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**Self-in-Relation Theory: A Model for Helping**  
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Self-in-relation theory was first proposed by women researchers at Wellesley College's Stone Center in 1991 (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). Self-in-relation theory evolved as a collaborative effort based on research regarding women's psychological development (Jordan, et al., 1991). Previous researchers had begun to define women's dysfunctional reactions to societal pressures such as expectations that one "be a good wife" and fulfill expected gender roles according to gender specific norms (Jack, 1987; Stiver & Miller,

1988; Strauss, 1988). These researchers posited that women experience conflict based on the friction between norms and expected gender role functioning vs. their personal needs. This friction, as posited by the researchers, led to depression and other dysfunctional responses (Stiver & Miller, 1988).

Gilligan (1982) was one of the early feminist writers who addressed women's development. She noted the apparent need of women to care for and include others in their realm of functioning. Women seek responsibility for others; caring for others is a duty, albeit a pleasant one for many women. Often connectivity to others is viewed from a largely male perspective: that women are dependent individuals and do not adjust comfortably in situations where they must be alone.

In light of women's need to connect, the question regarding whether women reach self-actualization begs a different paradigm from that based on men's development. Surrey (1991) proposed innovative terminology for describing women's developmental advancement. She noted that women's development is limited by the accepted term "separation-individuation" and proposed the new term: "relationship-differentiation" (Surrey, 1991, pp. 36-37). "Separation-individuation" has long described the expected achievement of adults to become independent; however, according to self-in-relation theory, this term is not adequately descriptive for the developmental path that women experience. Surrey noted that because women are socialized to care for others from an early age (usually by their mothers) the concept of "mutual reciprocity" emerged (Surrey, 1991, p. 37). "Mutual reciprocity" is the link between a girl and her mother through their emotional sensitivity for one another, first experienced as the mother caring for the child and later as the child and mother bonded to one another in a complex and dynamic process (Surrey, 1991, p. 37). Arguably, a similar process evolves in the relationship between a parent of either gender and his or her child; however the intent of the researcher's premise is that for girls, the caring behaviors (or 'mothering' as it were) are an ongoing process that is deeply ingrained in female children (Surrey, 1991, p. 37).

For such an ingrained process, the tasks for women at each stage of development become the challenge for balancing their own needs with those of others. For young women in adolescence, they must decide how much freedom from others they want. Do they accept the norms in their families and conform to expectations and values held dear in the family circle or do they branch out into the world and challenge themselves in different ways? For women who are entering the early adult transition, they are faced with surrounding themselves with new people, either in the form of co-workers, friendships, or love interests. This is an especially challenging segment of development. The manner in which women have been cared for and what expectations have been placed on them in their families of origin will influence who they choose (or who they allow to choose them) as companions, coworkers, or lovers. Considerable dysfunction can be experienced at this stage. In the social work practice arena, common presenting problems involve young women who have been neglected or abused in any form (emotionally, sexually, and/or physically). These women may have difficulty negotiating the young adult stage of development with the concomitant task of forming healthy relationships.

Similarly in the "Age 25 Shift" (Levinson, 1996), women must make choices that will map the course for their futures. Levinson (1996, p. 98) noted that women make changes both consciously and unconsciously. Levinson's idea meshes with teachings of the Stone Center in that women may be more prudent in their efforts to attempt new challenges than men (Stiver, p. 229). The wariness involved in attempting endeavors that seem risky stems from socialization that urges women to "be careful" and avoid risk. While women want (and possibly need) to

make changes in their lives at the “Age 25 Shift” (Levinson, 1996), they may be reluctant to do so. Practice implications include such issues as women seeking therapy to gain empowerment to make choices, whether those involve divorce, new employment, starting a family, etc. Other presenting problems in therapy may consist of issues related to anxiety, depression, substance use, and eating disorders. Stiver & Miller (1988, p. 7) suggested that women’s depression exists because they have not had connections that exist “within a context of empathic and validating relationships”. Their idea supports the aforementioned concept that women who were abused would have potential “neediness issues,” particularly if their early relationships were less than adequate.

Another issue that casts a negative light on women is the concept of codependency. One of the most empowering aspects for women regarding self-in-relation theory is that the idea of codependency is exposed for the largely sexist message that it conveys. While codependent behavior is, by definition, caretaking; women are not necessarily abandoning their own needs in order to care for others. Only in the more pathological relationships does this mode of behavior occur (Favorini, 1995). For example, one interpretation of the caretaking behaviors of women with dysfunctional relationships may be that women are attempting to provide continuity in the family structure. They may be assuming the responsibility of an addicted spouse, in an effort to help the spouse overcome negative compulsions.

The idea that women can be caretakers in a healthy way is the hallmark of self-in-relation theory. The role of helping professionals when counseling women should be to help female clients understand the features and importance of healthy relationships and to help them make salient choices about their relationships. These women do not have to forsake those who are important to them; they need to learn how to strengthen the relationships in their lives that have been problematic. However, there will be situations where a woman should not be encouraged to pursue “saving” a relationship, especially if there is physical danger involved. One researcher posits that women who remain in abusive situations often see themselves as behaving in a “self-preserving” manner (Strauss, 1988, p. 137). Women may feel more threatened by the loss of the relationship with which they are familiar than by the actual violence in the home (Strauss, 1988, p. 137). However, in non-violent cases, many women want to know why relationships are not healthy and want to be able “to fix them.” Social workers realize that in many situations, escaping the family or other loved ones will not erase the problems that have existed for the woman; in fact, more psychological problems are often created.

In a similar context, men also need others. The socialization process for men is different than for women in most cases (Strauss, 1988). Most men do seek and attempt to sustain relationships throughout their lifespan. The reality for helping professionals then becomes focused on helping men learn to nurture their relationships in possibly different ways than they have done before. Because men (especially those from previous generations) have learned to provide, be strong, hold feelings within, etc., they often need assistance in developing healthy communication skills and learning to set appropriate boundaries with others. These two skills serve to decrease the onset of negative emotions and to help male clients deal with problematic situations as they occur, rather than “stuffing the feelings”.

Throughout the span of adult life, women need to feel connected to others. Women need various people at various stages in their development; in essence, the stage remains constant but the actors change. Women who understand that connectivity is not only desired, but also ‘normal’ and healthy will be able to navigate the transitional stages throughout life in a less disruptive manner. For women who reach mid-life and beyond and face the potential crises of

“the empty-nest” or possibly an ill or deceased spouse, knowing that they require other viable relationships can be life-preserving. For women who have not expanded their horizons to include individuals who are meaningful to them and have only operated as “servants” to those they love, this can prove to be a time of extreme hardship. Strong advocacy is recommended for women’s friendships, as these relationships provide mutual support (Bank, 2000; Wood 1996). Self-in-relation theory serves to explain the complex needs of women and the role of relationships in their development and functioning.

## References

- Bank, B. J. (2000). Gender and friendships: Why are men’s best same-sex friendships less intimate and supportive? *Personal Relationships*, 7, (1), 63-78.
- Favorini, A., (1995). Concept of codependency: Blaming the victim or pathway to recovery? *Social Work*, 40, (6), 827-830.
- Gilligan, C., (1982). *In a different voice: Psychological theory and women’s development*. Cambridge, MA: Harvard University Press.
- Jack, D. (1987). Silencing the self: The power of social imperatives in female depression. In R. Formanek & A. Gurian (Eds.), *Women and depression: A lifetime perspective* (pp. 161-181). New York: Springer Press.
- Jordan, J. V., Kaplan, A. G., Miller, J. B., Stiver, I. P., & Surrey, J. L. (1991). *Women’s growth in connection*. New York: The Guilford Press.
- Levinson, D. J. (1996). *The seasons of a woman’s life*. New York: Alfred A. Knopf.
- Stiver, I. P. & Miller, J. B. (1988). From depression to sadness in women’s psychotherapy. *Wellesley Centers for Women Work in Progress*, 36.
- Strauss, M. B. (1988). *Abuse and victimization across the life span*. Baltimore: The John Hopkins University Press.
- Surrey, J. (1991). The relational self in women: Clinical implications. In J. V. Jordan, A. G. Kaplan, J. B. Miller, I. P. Stiver, & J. L. Surrey (Eds.), *Women’s growth in connection : Writings from the Stone Center* (pp. 51-66). New York: Guilford Press.
- Wood, J. T. (1996). Gender, relationships, and communication. In Julia T. Wood (Ed.), *Gendered relationships* (pp. 3-19). Mountain View, CA: Mayfield Publishing.