A GENDER-INFORMED MODEL OF COUPLE AND FAMILY THERAPY: RELATIONSHIP ENHANCEMENT THERAPY

Maryhelen Snyder

ABSTRACT: The key elements of gender-informed couple therapy are discussed with an emphasis on the significance of empathy and dialogue and the structuring of a context in which both can occur. Relationship Enhancement therapy, a psycho-educational and client-centered approach developed by Guerney (1977) is described and illustrated as one method of operationalizing a constructivist-systemic approach to couple therapy in which a “conversation” toward profound changes in gender relationships can take place.

Family therapists are increasingly being challenged to consider the context of the patriarchal structure in which family relations are embedded (Fish, 1989; Hare-Mustin, 1989; Luepuitz, 1988; McGoldrick, Anderson, & Walsh, 1989). Gender-informed family therapists are emphasizing that effective and socially responsible family therapy requires addressing the issue of traditional and prescribed sex roles as an essential part of enhancing the family’s ability to solve problems flexibly and creatively, and to take into account the needs, wishes, interests, and abilities of each family member. They describe the current family structure as one in which men as well as women are burdened by responsibilities, inhibitions, and limitations that result from the patriarchal conditioning. There is general agreement

Maryhelen Snyder, PhD, is a family therapist in private practice and clinical director of the New Mexico Relationship Enhancement Institute at 422 Camino del Bosque NW, Albuquerque, NM 87114.
that an effective model of family therapy must optimize the possibility of addressing gender issues; avoid as much as possible the patriarchal, hierarchal practices of our culture; and challenge the assumption and imposition of values that may be steeped in traditional assumptions about the "normal" family.

Hare-Mustin (1989) addresses the false dichotomization of male traits and female traits. Since both men and women are capable of being principled, rational, relational, and empathic, it is erroneous to look for or develop therapeutic models that value "female" traits as highly as or more highly than "male" traits. The task of the gender-informed family therapist is to note that both male and female gender role ideals of autonomy and affiliation are over-simplifications and caricatures. Each ideal has limited usefulness in isolation from the other, while the very concept of gender traits exaggerates the differences between men and women. Hare-Mustin believes that the field of family therapy has not come up with the truly new way of thinking about changes in the family and in society that is required if our present constructions of gender realities are to be profoundly changed.

One hopeful sign is the trend toward family therapy as conversation. This trend is rooted in the constructivist awareness that we create reality in language and in the systems theory awareness that we create those realities interactively. Knowledge of the relationship between language and thought, conversation and meanings, leads logically to the construction and application of forms of family therapy that maximize the possibility of open and productive dialogue between the genders. This concept of family therapy is itself an epistemological shift out of hierarchical, diagnostic, and prescriptive models. Furthermore, it is in dialogue that new ways of organizing reality continually take place. "The therapist . . . aims to create a dialogic space, a conversational context, that permits the evolution of new meaning, new action, and thus change" (Goolishian & Anderson, 1987; p.535).

Specific therapeutic approaches and methods are needed that: (a) operationalize the concept of family therapy as conversation and (b) utilize family therapy as a psychoeducational framework in which to help family members develop their abilities and their desire to engage in constructive, creative conversation.

My intention in this article is to demonstrate the consistency and applicability of the Relationship Enhancement model of family ther-