Strategies for Working with Gender in the Hope Focused Approach

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There is no denying that gender and the interaction of cultural and biological forces influence life and all human relationships (Blanton & Vandergriff-Avery, 2001; Philpot, Brooks, Lusterman, & Nutt, 1997). From young ages, boys and girls are taught to behave in ways characteristic of separate gender worlds. Gender socialization continues into adulthood where couples may experience conflict and dysfunction if they fail to understand and effectively deal with gender stereotypes (Philpot et al., 1997). Therefore, in order to cause no harm, traditional gender stereotypes and their potential effects need to be considered before working with couples and individuals in the therapy room. In the same vein, therapists need to become aware of the ethical implications of respecting partner roles within the couple relationship.

Not only is it important to understand the traditional gender forces at work in the couple relationship but also the influence of therapist gender on male and female partners (Werner-Wilson, Michaels, Thomas, & Thiesen, 2003). Since traditional couples therapy differs from individual therapy in that two of three people share the same gender, there is a fundamental imbalance of transference and counter-transference consequences (Shay, 1993). Even before the initial appointment, men and women develop their own thoughts and beliefs about the therapist and vice-versa.

The Couple

Since society and culture emphasize traditional gender socialization, each partner generally expects the other to conform to stereotypical characteristics and behaviors. For example, the traditional socialization depicts the female partner as submissive whereas the male partner is dominant. Some additional characteristics of traditional masculinity include competition, control, aggression, and independence whereas compassion, nurturance, and emotional expression characterize traditional femininity. It is helpful for the therapist and couple to recognize the gender-based differences that may exist in the couple relationship such as different communication styles, different roles, different values, and different expectations for relationships (Garfield, 2004). The therapist should be careful not to label one partner on the basis of his/her particular gender socialization. Each partner's background and environment in which he/she was raised are major influences on gender roles and differences within the couple relationship.

By recognizing the gender roles in a couple relationship, the therapist is able to assess the dynamics of the relationship. For instance, traditional gender roles may work for or against the marriage. Some partners believe in and appreciate traditional roles, so it is important for the therapist to inquire about and remain non-judgmental on the issue. In some cases, the couple may accept traditional roles to such an extreme degree that one partner may feel controlled by the other. In other cases, the couple may reject traditional roles so much that the marriage starts to suffer, as in the case of the partner who refuses to "submit" to anything for fear of being viewed as the lesser spouse. Traditional roles may also be switched where the female displays dominance while the male often submits. A more traditional

therapist may be uncomfortable with the switch in traditional roles, and may project discomfort or interpret marital problems in terms of the therapists' own feelings about gender roles. If the therapist overlooks the power inequalities and gender differences that often exist in marriages, he/she is likely to miss an important factor in understanding the couple's relationship dynamics (Blanton & Vandergriff-Avery, 2001). Similarly, if the therapist only expects to work with the traditional roles in the couple relationship, the therapist could bring more harm than good to the couple (Shay, 1993).

Garfield (2004) emphasizes that couples therapists need to establish a therapeutic alliance where relational power, understanding of the emotional and intimate aspects in the couple relationship, is balanced between male and female partners. In order to do this, Garfield advises the therapist to engage reluctant male partners more at the beginning of therapy while engaging the female partner throughout therapy. If the male partner has been taught to follow the traditional gender socialization, engaging the male more at the beginning of therapy will help him focus upon emotional expression and listening skills. In this case, the female partner is regarded as having an advantage in therapy due to her greater relational power, so the therapist attempts to balance the relational power among partners.

The Couple with a Female Therapist

Stereotypically, men are viewed as emotionally withdrawn and uncomfortable discussing difficulties compared to women; therefore, male clients may experience shame transferences with a female therapist and his female partner since most men are taught to be stronger than women and withhold emotions from an early age (Shay, 1993). It may even feel awkward and/or disempowering for the male client to experience the power differential with a female therapist (Blanton & Vandergriff-Avery, 2001). In couples therapy, the female therapist needs to be sensitive to the possibility that the male partner may feel he is being challenged or his views slighted if it seems the therapist is taking sides with the female partner. It is also common for heterosexual male clients with traditional gender socialization to experience sexual desire for female therapists at some point during therapy; as in any case, the therapist should be aware of transference and counter-transference issues and always choose to act ethically (Werner-Wilson et al., 2003).

Female therapists with couples should also be aware of the female client expecting and encouraging a triangulation against the male client. This can be subtle such as discussing hairstyles or clothing in a casual comment, or other common female interests that leave the male client outside the conversation. Female clients may joke or make condescending remarks about men in general or the client's masculinity, expecting the female therapist to support her, but this should be challenged as counter-productive to the goals of treatment.

The Couple with a Male Therapist

Male clients may experience a range of feelings when the therapist is also a male. It is possible that the male client may feel threatened and/or experience competitive and jealous transferences toward the therapist, especially if the therapist, skilled in effective communication and affect expression, is able to understand and relate to the female partner where the male partner is lacking (Shay, 1993). In addition, some male clients may experience a homophobic anxiety when initially paired with a male therapist, which may cause difficulty in establishing rapport and the necessary emotional intimacy for couples therapy to be effective.

Some women may have difficulty feeling completely understood if viewed and treated by a male therapist's perspective (Shay, 1993). For instance, if a male therapist is unable to deeply empathize with a woman's experience of pregnancy and menstrual cycles, but bonds around hobbies or interests with

the male client. Similar to the female therapist with the female client leaving the male out while discussing typical feminine topics or putting down men in general, the male therapist should be careful not to allow the male client to pull the therapist into comments or discussions that they have in common due to gender or to put down the female gender in any way.

Therapist Tips

- Recognize counter-transference even prior to therapy.
- Evaluate your own beliefs and stereotypes about gender before entering the therapy room.
- Try not to take sides with one partner over another, unless there is sufficient evidence of bodily harm as in the case of the battered woman.
- Educate clients regarding gender-based differences, especially if the differences are contributing to marital conflict/distress.
- Remain non-judgmental of traditional verses non-traditional gender socialization.
- Be aware of your own gender's effect on the couple and minimize any unnecessary siding with the same gendered client (such as joking about the opposite sex or discussion of common outside interests).

Gender Sensitivity in Marriage Therapy: Case Vignette

John and Sue have come to marriage therapy saying that they need to work on their communication and learn how to solve conflicts. This is the first marriage for both John and Sue. They recently celebrated their ninth anniversary. They have two sons who are 12 and 15 years old. They attend church but have said that they want "real therapy" and not a "Bible lesson."

During the first two sessions you observe that Sue is talking more often than John. You wonder if John is invested in therapy or if Sue made him come to the session. As you try to pull John in to discussions by asking him direct questions, you observe that Sue is answering the questions for him, and John is allowing Sue to interrupt him and correct his explanations. You begin to think that Sue may be the more dominant spouse, at least in relationship maintenance aspects of the marriage.

The therapist feels negatively towards both of the spouses in this situation, but particularly towards Sue. The therapist herself is a Christian feminist, but women who dominate and control relationships make her uncomfortable and bring up her own counter-transference issues. The therapist processes this experience with a colleague and decides it is important to step in and challenge this imbalance of power in the relationship without prejudice towards Sue.

Over the next several sessions, the couple begins to discuss their children. John disagrees with the strictness of the evening curfew that the boys have for the summer and wants to discuss how they can make it fairer. Sue is not open to discussing it and says that she has made the rule already and to change it would show inconsistency to the children. Also, while learning the communication strategies, Sue has a lot of trouble restraining herself and allowing John to explain himself. At this point the therapist confronts Sue as she interrupts John and notes that she has not allowed John to complete his thought. In her mind, the therapist is examining her feelings and ensuring that she does not act on her own counter-transference towards Sue as the dominant female.

John explains that he often feels hurt and slighted when she cuts him off and also when she refuses to allow his input. Throughout the rest of the session Sue explains that she keeps an authoritative attitude towards the children and towards John because she fears being walked on. When discussing past relationship experiences, Sue explains that her father dominated her, her mother, and her two

sisters. As a child she resented her father's behavior and vowed that when she grew up no one would dominate her again. Though she loves John and wants to build a healthy partnership with him, she still fears being dominated. She admits that one reason she was attracted to John at the beginning of their relationship was because he did not seem firm or overbearing like her father.

John says that he sympathizes with Sue's experience with her father but points out that in an effort to avoid those feelings she has bypassed their chance for partnership and taken advantage of his laid-back attitude. The insight that Sue gains from the session and the chance John was given to speak up after confrontation continues to be built upon over the remaining sessions. John and Sue work to build more balanced communication with each other as Sue tries to relinquish control and trust her husband and John learns to act in partnership with his wife. The therapist makes gains towards better working with dominant females and their partners.

References

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Annotated Bibliography

Blankenhorn, D., Browning, D., &VanLeeuwen, M. S. (2004). *Does Christianity teach male headship? The equal regard marriage and its critics.* Grand Rapids: Eerdmans.

Within this work, it is debated whether or not Christianity is the "major cultural carrier of the subordination of women." Protestants and Roman Catholics, liberals and conservatives, discuss the tensions between the equal-regard marriage and the headship marriage that are felt still today.

Jacobson, N. S., & Gurman, A. S. (2002). *Clinical handbook of couple therapy.* New York: Guilford.

Chapter 20, *Working with Gender in Couple Therapy,* explains the Feminist critique of family and couple therapy. The Feminist practice of couple therapy is introduced with elaboration in the areas of alliance issues, therapeutic approach, assessment, and intervention. A powerful case illustration concludes the chapter to give a realistic example for the practicing therapist.

Johnson, A. G. (2005). *The gender knot: Unraveling our patriarchal legacy.* Philadelphia: Temple University.

The author defines patriarchy as a system and effectively outlines the potential effects of living in a patriarchal society. Gender roles and the Feminist movement are also explored. Johnson then critically examines the barriers to change and the “blinders” some people still wear in today’s society.