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# The Relational Model of Women's Psychological Development: Implications for Substance Abuse

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## About the Authors

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## Abstract

This paper describes the basic tenets of the Stone Center's Relational model of women's development, and considers the model's implications for the etiology, treatment, recovery, and prevention of substance abuse in women. Attention is given also to the Relational model's implications for (a) understanding the benefits and limitations of Alcoholics Anonymous for women and (b) evaluating current concepts of "codependency."

Over the past two decades, new conceptualizations of women's psychological development have been evolving which emphasize the importance and centrality of relationships in women's lives (Belenky et al., 1986; Gilligan, 1982; Jordan et al., 1991; Miller, 1976). This relational perspective has sought to describe development from women's perspective, using language and concepts derived from women's experience. Since women in this culture have been the "carriers" of certain aspects of the total human experience, specifically carrying responsibility for the care and maintenance of relationships, this model attempts to articulate the strengths as well as the problems arising for women from this relational orientation. Theorists and clinicians at the Stone Center at Wellesley College have been developing this theoretical perspective as a base for creating relational models of healing and empowerment for women.

Traditional theories of psychology have described development as the pathway from childlike dependence to mature independence, emphasizing the importance of a self-sufficient, clearly differentiated, autonomous self. These models have more likely been representative of men's experience. The concepts of separation, individuation, and self-development characterize the models as a basis for clinical practice and treatment. In contrast, the relational model views development as growth with and toward connection, positing healthy connection with other persons as the means and goal of psychological development.

In this chapter, we will present an overview of the relational model and explore its application to the understanding, treatment, and prevention of substance abuse for women. We have found this model to be extremely useful in conceptualizing the contexts and meanings of substance abuse in women's lives and particularly helpful in suggesting new treatment models. It is also a useful frame for evaluating what is beneficial and what may be

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harmful to women in traditional treatment programs and models of recovery.

### **The Stone Center Relational Model**

The Stone Center model was built on the early work of Jean Baker Miller who published *Toward a New Psychology of Women* in 1976. Miller proposed that women's psychological development differed in fundamental ways from the traditional model of development derived from men's experience. She suggested that for women the primary motivation throughout life is toward establishing a basic sense of connection to others. She wrote that women feel a sense of self and self-worth when their actions arise out of connection with others and lead back into, not away from, connections. The experience of psychological connection is based on empathy and mutuality in relationships. Connection is experienced as a feeling of mutual presence and joining in a relational process. The "relationship" develops a new, unique, and always changing existence that can be described, experienced, and nurtured.

Women's relational yearnings and the centrality of relationship for women's psychological health has often been pathologized when viewed through the lens of traditional, "self-" centered models. Descriptions of women's dependency, passivity, caretaking fixations, and (most recently) codependency reflect this misunderstanding and distortion of women's relational orientation.

The Stone Center relational model describes the attributes and qualities of relationships that foster growth and healthy development. From the perspective of this model, healthy connections with other human beings are mutual, creative, energy-releasing, and empowering for all participants, and are fundamental to women's psychological well-being. Psychological problems or so-called pathologies can be traced to disconnections or violations within relationships, arising at personal/familial as well as at the socio-cultural level.

Mutuality is a fundamental aspect of healthy, growth-promoting relationships, and is more than equality, reciprocity, and intimacy. It suggests a way of being-in-relation which includes the whole person. This has been called a relational attitude, orientation, or stance. Each person can represent her feelings, thoughts, and perceptions in the relationship and can *move with* and *be moved by* the feelings, thoughts, and perceptions of the other. Mutual influence, mutual impact, and mutual responsiveness characterize such relationships, which can be described as forward *moving* and dynamic processes. The possibility of

change and movement is always present.

When a relationship moves from disconnection to mutual connection, each person feels a greater sense of personal authenticity as well as a sense of "knowing" or "seeing" the other. This experience of mutual empathy requires that each person have the capacity for empathic connecting. Empathy is a complex, highly developed ability to join with another at a cognitive and affective level without losing connection with one's own experience. Openness to growth through empathic joining within the relational process is fundamental to mutual relationships.

Mutual empowerment describes a process of relational interaction where each person grows in psychological strength or power. This has been described as "power-with-others," as distinguished from "power-over" others, which has been the traditional structure of relationships, where one person (or group of persons) has been dominant and the other subordinate, or one person (or group of persons) has been assigned the task of fostering the psychological development of others. Historically, women have been assigned the task of fostering the psychological development of others, including men and children.

Miller (1986) has described five psychological outcomes of healthy growth-fostering relationships for all participants. These are: (1) increased zest and vitality, (2) empowerment to act, (3) knowledge of self and other, (4) self-worth, and (5) a desire for more connection.

The relational perspective does not idealize women or relationships. The remainder of this paper discusses ways in which women's motives for connection can lead them toward substances and substance in a culture where they have been given the primary responsibility for relationship, yet where our important relationships, institutions, and political systems are frequently far from mutually empathic and mutually empowering.

### **Substance Use in and as Relationship**

From the perspective of the Stone Center model, women frequently begin to use substances in ways that initially seem to be in the service of making or maintaining connections, and to try to feel connected, energized, loved, or loving when that is not the whole truth of their experience (Surrey, 1991). Women often use substances to deal with hurt and pain in their relationships and also to try to provide for others (especially children) a safe and loving relational context. Women also turn to drugs in the context of relationships with drug-abusing partners—to feel