The Monster in Between: Working with Couples in Intensive Group Treatment

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ABSTRACT. In this article we elaborate on an inpatient clinical group program for couples suffering from nonpsychotic psychiatric disorders, personality disorders, and/or complex partner relational problems. In general, one of the partners has a long history in mental health care. The intervention history often includes at least some sessions of couple therapy but without sufficient success. These couples are part of that group of mental health patients that can be described as, or describe themselves as, "everything was done but nothing really helped." The clinical inpatient couple group program was initiated in 1991 and to date (February 2004) 415 couples have been treated in 91 groups. Although our Center for Relational Problems is situated in a rural area in the northern part of the Netherlands, these couples are referred from all over the country. This proves that there is a need for highly intensive couple treatment in an inpatient setting. Nevertheless, as far as we know, this type of treatment does not exist anywhere else in the world. In this article we give details of the program and the rationale behind it.

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THE ORIGIN OF THE INPATIENT GROUP PROGRAM FOR COUPLES

In our clinical practice for systemic treatment we were often confronted with patients who, after long periods of unsuccessful outpatient therapy, were admitted for inpatient treatment because of their deteriorating mental state. After enduring episodes of psychological dysfunction the partner and other family members increasingly suffer from the consequences. In these circumstances systemic theory advises to increase the context of the treatment (Andolfi & Angelo, 1989; Boszormenyi-Nagy & Spark, 1973). We initially did this by admitting, for example, a daughter together with her mother, or a woman with her husband. When, by coincidence, two marital couples were admitted in our clinic during the same period, we were surprised to see the strong informal effect this had on both of these couples. This observation led to the idea to start a group therapy for couples, in an inpatient setting. The ideas were further elaborated in cooperation with a Belgium day treatment program for couples (Vansteenwegen, 1996). We already had a lot of expertise in working with inpatient groups and in using systemic principles to develop admission prevention strategies.

We started with a 7-week treatment program for groups of five couples suffering from enduring and complex problems.

We wanted to give attention to the following elements:

1. A diagnostic assessment of psychiatric symptoms
2. The meaning of these symptoms in the system of the patients (i.e., couple, children, and family of origin)
3. The effect of these meanings on the process of personality development and socialization of children within the family system (Rogers, 1961; Russell, 1986). For example, a boy growing up in a family with continuing conflicts and fights between his parents might develop an avoidant personality and a structure of avoidant behavior to cope with that. Being a man, the father may confront him with the societal expectation to manifest himself.
4. The effect of the previous process on partner selection and on partner relation patterns. For example, the same boy as described previously

might choose a woman with a dominant character, acting as a buffer between him and the outside world.

5. The effect of family of origin in the partner relation. For example, the cultural heritage from the family of origin is sometimes implemented into the relationship as a set of decisive rules, which are hardly open for discussion.

We aim to use the group therapeutic setting of 7 weeks as follows:

- Provide the couples a protected and safe environment to experiment with new ways of interaction with other people, both individually and as a couple.
- Prevent, as much as possible, a relapse into the old routines of relational behavior.

WORKING MODEL

A core element of our working model is the use of metaphors, which becomes a focus for the interventions. A central metaphor that guides our work and treatment philosophy can be denoted as the creation of space by means of a pressure cooker. The pressure cooker is the intensive program of verbal and nonverbal interventions, (outlined later) within a 24-hour inpatient and group context. Psychiatric symptoms and personality disorders limit the functioning of people. Dysfunction, both individually and within the relationship, causes a lot of stress. Stress decreases the use of social abilities, which already are limited among our patients. Patients get stuck in a deteriorating process of symptoms, stress reactions, and miscommunication. In these so-called partner collusions (Willi, 1975), desires, projected desires, and anxiety go together, and as a result partners no longer are able to distinguish between their own desires and longings and those of their partner. The result is an extremely reduced space remaining for functioning. The treatment is directed toward enlarging this space and thus increasing the options for new relational patterns.

In therapy sessions with the couples we start by making use of a metaphor of a "golden ball," which represents the core of our life. It is the center of our feelings. However, the golden ball is not new but shows the dints and scratches of extensive use. Therefore, it surely needs a fix up in order to improve the interaction with others (also golden balls with

dints and scratches). Interaction with others is more complicated in a partner relationship than, for example, in work with individuals. We ask the question: How do we refurbish our golden ball? We then speak with the couples, using additional metaphors, about "sources" as opportunities to improve the quality of life and "pinches" as blockades to frustrate. The use of these metaphors is to highlight the simple dichotomy between the constructive and the destructive parts in human behavior. The destructive part we name the "demolisher." Both elements are also apparent in partner relationships. The interplay between the "constructor" and the demolisher is active during a range of years in a couple relationship and in that period a set of fixed patterns may develop. By naming and identifying this interplay it may stimulate the development of the relationship and it may also refurbish the golden ball of both players. However, the destructive part may also prevail and then the stimulating or healing exchange between partners may become blocked. If this is the case, we name yet another metaphor and say: "We have a monster in the partner relationship." In our experience with couples this is often the case by the time they are referred to our center. We do not, however, know yet how intimidating the monster is. The therapy room is seen as the arena, where the couple and the therapist will invent a strategy to destroy or minimize the effects of the monster. Together with the couple and the group we first try to understand the nature of the monster and how it works. We then try to maneuver it outside the center of the arena into a corner. We realize that it will lie in wait there, waiting for a chance to return to the center. Nevertheless, together with the couple, we have created space now for the possibility for constructive interaction between the partners.

THE TREATMENT PLAN

Couples live, together with a number of other couples, in a 24-hour situation. This intense and intimate situation makes the possibility of withdrawal very difficult. We believe that this creates a situation like a pressure cooker for change. It provides a timely enlargement of the context and space of functioning in which the pressure within the relationship can be spread over the group and forced into another direction.

The cornerstones of our program (Mulder, Bout, Pol, & Simons, 1993) are the following.

Expanding the Treatment Context

1. From the individual to the relationship: Both spouses have their own part in the unwanted patterns of couple behavior. We are helping them to unravel these parts.
2. From relationship to family of origin: We always try to engage the family of origin in the therapy. In about 85% of the cases we are successful in involving one or more family members.
3. From relationship to a group of couples: Because couples not only work on their own goals but also on those of the others in the group, a lot of recognition and support is received.

An Integrative Approach

Several therapists from verbal as well as nonverbal disciplines are involved in the program and they all use their own theoretical frame and associated practices. The following models and approaches are used within the three contexts of treatment: couple and family therapy, group therapy, and individual therapy. These models are psychiatric models of intervention, client-centered therapy, short-term dynamic therapy, behavioral therapy, milieu therapy, psychomotor therapy, art therapy, activity therapy, and communication training.

WEEK PROTOCOL

We have a fixed weekly program (Table 1) in which all models and related activities and interventions, just outlined, have their place.

Individual Within the Couple Relationship

In the first 4 weeks the focus is on the individual within the couple relationship. Despite this more individual approach to each partner, it is always viewed as having some mirror within the couple relationship. The team tries to make sense of the individual's thoughts and feelings on behavior that has roots within the family of origin. The therapeutic challenge is to change the focus from the individual patterns that have emerged to the partner relationship.

The Centrality of the Theme Session on the Program

The theme session that is planned on a Tuesday afternoon influences the content within each of the therapy program modules. This theme

TABLE 1. Week program of the clinical group therapy for couples

	Morning	Afternoon	Evening
Monday	Weekend evaluation Group meeting about this week's goals to attain	Psychomotor therapy Social skills training	Watching the videotape of the group therapy
Tuesday	Art therapy Couple and group meeting	Group meeting around a specific and weekly changing theme	
Wednesday	Group psychotherapy Psychomotor therapy in a group session	Individual and couple sessions, including a family of origin sessions	A social activity, organized by two couples
Thursday	Activity therapy Sociotherapy	Social skills training	
Friday	Male group/female group Swimming	Weekend evaluation Discussion about the goals set for this past week	

session takes place from the 2nd to 7th week. The themes provide a thread in all the processes. The following themes are examples of those presented for a specific week:

- Week 2: (genealogical) Tree. The positive and negative influences of the family of origin are taken into consideration from various perspectives (oneself, the partner, and other people in the group). In art therapy, the participants design their own family coat of arms and then reflect on what they consider to be the positive and negative aspects. If a person has come in touch with needs from their family of origin to be nurtured and held, an example of an activity in psychomotor therapy could be that the person is rocked everyday by the group.
- Week 3: Sculptures. Partners show each other how they viewed the relationship when it started, how it is today, and how they wish it to be in the near future. These states are expressed in three sculptures made by each individual in the group. Use is made here of nonverbal therapies. In the same week, the psychomotor therapist works with the issue of distance and proximity.
- Week 4: Boundaries. How do spouses create their own individual space by setting limits between themselves and their partners? The extremes of the continuum are two isolated islands or Siamese twins. We witness many variations on this continuum. In communication

training, we work on expressions of irritations and wishes. In psychomotor therapy, we work with power differences in relationships.

- Week 5: Quarrel constructively. We try to enable people to discover how destructive their behavior can be toward the other. How do spouses cope with different attitudes, values, and desires? How can they cope with these constructively, without repeating things from the past over and over again? In group psychotherapy every week, one of the couples has 30-min prime time and after it the others can react on the story of that couple:
  - What do we do our quarreling about, for example, finances?
  - How do we share time together?
  - How do we give room for the rules of the family of origin?
- Week 6: Intimacy and sexuality. In this theme we first work with partners together, men and women. This is followed by work in a men's group and work in a woman's group. The general group finally follows this. In addition there are separated sessions with each couple and their "own" couple therapist, who did the intake sessions and the mid-program evaluation. In this session they continue their dialogue on intimacy and sexuality. In art therapy, the couples do an exercise with leading and experiencing being led. Each partner at a time is blindfolded and the other one handles the hand of the blindfolded partner who paints. Reflections are then discussed related to what they experienced in both roles? How did they experience leading and then being lead?
- Week 7: Tasks and responsibilities within the partner relationship. Every week in activity therapy the partners work together to make their own project. They can make something that is useful for their children or their grandchildren. The object made becomes a symbol of working together on this mutually decided project. The reflections that follow center around questions regarding their experience of the communication: Who was the compass and whether they were able to accept and enjoy the qualities of the other.

We have chosen an a priori structure of themes, instead of letting the group decide about central topics. Our experience is that this set of topics work very well in engaging each couple in the therapy.

Treatment Goals

At the start of the program we set the treatment goals in the group for the coming weeks. These goals function as indicators of the process that

the couples are supposed to follow. Each week, the week's goals, which are derived from the general goals, are set at the beginning and evaluated at the end of the week. Each day, the staff that was active the day before or the present day meet in the morning to exchange information and to evaluate the process at each level (the individual, the couple, and the group). The sociotherapist is the key person in the group process and joins the group during the entire program.

AN ILLUSTRATION

In the treatment protocol, interventions are included that focus on the individual, the couple, or the group. All interventions have the aim to keep the process at the various levels going. We illustrate what is happening by means of a summary of events of one couple during their 5th week of the program.

Robert and Irene have been married for more than 30 years. Both of their children live elsewhere. Irene has been in individual therapy for some years because of incest trauma and a suicidal mother. Irene became suicidal after the death of her sister at the age of 3 when she was 6. In the relationship with Robert, Irene soon took the mother role. During his youth, Robert was highly dominated by his mother. From the start of their marriage, Robert withdrew from emotional contact. He sexualized his feelings and Irene did not set any boundaries to his sexual behavior. After 15 years of marriage, Robert was arrested twice for exhibitionism. Irene is still afraid that it might happen again some day.

During the intake phase they do not invite their two children. Robert assumes he is here for the sake of his wife, who cannot come to terms with what happened in the past. After the first group session, we set their goals with them. They can be summarized as follows:

> Robert: I want to find out how my youth experiences are affecting my present behaviors and our marriage; I want to be able to express myself; I want to feel free in what I do and feel.
>
> Irene: How can I safely realize my own wishes and longings? How do I set boundaries? I want to give a place to my traumas of the past.
>
> Together: Improve our ability in talking and listening to each other in a much more intimate way; Are we happy in what we do together and in what we do separately?

From these general goals we then construct week goals. During the first few weeks, the focus is on their own individual functioning and on how this is related to the past.

Irene, for example, during 20 min each day tells the group about her traumatic experiences between 4 and 16 years of age. Further she writes an uncensored virtual letter to her mother during week 2, and during week 3 Irene is "the queen."

Robert, for example, every day asks one member of the group about how he or she is feeling today. At the same time he is training himself in expressing his own feelings. In addition he is doing several nonverbal training sessions around "feeling." In week 5 we set an extra goal for Robert. We ask him to write an uncensored letter to his mother, which is very hard for him. During art and psychomotor therapy sessions, communication patterns in their marital relationship are explored. The same is done during the theme quarrel constructively. Their communication is dominated by a pattern of avoiding and withdrawal. There is a lot of tension between the two, but they do not talk about it. When Irene chills, Robert tends to withdraw. Robert is struggling hard with the letter to his mother. It gives him the opportunity to feel the pain from the past. He gives the letter to Irene for reading and is able to show his emotions and feelings. Later, she brings the finished letter to the therapist. (Robert had asked her to do it as a virtual mailing of the letter.) She is in tears and feels very sorry for Robert. She had never realized times have been so hard for him. She had tried to comfort him, and this, as she says, is a completely new phenomenon in their relationship. The next day Robert is able to tell the group about this warm and tender new experience with Irene.

What brought these two people together, 37 years ago? Why did she choose a partner who is so emotionally blocked, just after having left behind her the entire struggle with her family? It seems that their emotionally impoverished lives during childhood is a common theme. However, now they feel some warmth between them, which is a new experience. The therapist advises them to keep these warm feelings and, because of Roberts tendency to sexualize his feelings, not to think of sex, at this point. During the evening they become central in the group. Robert receives feedback on his way of communication described as "like a stone." Next day in the male group, Robert tells that he is now feeling something. Usually he would put this aside, but now he thinks he could do something with it. Irene, in the female group, tells that she often is so angry because she is not able to adequately express what she wants or

what irritates her. In her family this was almost impossible to do, because her mother would threaten with suicide if she did something her mother disliked. At present a refusal (i.e., to have sex) implies in her feelings a dramatic end of the relationship. Everybody in the group is very impressed by her presentation. She had never talked about the traumatic events in the past, and this includes Robert. Now, at the end of this 5th week, she is very nervous for the weekend to come. The main reason is the so-called cleaning session Robert and Irene will have the next Monday. The sociotherapist gives Irene the advice not to concentrate on feelings of tension but on warm feelings on the following weekend. The therapist gives Irene a hugging bear to comfort her during the weekend. Irene shows emotions because of having the hugging bear, as well as Robert. Robert tells that the letter to his mother broke him up a lot this week. He just wants to have rest for the weekend but does not feel tensed because of the cleaning session on Monday.

On Monday, during the evaluation discussion of the weekend, Irene stated that the weekend was as usual. She felt being excluded by Robert. However, the hugging bear gave her comfort. Robert stated that he now had learned to differentiate between his mother and Irene. This was enough for him, but for Irene much more should happen.

Will Irene and Robert be capable of reconstructing their marriage, characterized by a large distance between the two, into a more affectionate marriage with respect for personal differences?

This example gives only a limited sketch of the interventions that took place that 5th week. It shows the close cooperation between the couple, the treatment team, and the group to try to change long-lasting and rigid patterns of marital behavior. However, we only know very little of the discussions and confrontations within the group during the evenings.

DISCUSSION

We have chosen groups that are heterogeneous and unselected according to age, education, race, religion, or any other demographic feature. A point of discussion is whether the groups should rather be composed according to certain criteria, for example, according to age or education level. For our choice is that we did not find strong arguments from the literature or from our own experiences to do otherwise. In total, 369 couples have now been treated in 81 groups. The youngest patient was 23 years and the oldest 74 years of age. The mean age is 51.7 years (SD = 9.6) for

men and 49.1 years (*SD* = 9.5) for woman. By coincidence we did have one group of elderly (55+) couples. The treatment results, however, were comparable with what we found in general.

It is a high investment for couples to complete a treatment like this, which includes a 7-week admission in a hospital. Nevertheless, only 21 couples (6%) stopped during the treatment. This is realized by an extensive screening during three outpatient contacts with the couples beforehand. Moreover, the referring agencies are well informed about what we are doing, that is, by means of a detailed brochure.

We believe that it is essential that treatments should be evidence based. Therefore, from the start of the program, we apply a routine outcome assessment. As part of that, the couples are categorized according to the central problem they have. In about 30% the central problem is a psychiatric disorder in one spouse (but sometimes in both). Another 25% of the couples have marital problems only. The majority (45%), however, suffer from a psychiatric disorder as well as from sustained marital problems. There is a difference in psychopathology between men and women. Women in general have mood or anxiety disorders (60%); men more often have a personality disorder (45%). We use two self-report instruments to measure effect in individual pathology (Symptom Checklist-90-Revised [SCL-90-R]; Derogatis, Lipman, & Covi, 1973) and in problem-solving capacity of the marital relationship (Interactional Problem Solving Inventory [IPSI]; Lange, Hageman, Markus, & Hanewald, 1991). Results have been published elsewhere (Sytema & Bout, 2006). The data show highly significant improvement on both instruments. Our conclusion from the data is that clinically relevant improvement is derived in about 65% of the couples. On the last follow-up measurement, which is 18 months after discharge, about 20% of the couples are divorced. The expartners, however, show the same level of improvement on the SCL-90 at that point. In many of these cases, the divorce can be seen as a positive outcome of the treatment. It probably helped them to separate, which may be better for both of them.

During these years we have adopted new psychotherapy techniques presented in the literature; the structure of the clinical treatment program, however, remained the same. We applied new partner–relation interventions introduced by various therapists (Gottman 1994a, 1994b, 1999; Gurman & Fraenkel, 2002; Jacobson & Gurman, 1995; Lachkar, 1992; Shadish et al., 1993). Further, attachment theory in adults (Cowan & Cowan, 1992; Holmes, 1996; Johnson, 2002) gave a new theoretical insight into our work with couples. We learned how to break through patterns of "stone walling" (Davanloo, 1990, 1995).

We always ask the group of couples during the feedback meeting, which is organized 6 months after discharge, to evaluate the various components of the program. This has not resulted in unequivocal suggestions for fundamental changes. The couples were happy with the program and with the unique group experience they had during these 7 weeks. However, partly based on their suggestion, we introduced a new element in the program in 1993. This is the weekly male and female group meeting, following guidelines published by Corneau (1991) and by Kaslow and Carter (1991).

CONCLUDING REMARKS

We believe that the success of our program relates to the use of an eclectic holistic approach intensively utilized within three primary contexts: the couple, the group, and the family. The added element of the group, is what we believe, adds the unique and important context to the success of the program. The nuclear family has isolated couples from the experience of community and by sharing within the richness of the group this isolation transforms into support and connection.

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