



Psychotherapy Guidebook

# RELATIONSHIP ENHANCEMENT THERAPY

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# **Relationship Enhancement Therapy**

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# Relationship Enhancement Therapy

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## DEFINITION

Relationship Enhancement Therapy (RE) attempts to eliminate dysfunctional patterns of interpersonal interaction by teaching participants skills that will enable them to relate more effectively and constructively with each other. This technique is designed to build a relationship that is harmonious and that will provide an enduring climate for the positive development of the social unit and the individuals within it. RE aims to alter the ways in which each individual views the deepest emotions and most important interpersonal behavior of himself and of other significant people in the interpersonal environment. Similarly, it seeks to alter far into the future the ability of each individual to bring into consciousness emotions and behavior that had previously functioned outside of awareness, and to express such emotions in a manner constructive to self and others. Achieving this ability (especially if the other significant individuals in the interpersonal environment have made similar gains) permits the individual to make fundamental changes in interpersonal systems that are important to him and to influence positively his own life and the lives of his intimate associates. The systems approach used in RE therapy deliberately aims at replacing the

vicious cycles operating in the system with auspicious cycles. In essence, the goal is to have each person learn to be honest and compassionate with the people who are important to him, and to elicit honesty and compassion from them. The theoretical underpinnings of RE derive much from Carl Rogers, B. F. Skinner, Albert Bandura, Harry Stack Sullivan, and Timothy Leary.

## HISTORY

Development of the RE therapies began in 1962 with Filial Therapy, wherein parents were taught in groups to conduct therapeutic play sessions with their seriously disturbed, but not psychotic, children under direction and supervision, and were taught to transfer the therapeutic attitudes and skills into their daily interactions (see Filial Therapy). The children showed steady and marked improvement. Moreover, parents reported their ability to improve relationships with spouses through application of therapeutic attitudes and skills. Therefore, in the mid-1960s conjugal therapy was developed, wherein husbands and wives with troubled relationships were successfully taught to employ therapeutic skills with one another (e.g., Rappaport, 1976). The view was presented that paraprofessionals, and particularly intimates, might prove to be a significant positive force in the delivery of therapeutic services (Guerney, 1969). Experience with this approach led to an even firmer belief that methods pioneered by mass education provided a more viable model than the medical model for

developing and delivering individual and group psychotherapy. The success of this method of service delivery had an important effect on the systematic development of procedures to use Relationship Enhancement Therapy with other populations.

RE therapeutic methods were then made available, in an abbreviated form, to families with milder problems and to families that wished to learn therapeutically derived skills in order to prevent problems or to enrich relationships that were already satisfactory. The RE method, therefore, was used as a preventive mental health program with premarital couples (Guernsey, 1977), with parents and adolescents working as dyads (Coufal, 1975; Guernsey, 1977; Vogelsong, 1975), and in larger family units. Films and tapes were made to explain and demonstrate the methods of Relationship Enhancement to professionals and prospective clients.

## TECHNIQUE

Relationship Enhancement Therapy teaches specific skills that improve interpersonal communication and problem solving. The participants learn to express themselves in constructive ways to avoid arousing defensiveness and hostility in others. Participants practice stating their own feelings about issues rather than making accusations or analyzing each others' motives. They are taught to express underlying positive feelings associated with

implied criticisms and to state their desires and wishes as a basis for negotiating problem/conflict resolution. The program participants learn to interact with others through understanding and acceptance rather than by argument and hostility. They learn to discuss and resolve important relationship issues in such a way as to increase harmony, trust, empathy, and mutual satisfaction.

These skills are incorporated into the participants' behavioral repertoires by way of systematic leader demonstration and exemplification, and by having the participants practice the skills under intensive and extensive supervision by the therapist. Participants receive individual instruction from the leader and strengthen their learning by teaching others in the group while they themselves are learning. Specific suggestions are provided for daily practice and maintenance of the skills in the natural environment, and specific skills are provided and practiced to promote generalization.

The participants learn the following sets of behavioral skills or modes of behavior.

1. The **Expresser mode** is designed to increase the participants' awareness of their own feelings, perceptions, and desires as they pertain to the relationship. The Expresser is taught to communicate this awareness in a way that will increase the possibility of being understood and responded to in a



compassionate way. Participants learn six guidelines that enable them to formulate good Expresser statements.

**2. The Empathic Responder mode is designed:**

(a) to focus the attention of the participant on the essential content and emotions of the Expresser in order to reach the deepest possible level of compassionate understanding of the Expresser's statements, including the implications the statement has for the relationship and

(b) to communicate this understanding and compassion to the Expresser. The effect of such communication is to help the Expresser better understand his own emotions and desires within the relationship and to make it easier to express them in a still more fundamental and honest way in the next communication.

**3. Mode Switching** is a behavioral skill that involves: (a) the ability always to keep in mind which of these two modes of behavior is being employed at any given time, (b) the ability to know when to employ one mode and when the other, (c) how to move from one mode to another in a way that is coordinated with the other person, and (d) when and how to switch from one mode to the other in order to facilitate problem solving and conflict resolution.

**4. In the Facilitator mode,** participants learn the kinds of principles, skills, and behavior employed by the leader to teach the

other three sets of skills. This mode is used (a) to facilitate the learning of other group members during the instructional program and (b) to enable the participants to help others they interact with to use the skills whenever it is appropriate to do so in everyday life.

**5. Problem/Conflict Resolution** involves a set of six skills which are designed to ensure that clients:

- (a) take a suitable amount of time in an appropriate place to consider their problems separately and jointly;
- (b) take steps to assure themselves, before they push for a solution, that they understand all the important emotional and interpersonal aspects of the problem;
- (c) seek solutions which are aimed at maximizing mutual need satisfaction;
- (d) propose, receive, and react intellectually to the proposed solutions of another with a high degree of operational clarity, and react emotionally in such a manner as to further encourage careful and fair problem solving;
- (e) attempt to foresee the consequences and difficulties of any suggested solution in order to permit careful and realistic refinements at the outset; and
- (f) make plans for a systematic reassessment of the agreements reached in order to make such revisions as may later be found necessary.

**6. Generalization and Maintenance skills** are taught by explaining, for example, the importance of cues, of self-monitoring, of a relatively high success rate, and of receiving reinforcement (from self-statements as well as from others) when attempting to abandon old and/or to acquire new attitudes and behavior. Special logs are used not only with the intention of helping clients to better incorporate RE skills, but to help them acquire some skills for generalizing and maintaining any new attitudes or behavior.

These skills act together to prevent discussion from degenerating into unproductive digressions or into accusations and counter-accusations; they act instead to focus the discussion into more and more fundamental aspects of the problem and of the relationship. Other skills taught include those of knowing (a) when to try to generate specific suggestions for problem/conflict resolution, (b) what kinds of suggestions to make, and (c) how to use the four behavioral modes to arrive at mutually satisfying problem/conflict resolutions.

The skills and procedures are taught and practiced systematically in accord with social-learning and reinforcement principles. The therapeutic procedures are always supportive and are flexible enough to cover the individual needs and personalities of a very wide range of individual differences in degree of disturbance, intelligence, and socio-economic status.

## APPLICATIONS

The method can be applied with and for single individuals, dyads, small groups of individuals, families, or other social groups. It can be applied with in-patients as well as out-patients. Relationship Enhancement has been tested by outcome and follow-up research that has demonstrated its durable effectiveness with a variety of populations, including married couples, dating couples, fathers and their adolescent sons, and mothers and their adolescent daughters. It has been shown to be effective in improving the skills of the participants and enhancing relationship satisfaction and adjustment in all these instances (Guerney, 1977). The method also has been adapted and successfully used in high school (Hatch and Guerney, 1975) and in business contexts. The method has been judged extremely promising in the rehabilitation treatment of addicts in residential and halfway-house settings and with out-patient alcoholics and their wives.