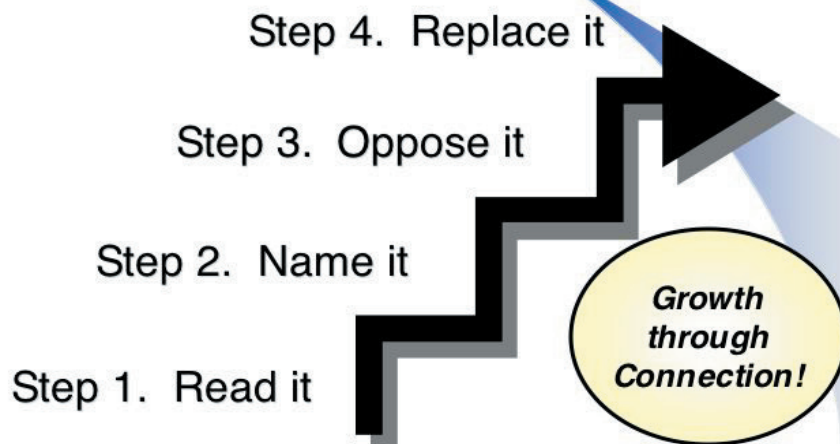
Of course we would like to offer Relational-Cultural Practioners a complete and comprehensive roadmap to optimal workplace resilience, if such a plan existed. We would like to be able to divulge "The Seven Highly Effective Habits of Successful Relational-Cultural Therapists." But, rather than offering simplistic solutions to complicated problems, we invite readers to view this paper as the start of an ongoing conversation about the challenges, complexities, and promising potential of practicing RCT in nonrelational settings. Furthermore, to begin our discussion, we encourage readers to approach this topic by adopting the perspective of a "visionary pragmatist" (Collins, 2000). Visionary pragmatists hold the vision of what is possible while realistically addressing the obstacles that impede their efforts to create change. For our purposes, this means holding the vision of growth through connection while acknowledging and responding to the obstacles to connection, the forces that reward and reinforce disconnection and separation in our workplace settings.

A Framework for Building Healthy Resistance and Resilience

In her book, The Skin We're In, Janie Ward (2000) describes a four-step model for fostering healthy resistance and resilience in African American adolescents confronted with the painful and pervasive realities of racism. Ward's model provides a method for developing constructive responses to the daily dilemmas and pernicious experiences associated with being a target of racism. In this paper, we will adapt Ward's model as a framework for strengthening our resistance and resilience as Relational-Cultural Therapists working in nonrelational settings. Nonrelational settings are environments that privilege separate-self values, settings that discourage or suppress the conditions that facilitate the development of growth-fostering relationships, that impede mutual empathy, mutual empowerment, movement toward mutuality, and authenticity. Adapting Ward's model, we can take the following steps to strengthen our resilience as Relational-Cultural Therapists working in nonrelational settings (See Figure 1):

1. **Read it:** Clearly assess the context in which we are practicing a relational-cultural approach to therapy. This involves critically evaluating the possible risks associated with taking this approach in our specific working situations.
2. **Name it:** Name the practices that promote or impede our efforts to be effective relational practitioners.
3. **Oppose it:** Identify healthy options for opposing nonrelational practices.
4. **Replace it:** Take action to replace nonrelational practices with practices that foster constructive change, growth, or healing through connection, transforming practices that foster disconnection and isolation.

Each of these steps opens a door to new possibilities for understanding and effectively addressing the challenges of working in nonrelational settings. However, it is important to note that this model was not designed to be implemented in isolation. One must have a system of support established before engaging in these steps. As always, relational practice and action work best when one connects to a group of trusted colleagues or a community of people who understand the value of relational approaches to therapy. With the help of supportive connections, we can strengthen our resilience and begin to effectively formulate ways to transform nonrelational practices utilizing these steps.



(Figure 1: Based on a model developed by Janie Ward, 2000)

Step 1: Reading Our Working Situations

How do we accurately read or assess the relational or nonrelational characteristics of our work situations? One approach is to look for the outcomes of growth-fostering relationships that should be evident in relational settings and absent in nonrelational settings. If we are working in an environment that is moving in a relational direction, an environment that values growth-fostering connection, we and others should experience aspects of the five good things, including increased energy for the work we are doing, empowerment to take action on behalf of our clients, increased clarity and knowledge about others and ourselves in our work setting, increased sense of worth with regard to ourselves and others, and a desire for more connection to others in these work situations (Miller, 1986). We might describe relational settings as cultures of connection, cultures that explicitly or implicitly support growth through relationship, mutual empowerment, responsiveness, authenticity, and movement toward mutuality. Relational work settings are not conflict free or characterized by perfect, continuous connection. Disconnections and conflicts are natural parts of the "ebb and flow" of relationships found in all settings (Miller & Stiver, 1994). In fact, disconnections and conflict are essential contributors to change and growth in relationships. However, in contrast to nonrelational settings, relational settings foster the conditions that encourage people to work through disconnections and conflict, creating opportunities for constructive change in the relationship.

If we are working in situations that are moving in a nonrelational direction, we probably experience the opposite of the five good things, which might include 1) diminished energy for the work we are doing, 2) feeling disempowered or stifled in our ability to take action on behalf of our clients, ourselves, or others, 3) less clarity and more confusion about others and ourselves, 4) diminished sense of worth, and 5) a desire to withdraw from or defend against relationships in these settings. We might describe nonrelational settings as cultures of disconnection, cultures that primarily operate on the values of the separate-self paradigm, e.g., competitive individualism, self-sufficiency, or where relational practice is devalued, discounted, or ignored. Some cultures of disconnection exhibit rigid systems of dominant-subordinate, power-over relationships sustained by covert or overt efforts to shame, blame, silence, or isolate subordinates who question the power-holders or the power structure. Other workplace cultures may provide a facade of connection, while missing essential ingredients that facilitate authentic connection and growth, such as embracing conflict for constructive change. Still other work cultures may foment an atmosphere of disconnection by inflicting excessive, relentless demands on everyone in the culture. As a result, all relational energy is cannibalized by overwhelming caseloads, inadequate resources, or constant crises.

It is important to remember that the descriptions of relational and nonrelational settings outlined in this paper represent simplified generalizations of complex, multilayered, multidimensional workplace dynamics. By using the terms relational and nonrelational, we risk falling into the trap of binary thinking (Walker, 2002), inappropriately reading work settings as either relationally "good" or relationally "bad." This type of thinking will derail our efforts to create constructive change. All work situations involve complex sets of relationships and these relationships manifest a

spectrum of relational strengths, weaknesses, and struggles in varying degrees at various times. Rather than classifying our work environments in binary terms, we can honor and embrace the complexities of our work situations and, as in therapy, we can focus on the movement in relationship, movement along a continuum of connection (See Figure 2). In addition, just as we can use our relational skills to read and respond to the complexities of working with a wide range of challenging clients, we can use our relational skills to read and respond to the complexities of working in a wide range of challenging environments. We can use our skills to become aware of and empathic with the strategies of survival (i.e., strategies of disconnection; Miller & Stiver, 1994) that are triggered in ourselves and others when working in difficult settings, and use these insights to begin to facilitate movement or constructive change in these work environments.

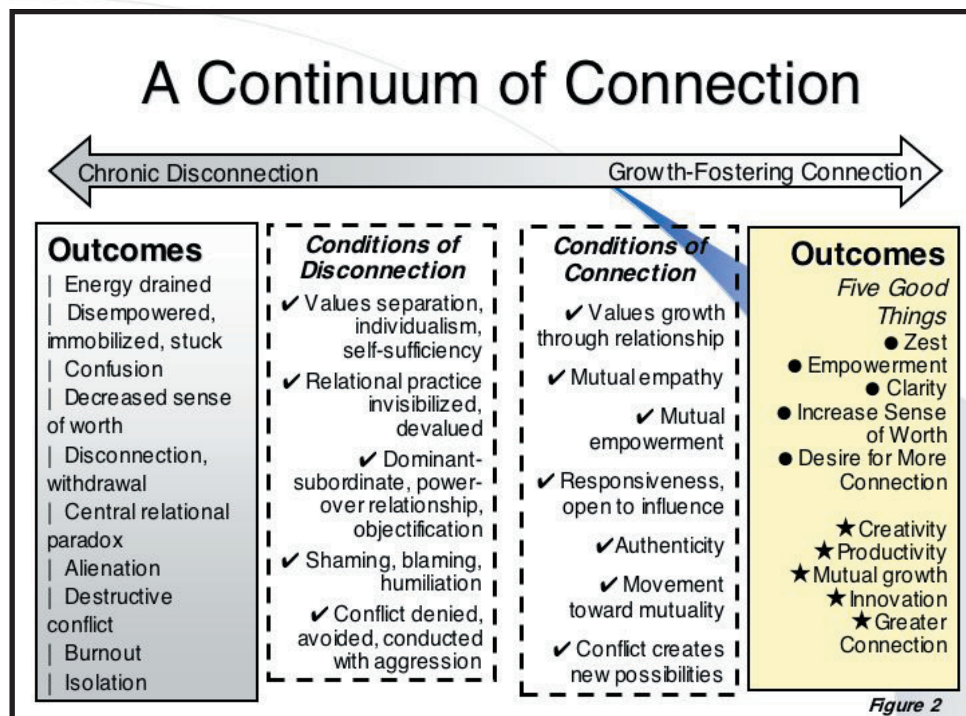


Figure 2

For example, a newly employed clinician at a substance abuse treatment center became aware of many practices in her clinic that routinely left her and her colleagues in varying states of disconnection and isolation, including a rigidly hierarchical administration that appeared to limit collaboration, dialogue, and interaction among clinicians, supervisors, and administrators; that kept all employees under constant surveillance, and withheld information regarding difficult situations that occurred within the agency. After several months of observing these practices, this clinician learned about a devastating event that may have triggered or intensified this organization's climate of disconnection. In the year prior to the clinician's employment, the director of the agency committed suicide. The discovery of this information helped the clinician determine that a number of the nonrelational practices she observed were strategies of survival (Miller & Stiver, 1997) adopted in response to the unspeakable loss of a beloved leader, a disaster that left the surviving administrators feeling helpless, depressed, or ashamed of their inability to prevent the tragedy. This information proved essential for the clinician to empathize with nonrelational practices, in this case organizational strategies of survival, and begin to formulate resourceful and relational responses to this challenging work environment.

Step 2: Name the Practices that Promote or Impede Connection

If we can clearly read the complexities of the situations in which we work, we can begin to name the practices that promote or impede our ability to be effective Relational-Cultural Practioners in various work settings. Today, many therapists work in multiple settings, or work cultures defined by numerous social, political, and professional influences. Each situation demonstrates specific configurations of relational and nonrelational practices unique to that particular setting. To explore some of the practices that occur in these work settings, we will examine three generalized types of work cultures that reflect nonrelational practices:

1. Hierarchical cultures that depend on rigid stratification and power-over maneuvers to manage and control individuals.
2. Pseudo-relational cultures that appear to value relationships, while failing to establish essential practices that promote authentic connection.
3. Survival cultures that are consumed by chronic crises and distress.

Again, we can note that these three classifications are over generalizations of real work situations, yet they provide a starting point to begin our discussion of the challenges and opportunities for change that can be found in these types of working environments.

Hierarchical Cultures

We are likely to encounter hierarchical cultures in academic settings, hospital settings, research institutions, and other professional organizations that have traditionally supposed that optimal workplace productivity is achieved through managing, directing, and controlling subordinates. Traditional hierarchical cultures reflect highly stratified, dominant-subordinate, one-way (i.e., nonmutual) relationships, where information and influence flow from the top down. These organizations reward and glorify individual achievement—acquired through applying power-over others—and undervalue or "invisibilize" relational practices that are essential to effectively completing the work in these settings, such as collaborative action, power-with others, open communication, relational awareness, mutual responsiveness, etc. (Fletcher, 1999). Often, dominants control subordinates by employing power-over maneuvers, such as covert or overt shaming, blaming, silencing, or isolating those who question the system or the power-holders. In particular, they manage and discourage conflict through these maneuvers. Jean Baker Miller (1976) observed, dominant-subordinate systems simultaneously suppress, deny, or avoid conflict and create the conditions that produce conflict. As a result, conflict is regularly submerged and thus perpetuated in hierarchical cultures.

Within these settings, subordinates may adopt various strategies of survival that allow them to sustain working relationships by keeping substantial parts of their experience out of relationship with those who hold power over them. RCT terms this phenomena the central relational paradox (Miller & Stiver, 1997). In order to keep the relationships that are available, individuals keep significant parts of their experience out of relationship. For example, a clinician may adopt the strategy of avoiding honest discussions about difficult client issues because her supervisor has used his power over her to shame or degrade her. In another setting, a scholar may sacrifice her interest in collaborative research efforts to satisfy a hierarchical academic structure that rewards individual achievement and single authorship, and devalues collaborative research.

In these cultures, clinicians must use significant energy to navigate and respond to expectations or the demands of the hierarchy and protect themselves from exposing their vulnerabilities to possible criticism or attack. The following vignette offers an example of the challenges of being a Relational-Cultural Practitioner in a hierarchical setting.

Vignette: A Hierarchical Culture

Paula is a staff psychologist at a private psychiatric hospital (The West Side Institute) located in a prestigious suburb near Chicago. She is a recent graduate from a well-known counseling psychology program, and this is her first job as a licensed psychologist. During her doctoral training, Paula developed expertise in a relational-cultural approach to therapy, and specialized in working with women who had histories of childhood and adult sexual abuse. She was very excited about securing the job at the West Side Institute because they had a Women's Unit that was based on the tenets of the Relational-Cultural Model. Paula was overjoyed that she would finally work in a setting that understood, valued, and practiced a relational approach.

About two years after Paula joined the staff at the Institute, a number of problematic situations occurred that caused her a great deal of distress. For the last few months, she had been having difficulty with some of the decisions that the new Medical Director, Dr. Jones, was making with regard to the management of patient care on the Women's Unit. Although Dr. Jones never articulated his feelings about the relational perspective directly to her, Paula overheard him telling a colleague that Relational-Cultural Theory was "just a lot of fluff." He seemed to strongly believe in and value the cognitive-behavioral approach to psychotherapy, and made it clear that he wanted the clinicians on the Women's Unit to strictly adhere to this theoretical perspective. Dr. Jones also didn't support the efforts being made by the Women's Unit staff to develop a milieu that would facilitate patient involvement in decision-making. He questioned many of the practices used in the milieu, and was critical of the time required for the necessary unit meetings and contact time among patients and staff that would make this sort of a milieu a reality.

The way in which power was handled within the Institute became quite clear to Paula. She knew that the medical director was responsible for all patient care within the hospital, and that he made all final decisions. Usually, Dr. Jones was willing to consult with the heads of the Psychology and Nursing Departments; however, this was strictly advisory and sometimes, he declined to take their advice.

After a particularly difficult meeting between the Women's Unit staff and the Medical Director, Paula approached the Chief Psychologist about her concerns.

She expressed her frustration with Dr. Jones' attitude and decisions, which she felt undermined the atmosphere of respect and mutuality that the staff on the Women's Unit were trying to establish. Although sympathetic, the Chief Psychologist felt that it was best to simply adjust to the decisions of the Medical Director and to structure the milieu on the unit according to his expectations.

Paula has accurately read her work situation (Step 1) and is aware that she is attempting to work in a relational way within a hierarchical system that is nonrelational (Step 2). She realizes that relational practice is devalued, and that conflict is both denied and avoided. Paula must figure out a way to increase the conditions of connection in her work environment, as she facilitates small movements towards mutuality.

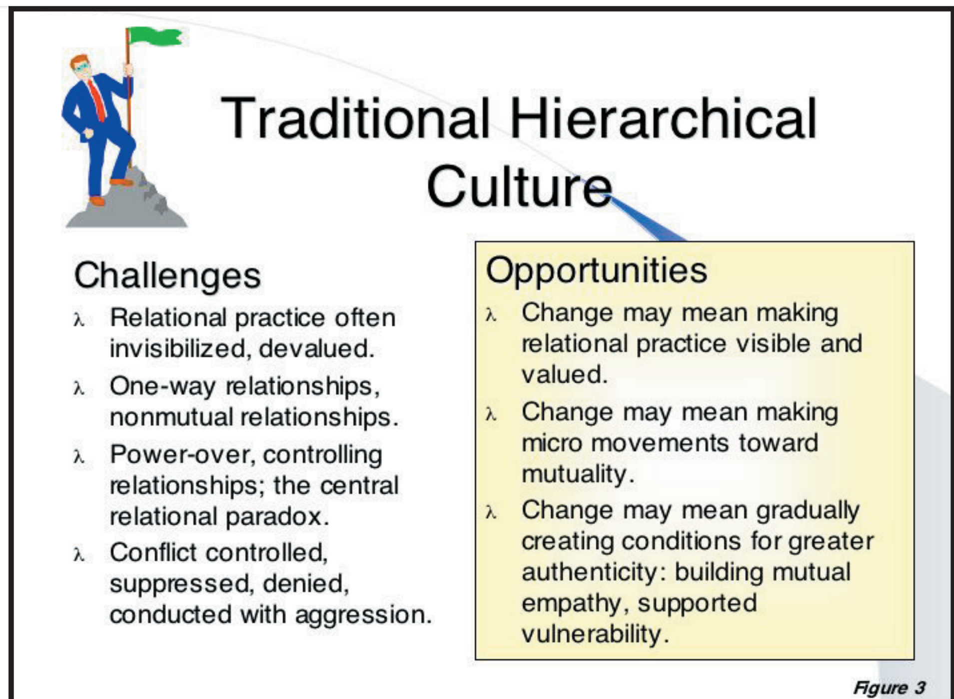


Figure 3

Opportunities for Change in Hierarchical Cultures

While there may be many opportunities for creating change in hierarchical cultures, Relational-Cultural Practioners must carefully consider the real risks associated with taking action to transform nonrelational practices in these settings (See Figure 3). In consultation with colleagues, practitioners can begin to think about relational possibilities for initiating change, which will improve the quality of the services she or he provides, benefiting clients as well as the organization as a whole. For example, creating change in a hierarchical culture may mean finding ways to make the value of relational practice more visible, such as demonstrating that effective relational practice can serve clients better—and in the end may save the organization money, time, or reduce the organization's risk of liability. Creating change may mean finding ways to make "micro" movements toward mutuality in relationships, helping the power-holders in the organization see that mutuality in relationships enhances communication within the organization preventing costly problems, improves client satisfaction, and/or increases employee job satisfaction and retention. Creating change may mean helping the power-holders in the organization see the value of creating conditions that allow all members of organization to honestly examine the challenges of the work they are doing, and foster conditions that encourage the staff to address difficulties or conflicts as opportunities for constructive change that will benefit the organization and the clients it serves. With the support of others, a Relational-Cultural Practitioner can assess the risks of taking action to transform practices in a hierarchical culture and tailor these actions to effectively create constructive movement in these settings.

Paula was concerned about taking too great a risk as she struggled to move her work environment towards greater connection and mutuality. Therefore, she chose strategies that were subtle, but which she felt would increase the visibility of the positive benefits of relational practice. Paula decided that she would work with the nursing staff on the Women's Unit to develop a Grand Rounds presentation describing how their unit facilitated patient empowerment. She also developed an evaluation project to study the effectiveness of the relational practice in reducing patient recidivism. She knew that if she could demonstrate empirically that relational practice was highly effective in reducing patients' symptomatology and increasing their ability to remain in the community (and therefore out of the hospital), the Medical Director and other clinical staff at the hospital would begin to appreciate the validity of this

approach. After two years of implementing these strategies for change, Paula's efforts were successful. She had finally gotten Dr. Jones to accept the validity of the approach. He now realized that relational practice not only improved treatment effectiveness, but it also enhanced the hospital's reputation. This ultimately translated into financial gain, which for Dr. Jones was the bottom line.

Pseudo-Relational Cultures

Some clinicians would describe their workplace cultures as generally "nice," that is, "relational" because people in the organization appear to value having good relationships and act accordingly. However, "being nice" should not be confused with, or used as a definition of, relational practice. Being nice is about being courteous or polite. Of course relational practitioners can be nice, but relational practice is not primarily about being nice. Relational practice is about working with the complexities of relationship, which include working through differences, disconnections, and conflicts, while holding and deepening the relationship. When clinicians engage in polite behavior without addressing differences or conflicts, the outcome can be an illusion of connection, rather than authentic connection.

Work environments that encourage polite, courteous forms of behavior without addressing differences, disconnections, or conflicts may be creating a pseudo-relational culture. A pseudo-relational culture can develop in workplaces that are sincerely concerned about the quality of human relationships, such as institutions with religious affiliations, community service agencies, grassroots organizations, and volunteer groups, where individuals in the organization make it a priority to have compassionate and caring in relationships with others. Unfortunately, the desire to have "nice" relationships at all times may foment an environment of superficiality, where people feel they must keep difficult aspects of their experience (e.g., disagreements, discussions of difference, conflict, etc.) out of the relationship to stay in connection. Again this situation illustrates the central relational paradox. Pseudo-relational cultures suppress, deny, or avoid differences and conflicts in order to maintain the illusion of connection. As a consequence, this type of culture can lead to the loss of authenticity, thus impairing the development of growth-fostering relationships.

Vignette #2: A Pseudo-Relational Culture

Susan, a psychologist with a background in substance abuse prevention, recently began working in a college counseling center at a small, but highly-regarded coed liberal arts college in the Midwest. The college, a church-based institution, had a history of producing outstanding academic achievement within a context of caring and compassionate interpersonal relationships. However, after a few years working at the college, Susan began to suspect that relationships were maintained at the "cost" of denying and avoiding any real conflict. It was a "culture of niceness" where the staff was discouraged from expressing strong differences of opinion or disagreements.

Like many academic institutions around the country, this college was experiencing the growing consequences of high-risk drinking on campus, including vandalism, disruptive behavior, injury accidents, interpersonal violence, sexual assault, and even alcohol poisoning. However, a casual, "boys will be boys" attitude existed in response to excessive drinking, and many students took pride in having their college identified as a "party school."

In particular, Susan observed that several faculty members knew about gatherings on campus where underage students were often engaging in high-risk drinking activities. These faculty members chose not to inform the college administrators about these gatherings, even though they knew that these parties were strictly against college policy and they were aware that an increasing number of students had been treated in the infirmary for alcohol-related accidents and injuries in recent years. In addition, some faculty members altered exam schedules to allow students extra time to recover from party weekends.

When Susan asked a prominent professor about faculty attitudes regarding the growing number of student alcohol-related problems on campus, he respectfully suggested that most of the faculty felt alcohol problems were not their concern. In other words, student services held sole responsibility for dealing with alcohol problems, and any attempts to change this practice—especially expecting faculty to be more actively engaged in preventing these problems—would only create irritation among the faculty, who feel overburdened by "more important academic issues."

Susan knew that existing practices typically left the counseling center in the position of cleaning up the wreckage left in the wake of high-risk drinking so she wanted to encourage more faculty and other staff members to collaborate to prevent alcohol problems on campus. However, she also knew that attempting to change existing attitudes and practices might trigger heated disputes about student alcohol use, disputes that rarely surfaced in this "culture of

niceness." Furthermore, she recognized that anyone attempting to change the status quo regarding alcohol use could quickly become discounted as a complainer, a prohibitionist, or simply a campus-wide "party-pooper."

Susan read some of the specific challenges in her work situation and began to wonder how she could begin to build bridges between faculty and other staff members that would contribute to efforts to prevent the consequences of high-risk drinking on campus.

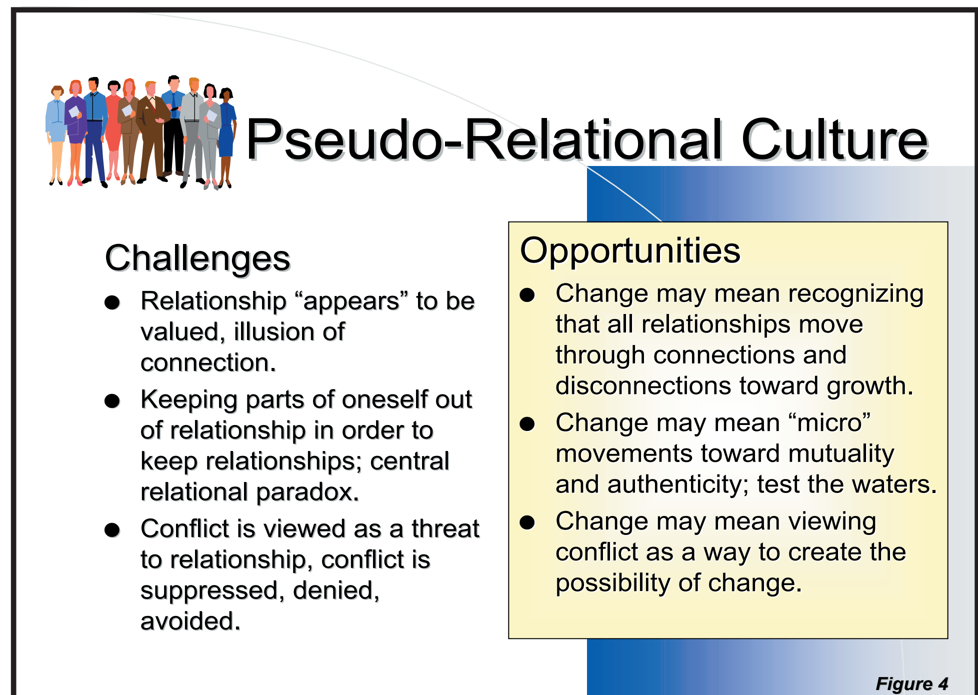


Figure 4

Opportunities for Creating Change in Pseudo-Relational Cultures

A pseudo-relational culture offers many potential opportunities for transformation because these cultures value relationships and healthy interactions, at least at a surface level (See Figure 4). In fact, avoidance of interpersonal struggles or conflict in a pseudo-relational culture may be indicative of the degree to which individuals in the culture value connection and fear losing relationships. In these settings, change may mean recognizing that all relationships move through connections and disconnections toward growth, recognizing the natural ebb and flow of relationships (Miller & Stiver, 1994). Change may mean making micromovements toward authenticity, finding constructive and safe ways to be real, especially with regard to disconnections or conflict. Irene Stiver suggested therapists can find something authentic to say in response to a conflict with a client that will move the relationship forward, by finding "one true thing" to say. Perhaps change in pseudo-relational cultures involves regularly finding "one true thing" to say when confronted with difficult interactions with others, a true thing that moves us and our organizations toward greater authenticity in relationships. Similar to hierarchical cultures, change may also mean helping others view conflict as a way to create new possibilities for change that will enhance services for clients or increase the effectiveness of the organization. Yet, once again, we need to work in alliance with others and weigh the risks when taking action in these types of settings.

Susan began her efforts to overcome the challenges of working in pseudo-relational culture by taking many small steps. First, she began to build alliances with professionals working in similar settings who were dealing with the same concerns and problems. This approach allowed her to gain new ideas for engaging faculty members in efforts to prevent substance abuse problems. Second, she identified and began to develop relationships with influential faculty members sympathetic to the issue. These faculty members could use their influence to attract additional involvement by other faculty members. Third, Susan invited student advocates to speak to their professors about the disruptions they had experienced as a result of alcohol or drug use on campus. The students asked their professors to support or participate in changes that would reduce these problems on campus.

These small steps began the process of breaking through the pseudo-relational culture of niceness, creating constructive change. Susan was successful in organizing a task force that included faculty, staff, and students to address the problem of alcohol use on campus. After two years of hard work by the task force, she was able to document that the incidences of acute alcohol poisoning and alcohol-related assaults among the student population were significantly reduced.

Survival Cultures

In the field of mental health, survival cultures may represent one of the most common forms of work cultures. In survival cultures, clinicians become chronically overwhelmed or overburdened by the demands of their jobs. Consequently, they may abandon relational behaviors, viewing them as unnecessary or as poor use of time. In these conditions, clinicians become nonrelational by default because the goal of the work is to survive the immediate crisis or complete the urgent task. In an attempt to respond to excessive demands, clinicians in these settings may adopt the nonmutual practice of self-sacrifice or selfless giving in a heroic attempt to meet the needs of their clients. Ultimately, self-sacrifice does not work. Perpetual self-sacrifice eventually takes its toll on the therapist, putting her or him on the path of illness, burnout, and other forms of personal or professional disaster. Community mental health agencies, social services, child protection agencies, and other community organizations coping with enormous caseloads and limited economic support can easily become survival cultures.

Vignette #3: A Survival Culture

Agnes is a psychotherapist who has worked for five years in the Mental Health Department of a community health center (The Heights), located in a low-income neighborhood of Philadelphia, Pennsylvania. Economic, racial, and social conditions create many problems for residents and they do not have the services and amenities that help many middle and upper-class people. The clients at the Heights are African American and Latino ethnic-minorities as well as Caucasians who live in two large public housing developments that are located near the clinic. Most of these families cope with a number of problems. The parents often have chronic medical conditions (such as diabetes, hypertension, HIV, substance abuse) and are not always fully compliant with medical follow-up. The families are generally large and at least one or more of the children have medical complications secondary to premature births: low birth weights, asthma, and/or prenatal exposure to toxic substances.

The families also experience a number of difficulties due to the environmental conditions within which they live. Violence is an everyday occurrence in the neighborhood, and a majority of the children have been either direct victims or witnesses to violent altercations on the streets. Domestic violence is also a significant problem, although many of the victims are reluctant to self-identify. Because of these family problems and environmental hazards, the mental health department staff treat many children who exhibit symptoms associated with post-traumatic stress disorder and attention deficit/hyperactivity disorder. They have behavioral, emotional, and learning problems and are typically involved with a number of different institutional systems.

Agnes has spent the last five years working with these children and their families. She has had a commitment to helping multiproblem, disenfranchised families for as long as she can remember. Agnes spent much of her graduate training learning how to provide culturally competent services to poor, ethnic-minority children, and generally feels very rewarded by her work at the Heights.

Over the last few years, Agnes' workload has gradually increased. The Heights has been facing serious financial difficulties, and the clinical director of the mental health department has experienced a lot of pressure from the executive director to balance the budget. For Agnes and the other clinicians, this has meant increasing their caseloads and cutting back on the non-billable hours (such as making collateral telephone calls or attending meetings with other providers on the cases). According to the clinical director, Agnes and her fellow clinicians have to do this collateral work in addition to keeping up with the weekly billable hour requirement.

Agnes was beginning to feel tired and drained at work. She likes her colleagues and they generally get along well. But everyone is so busy that they really never have time to sit down and talk to each other about their work. The department is supposed to have weekly staff meetings, however, many of the clinicians are too busy to attend, and even the clinical director often finds it necessary to cancel staff meetings in order to deal with other, more pressing, issues. Agnes prides herself in providing sensitive, effective psychotherapy to her clients, and she enjoys working from a feminist perspective. Nevertheless, lately, she has been feeling too tired and depleted to handle her caseload, and she just didn't know what she should do about the situation.

The mental health department at the Heights has become a survival culture. Agnes and her fellow clinicians are aware of the complications involved in trying to maintain relationships in their work setting, however, because of the stress involved in meeting their clients' multiple needs, there just doesn't seem to be sufficient energy left to do anything to change the situation.

Opportunities for Creating Change in

Survival Cultures

Survival cultures can be transformed into environments that support the well-being and growth of clients, as well as the clinicians who serve them. In these settings, change may mean helping administrators recognize that relational practice contributes to the overall effectiveness of therapy or reduces the likelihood that clients will need long-term or intensive forms of treatment (See Figure 5). The situation will begin to change once administrators and staff understand that the benefits of moving toward mutuality in relationships, which may include increased employee job satisfaction and retention, and reduced stress, burnout, and/or employee health care costs. Change can also occur through promoting collective action and organizing individuals to challenge the social/cultural/political devaluation of relational skills, which is manifested in our society as low salaries for mental health and social service employees, inadequate funding, and unrealistic demands on service providers. Unfortunately, working in a survival culture consumes so much time that individual clinicians rarely have energy to devote to changing the system. Consequently, connection, collaboration, and collective action may be the essential keys to transforming these environments.

Many of Agnes' coworkers became fed-up with the situation, and were leaving to take jobs at other agencies. Although tired and discouraged at times, Agnes wanted to continue her work at the Heights and hoped to find a way to move her work environment towards increased connection and mutuality. Agnes knew, however, that if she was going to stay, she needed more support. So she joined a peer supervision group comprised of like-minded clinicians where she could share the challenges and highlights of her work. She also wanted to become more actively involved in facilitating systemic-level change, so she joined the social action group within her professional organization that was advocating for increased funding for social services. These were small steps that Agnes took to sustain herself through this difficult period. She hoped that in time, the systemic-level changes she was working so diligently to bring about would make a difference in the work environment, not only at the Heights, but also at other community-based agencies servicing high-risk, low-income populations.

Step 3: Healthy and Unhealthy Options for Opposition

Whether we work in a hierarchical, pseudo-relational, or survival culture, or in some combination of these, we can begin to identify ways to oppose nonrelational practices that inhibits our being effective workers. The third step of our model involves identifying options for opposition. In particular, Janie Ward (2000) observes that there are healthy and unhealthy options for opposition. Depending on the context, unhealthy opposition results in pernicious disconnection, alienation, or isolation, resulting in harm to ourselves or others (See Figure 6). Unhealthy opposition may lead us to attack others or to become the target of attacks, such as harassment, humiliation, or other forms of persecution. Unhealthy opposition can increase our feelings of powerlessness and rage, which can trigger aggressive action in others and ourselves. Instances of workplace violence that have occurred over the last decade may be extreme examples of unhealthy opposition to nonrelational workplace practices.

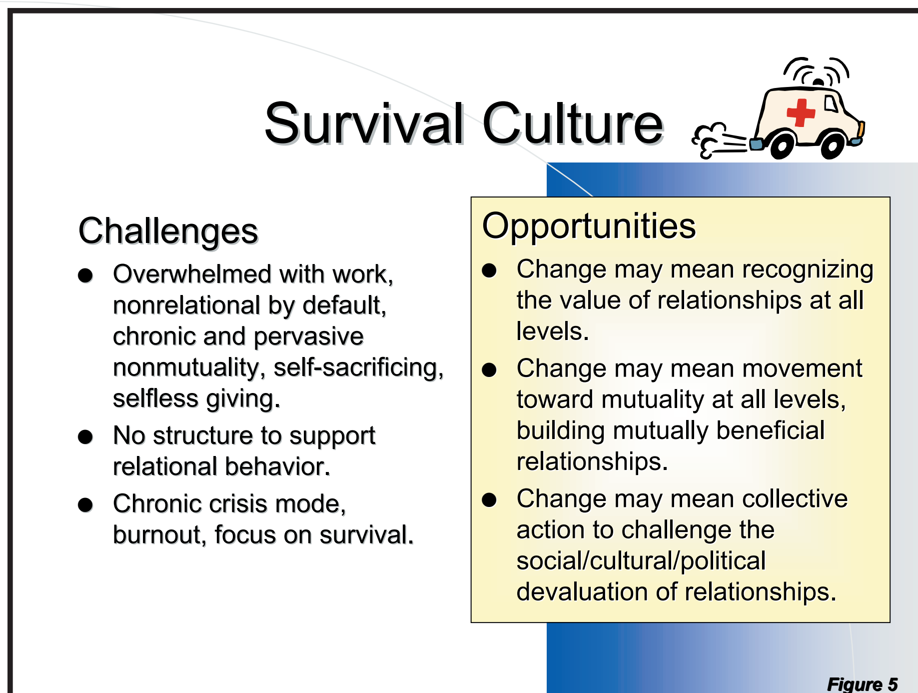


Figure 5

Ideally, healthy opposition leads us toward constructive movement and change. It can move us in the direction of growth-fostering relationships that enhance authenticity, mutuality, mutual empathy, and mutual empowerment for ourselves, our clients, and the organization in which we work. Healthy opposition also means "waging good conflict" (Miller, 1976), conflict that is respectful and empathic with those with whom we disagree, resisting the temptation to separate ourselves by degrading, dismissing, or objectifying them as human beings. Healthy opposition involves holding the potential or vision of connection in the relationship while creating the conditions in which movement, change, or growth can occur in the situation.

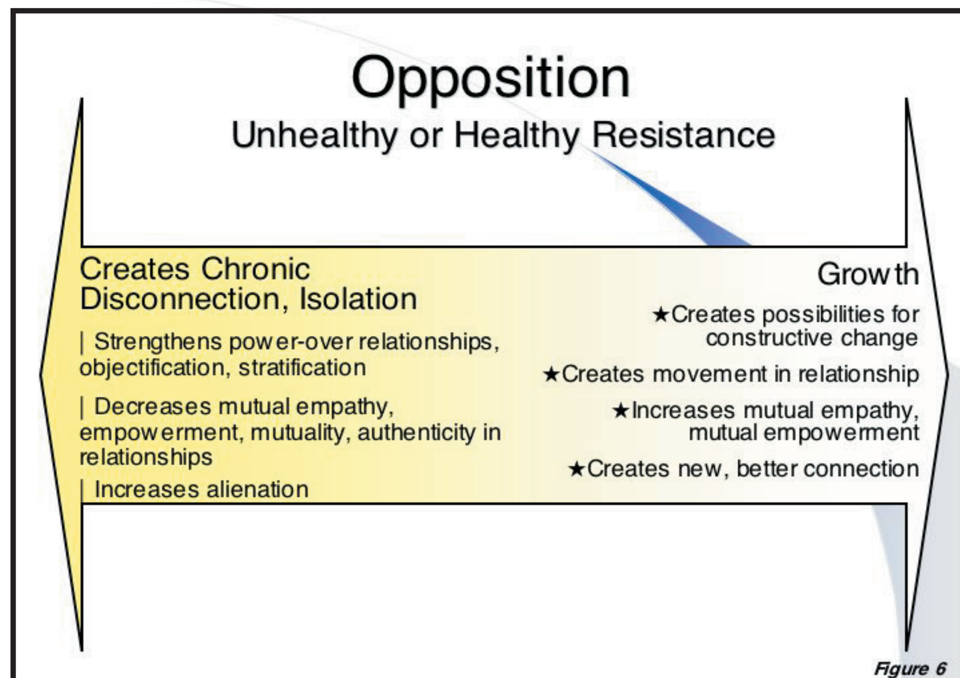


Figure 6

Joyce Fletcher (1999), who has explored the benefits of relational practice in the workplace, offers the four following strategies that exemplify healthy options for opposition. Some of these overlap with Janie Ward's recommendations (2000):

1. **Naming:** Calling attention to relational practices at work that contribute to the effectiveness of ourselves, others, and the organization.
2. **Norming:** Calling attention to the organizational norms that are not relational, norms that do not enhance the effectiveness of individuals, the services provided in the organization, or the organization.
3. **Negotiating:** Making others more aware of the value of the relational work and negotiating the conditions in which one can successfully do this work, emphasizing that relational work is real work and it benefits clients, the organization, and the bottom line.
4. **Networking:** Forming communities of allies to encourage and foster relational practice in the situations in which we work. As Fletcher states "Relational practitioners who have been made to feel inadequate, naive, or ashamed for their efforts to work in a context of mutuality, often find it difficult to 'know what they know'... A number of relational practitioners have found that forming a support group inside or outside the immediate work environment is helpful and empowering." (Fletcher, 1999; p. 130-131).

Fletcher's suggestions can help clinicians begin to formulate successful ways to transform nonrelational practices in their work settings. Judith Jordan (2002) offers several other helpful recommendations for opposing nonrelational practices and promoting systemic change, including increasing awareness of the process of disempowerment in organizations and developing a critical consciousness about internalized sources of oppression. One group of clinicians developed a critically-conscious, empowered approach to creating change that could be described as "collaborative complaining." This involved having members of a network of practitioners strategically take turns initiating conversations in staff meetings about nonrelational practices, practices that inhibited their ability to be effective therapists. By taking turns, the clinicians promoted constructive change without having an individual member of the group singled out as a "troublemaker." In this example, and the three vignettes discussed earlier, the protagonists all found ways to challenge existing practices, wage good conflict, and became involved in healthy options for opposition. Like Paula, Susan, and Agnes, this network of practitioners found allies to help them collectively oppose the nonrelational, status quo practices in their work environments.

Step 4: A Relational Approach to Replacing Nonrelational Practices

The final step of our model is taking action, replacing nonrelational practices with practices that facilitate movement, constructive change, mutuality, mutual empathy, mutual empowerment, greater authenticity, or growth through connection for ourselves, our clients, and others with whom we interact in our work situations. To take action we must be sure we have done our homework and anticipated the risks and consequences of creating change. We must be sure that our relational resources are in place to provide us with support through out the process of taking action. In addition, we must continue to sharpen and refine our relational skills, relational awareness, empathic engagement, and abilities to facilitate movement and growth in relationships. Just as these skills can be used to facilitate healing and growth in therapy, they can also help us bring about constructive change in challenging workplace settings.

While we may wish to replace the nonrelational practices in our work environments overnight, once again we must remind ourselves to be visionary pragmatists (Collins, 2000). Sometimes we can take giant leaps, but often we can be even more effective if we take small steps, which can ultimately lay the groundwork for larger, systemic change. Debra Meyerson and Joyce Fletcher (2000) developed the notion of "small wins" to describe the process of initiating a series of incremental changes to transform values, norms, or practices in business settings. Some people may be motivated by the image of creating small wins. Others may prefer the noncompetitive image of taking small steps to generate constructive movement in a workplace. A small steps, or small wins, approach permits us to "test the waters" to verify our assessment of the risks and impact of replacing nonrelational practices. Small steps allow us to adjust our efforts quickly whenever we need to rethink our strategies. This approach allows us to become more precise in formulating ideas for action, constructing plans that will appropriately fit the demands of the particular situation. Furthermore, small steps can create a ripple effect that extends the positive impact of our efforts beyond our immediate work environment into the larger organization and sometimes into the community.

Most importantly, we must not take these small steps alone! Relational-Cultural Practioners need support and encouragement whenever they are working in nonrelational settings. Participating in a supportive community helps us formulate new and more effective ways to bring about change in our work settings. Participating in a supportive community strengthens our resilience in the face of daunting institutionalized practices that glorify or reward individual achievement, competitive individualism, power-over tactics, stratification, disconnection, and/or separation. In our vignettes, each protagonist took small steps designed to bring about change in her work environment. With the help of others, they gradually moved towards the goal of increasing the visibility of their relational practice, and found various ways to demonstrate its value and effectiveness to those in powerful positions who could initiate and further support the institutional change process.

Conclusions

Working as a Relational-Cultural Practitioner in nonrelational settings can be very challenging. It is often difficult to believe that change is possible within these settings, particularly in light of the often intractable way that the status quo is reinforced and maintained. In this paper we have provided a framework to help you begin to think about ways of supporting relational practice within these types of nonrelational work environments. We have offered examples of possible strategies that could be used to bring about change, one small step at a time. It is important to remember that change is never accomplished without some risk, and the approach that we have described highlights the need to make a careful assessment of the risks involved in one's particular situation before determining the strategy that might be most effective. We encourage you to stay connected to a supportive network as you engage in healthy resistance, and to find like-minded colleagues who can assist you in developing increased resilience. With creativity and perseverance, positive movement towards a more relational culture is possible in most situations. But even when this is not possible, finding ways to sustain and support oneself until a different work environment can be obtained is essential. Participating in a supportive community amplifies our energy to take action to replace nonrelational practices with practices that allow us to be more effective Relational-Cultural Therapists, providing the best service to our clients, our organizations, and our communities.

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