The Integration of Relationship-Focused Group Therapy with Couples Treatment

DARRYL B. FELDMAN, PH.D.
GLORIA BATKIN KAHN, ED.D.

ABSTRACT

This article discusses a new treatment paradigm combining couples therapy with a separate relationship-focused group therapy for each partner. This model is thought to be especially efficacious for those couples experiencing difficulty in making progress in couples treatment alone. The authors postulate that the addition of a separate group process utilizing object relations and self-psychological theories, as well as concepts borrowed from Imago relationship therapy, enhance the probability of working through intractable transference projections that tend to be impervious to either treatment modality on its own. Challenges created by this combined approach as well as benefits are addressed. Theoretical rationale and treatment implications are discussed.

Many couples who are able to function on a mature level in other aspects of life experience themselves acting out of control in their intimate relationships. Although research suggests that couples therapy can be helpful, it has clearly not been helpful enough to stop the soaring divorce rates (Wallerstein & Blakeslee, 1989). There remains a large cohort of couples whose destructive functioning remains untouched by available therapeutic endeav-

Darryl B. Feldman is a psychologist in private practice in Dix Hills, New York. Gloria Batkin Kahn is a psychologist in private practice in Hartsdale, New York.

ors. Even the most experienced and well-trained couples therapist will attest to the fact that there are couples beyond the scope of their therapeutic ken.

This article discusses a model of couples treatment that utilizes a combination of couples therapy in conjunction with a separate group therapy for each partner, whenever possible. The present authors have found that working with couples is greatly enhanced by a consilience (Wilson, 1998) of the theory and practice of couples therapy with that of group therapy. Challenges created by this approach, as well as benefits, will be discussed.

DIFFICULTIES WITH COUPLES THERAPY AS THE SINGLE TREATMENT MODALITY

In healthy couples, the capacity of the partner's to metabolize, contain and mirror each other leads to safety and mutual growth. The partners mature and, in effect, heal each other, in a manner similar to good psychotherapy (Hendrix, 1988). The question is how to bring these powerful healing forces to less evolved couples. To this end, Hendrix (1988) created the "couples dialogue," a form of active listening in which each partner takes a turn suspending his own experience and judgment and just mirrors or says back what he heard his partner say. The dialogue continues with the listener summarizing his partner's perceptions (although they might be quite different from his own). Based on his understanding of his partner's perceptions, the listener's task is to empathize with his partners feelings and finally to validate them. When this process is successful, the listener is able to set aside his own perceptions, at least temporarily, in an effort to discover his partner's "movie"(i.e., subjective view of their world). The couples dialogue provides a format for partners to hold and contain each other's projections in a safe manner, allowing their "movies" to be listened to and finally heard (Feldman, 2002). The utilization of the couples dialogue can help the couple move from their struggles for symbiosis to more of an "I-Thou" sense of respect for each other's separate perceptions and experiences.

In less mature couples, the partners are seen as "predialogical" (Hendrix & Hunt, 2004), since nondefensive listening to the

partner feels too threatening. The limited ability to hold and contain (Gangi, 2006) increases the likelihood of acting out. The couples often are unable to move from a position of fight, flight, or freezing. In Kleinian terms (Klein, 1946), one might say that each partner's regression to a paranoid schizoid position, with a concomitant reliance on primitive part object relations, renders the dyad uninhabitable.

An adversarial relationship frequently develops, with shaming and blaming of the other becoming the norm. Each individual rejects criticism and projects relationship faults onto the spouse. The mate receiving the projection retaliates, and an endless cycle of projection and reprojection emerges in the dyad (Racker, 1968). The projection of all destructive intentions into the partner eventuates with fantasies and even actions to annihilate the other's thinking and sense of self (Billow, 2003). This process may be so pervasive that little guilt may be evidenced, as each partner, by utilizing defense mechanisms of denial, splitting, and projection, sees the other as the personification of all evil and destructiveness (Grotstein, 1981). Annihilation is the essential fear. Therefore, in the process of couples therapy, partners can often get inexorably stuck in their mutual transferences and render therapeutic attempts futile. The very presence of a partner in the therapy may become antitherapeutic.

ADDING SEPARATE GROUP THERAPY FOR PARTNERS TO COUPLES TREATMENT

We have found that when the transferential marital gridlock becomes too entrenched, adding a relationship-focused group therapy for separate partners with the opportunity for transferential themes to be played out is the best treatment option. Often, for many couples, "the space between" has become so polluted that their ability to recognize, respect, and listen to their partners' separate experiences is severely compromised. This inevitably leads to such severe static in their emotional communication that messages become misinterpreted even in situations containing little or no provocation. Especially for couples who are unable or unwilling to "mirror" each other, utilizing Hendrix's couples

dialogue (Hendrix, 1988), these authors have found that separate group therapy for partners is extremely helpful to the couple's relationship.

Indeed, Livingston (2004) believes that separate group therapy may be the best place to work out issues of narcissistic wounding and defending, because the real partner is not there. Someone in the group is inevitably chosen to represent a surrogate spousal twin in much the same manner as the family of origin is brought into the group. This utilization of a surrogate spousal twin in the group process affords the opportunity to work through previously intractable transferences and dilutes the toxicity found in the marital projective gridlock. Livingston (2004) also makes the point that with a separate group for each partner, each member of the projected "couple" within the group goes to his own residence during the week, and this separation gives each the time to reflect and process material brought up in the group. Therefore, this model of separate group therapy for partners tends to lessen the resistance of partners to being present and participating in the group process itself.

Having both partners in a separate group therapy along with simultaneous ongoing couples therapy often propels progress forward in a manner that each modality alone cannot. The separate group experiences along with the therapeutic utilization of the surrogate spousal twin serve to dilute the intensity of the transferential projections between partners. When worked through in the safety of the group with a surrogate partner relationship, the vicious cycle of introjection and projection of toxic transference material can be broken, then healed with their real partner in the couples work.

In the couples therapy, both partners have the opportunity to bring back what they have learned and tried on in the safety of the group process. The material is brought from group to couple therapy in a more easily digestible manner. The couples therapist's task is made all that much easier due to the unlocking of these intractable transferences. Ideally, the treatment plan would consist of weekly relationship-focused separate group therapy for each partner along with weekly couples therapy sessions with the same therapist in order for the material brought forth in the group to be processed in the couples therapy sessions. When this

plan is not possible either for financial or pragmatic reasons (for example, one partner's job necessitates traveling, making the group obligation veritably impossible), palpable benefit can still be derived from the inclusion of one of the partners participating in a separate group experience.

In most therapy groups, members can often be seduced into identifying with the partner who is a group member and participate in splitting against the absent partner. However, in the relational-focused groups, when the surrogate partner is utilized, especially through the use of mirroring, these authors have repeatedly experienced quite the opposite. When the surrogate partner voices the absent partner's concerns, there is typically a softening in the rigidity of the toxic projective process. In these instances, other group members typically join in encouraging a more moderate position, often with examples from their own experiences in relationships. Therefore, empathy develops and therapeutic progress may move forward. The partner in the group learns to re-image his partner as a wounded person, acting out of her own hurts, rather than as a wicked persecutor.

Clinical Example: Group Therapy Facilitating Empathy for Spouse

Carl, the son of very precise Dutch and German-Jewish parents, is self-employed in a family business. He asked for the group's opinion about an issue with his wife. The following illustrates how the group provides support of the member in a spousal disagreement while also expanding understanding and empathy for the other partner.

> Carl: "Well, you know how busy it gets in my business. So my wife, Sharon, was making phone calls and I noticed that she habitually dialed wrong numbers. It was annoying me, because it wastes time and also it costs money. So I just said to her that I wished she would be more careful and dial the numbers correctly. She yelled that I was being judgmental and critical, and she didn't appreciate it. I don't see that I was being critical and judgmental. I think she is oversensitive and overly reactive and unprofessional to react in such an extreme way in a business situation. It's not nice."

George, a pianist and a bridge player, jumped in to support Carl: "I can really see how you felt. It's so important not to waste time and to get the numbers right the first time. How aggravating."

Carl: "Thanks, George. I knew you'd understand."

Carol sees the situation from Sharon's point of view. "You know, Carl, if I were your wife, I would have felt criticized as well."

Several other people say, "Me too."

Carl responds: "But there are so many wrong numbers, so many extra phone calls. This is a business. Don't you see?"

Carol: "No, I don't see. You do everything absolutely perfectly right, I suppose. I feel like you are judging me and it isn't helpful. It's irritating. And it doesn't make me want to agree with you or change. And you know what? You do a lot of things that annoy me."

Carl: "Like what?"

Carol: "You sniff. It's an annoying sound and it distracts me and I forget what I'm thinking. In the group, you sniff."

Carl: "I sniff. I can't believe it. You're saying I sniff."

Carol: "When you criticize me, I criticize you back."

Dr. Kahn steps in. "Carol, sometimes when you feel criticized, you get angry and aggressive back, but underneath, do you think you might be feeling quite hurt?"

Carol: "I was feeling hurt. I was hurt for Sharon that Carl didn't see that she might be getting rattled by all the pressure and that she's trying too hard and makes mistakes and maybe feels scolded."

George: "So what could I say that wouldn't make you feel criticized but would make you want to do it differently?"

Carol: "That's the first helpful question I heard here. Okay. Let's see. How about if you asked if there was any way you could help because you noticed I kept getting wrong numbers and maybe we could brainstorm something to make it easier for me."

Carl: "Well, talk about being helpful, that is a very helpful suggestion for me. I never thought that Sharon might be feeling stressed. I just thought she was careless. This was really a help."

Dr. Kahn: "George, your question was so helpful,l and it really calmed the situation. By trying to understand what Carol needed, you were modeling being a really helpful and loving spouse."

Thus, the group was able to provide Carl first with understanding and empathy via the twinship with George. The discussion with Carol, who took the role of his spouse, Sharon, metabolized some of the toxic projections so that Carl's anger was mitigated and he could be more positively engaged. George acted as Carl's double, and he stepped in to model what Carl might say to Sharon that would mitigate her dysregulation and calm the situation.

In the group, George's recognition that he had no answer inside himself, and that he needed to ask Carol to tell what she needed, was seen by Carol as an open-hearted gift, and she responded with much appreciation. This recognition of each individual's subjectivity then needs to be taken into the couples work so each partner can learn about the other.

Therefore, in a separate group setting, members may more readily learn how to tolerate disappointments without regressing into splitting. The group may afford the spouse the capacity to take a step back and become less dismissive, hypercritical, and judgmental than might occur with the partner present. In "coupling" with various group members, one has the opportunity to re-vision one's life and the story of the couple. Also, confrontations in group therapy by peers are often difficult for these partners to dismiss.

The group catches on to members acting out their unconscious conflicts in the group process. Indeed, the members' underlying conflicts may become more amenable to group exposure and analysis. The false self tends to be quickly spotted in a group, and inauthentic behavior is not well tolerated. In this light, the utilization of Hendrix's dialogue, and especially its mirroring component in the group process, has been found to be invaluable in creating empathy for the absent partner (Kahn & Feldman, 2007).

Clinical Example: Group Facilitation of Empathy

John, a bright, over-intellectualized and controlling man, was taken to task by Fred, another group member, about how he has been less than self-revealing in the group. Fred experienced John's intellectual references as frustrating and distancing. He felt he was taking a risk in confronting John, whom he saw as

intimidating. However, unbeknownst to Fred, he was echoing John's wife's complaints. The leader encouraged John to "mirror" Fred. Through the mirroring, he began to be able to hear his wife's pain and was then able to hear his wife's "movie" more clearly. With some urging, John revealed that his wife also felt cut off, which enraged and devastated her. He went on to describe how he was taught as a child to keep his feelings inside and was chastised if he stepped out of line or expressed feelings.

The therapist was aware of the reemergence of a theme from the couple's therapy that was now being acted out in the group. The therapist encouraged John to take advantage of the opportunity and to risk revealing himself in a setting separate from the projective marital gridlock. When Fred expressed his feelings about John, the emotional distance afforded by the group process allowed him to hear the message that his wife had been trying to convey.

The group process may be especially reparative when the couple relationship is a leaky or toxic container for each other's projections. It can help to dilute the intensity of transference distortions and may ameliorate the intractable resistances present in the couple's therapy. The group process may allow members to see that their reactions and feelings, especially in highly charged situations, are often responses to the past and not merely reactions to current situations. In this manner, the group can create a safe working space that might not be available in the couple treatment.

Couples Groups: Clinical Considerations

There is some literature describing the successful functioning of couples groups (Feld, 2004a, b). However, it would seem that couples groups are composed of couples that are usually functioning at a higher level and are to some extent self-selective by nature. These couples are capable of agreeing to be in and tolerating a couples group experience. These authors have found that those couples who have difficulty working in couples therapy are often less likely to accept couples group treatment as a viable modality. Generally, it is only after a certain amount of learning and the

achievement of a perspective, along with the working through of shame and projective processes, that members of a couple can more easily participate in a couples group (Brok, 2004).

The preformed transference resistance that exists within a dyad may also prove to be incompatible with the modality of couples group therapy. In these instances, there are likely strong resistances to joining and maintaining a couples therapy group. In fact, Ginsberg (2006) states, "Couples may feel more self-conscious, awkward and embarrassed in a group context. This can be exacerbated when they have serious issues and conflicts to discuss."

Because emotional issues continue to be processed outside the group when both members of the couple are in the same group, Brok (2004) explains that this ongoing connectedness outside the direct therapeutic milieu makes it much harder to achieve safety and vulnerability for couples and suggests that a separate group for each partner would seem preferable.

The model is also evident in support groups in which a spouse has cancer, drug or alcohol problems, or is a combat veteran with post-traumatic stress disorder (Armstrong & Rose, 1997). Especially when there is a sense of either member feeling victimized, couples therapy may be perceived as similar to an abuse victim being in therapy with the abuser (Buchele, 2000). Marital scapegoating is a particular problem under these conditions (Coche & Coche, 1990), and may seem like an attempt to collaborate with the enemy present. It may be exceedingly difficult for the partner to reach the truth of his own feelings in the presence of the spouse.

TRANSITION TO THE NEW TREATMENT MODEL

A good working alliance with the therapist of the couples treatment needs to be established prior to the introduction of the concept of group therapy. Separate group therapy for each or one of the partners can be presented as an opportunity to experience a better functioning model of interpersonal relationships, replacing the dysfunctional model learned in their family of origin. It can be explained that the group provides an opportunity

to receive support and make connections similar to those in an extended family, mitigating the frequent sense of being alone (Alonso & Rutan, 1990). Another major benefit for the couple is the opportunity to receive feedback from members of the other sex about how they would feel if they were that person's partner. Hearing a point of view from other people helps the group member to grow and enhances the ability to understand and empathize with one's partner. Frequently a group member will tell his partner, "My group really likes you." If the mate has not chosen to participate in a group, this may induce enough envy to overcome resistance and to ask for group in those cases where only one spouse has agreed to group.

Selection of Members for Separate Relationship-Focused Group Therapy

In considering a partner (patient) for separate group psychotherapy, the probability of finding one's "twin" or one's spouse's "twin" might also be taken into consideration (Harwood, 1998). The possibility of the spouse finding a surrogate partner in the group who would have the capacity to empathize with either the spouse or the partner in the group can enhance therapeutic progress. However, it is likely that just as partners choose each other in the real world, more often than not there is the tendency to either "pick, poke, or provoke" the essence of one's partner in the group setting. In general, just as individual members tend to project family transferences, partners will induce and bring in salient dynamic conflicts into a group setting; that is, even when a predetermined "mate" is not evident in the group, the partner tends to induce or create one in an unconscious attempt to work through important issues.

Considerations of the Therapist's Role in Combined Treatment

In combined therapy, there are two particular situations where information from the other treatment modality can create therapeutic difficulties. Confidentiality becomes problematic when information is omitted consciously or unconsciously in either modality. In most instances, when doing combined treatment,

the therapist has more knowledge of the patient and the couple (Counselman, 2006). The therapists' stance requires sensitivity in order to tactfully integrate the material. Either there is information given by one partner to his group, but not revealed to the other partner, or there is information revealed in the couple's work that is hidden from the group.

Clinical Example: Material Withheld from Spouse but Revealed in Group

A man told his group that he had not paid the mortgage in months and the bank was going to foreclose. The therapist encouraged the group to work through the resistance against his shame. The wife's twin in the group offered that she would feel more hurt that he had kept the finances a secret from her than upset over the problem of their finances. When the man spoke of his shame at being unable to support his family, the group gave him much support. By the end of the session, he decided to tell his wife and deal with the finances together.

In a group situation, where important information is revealed in the couple's session but omitted in the group, the therapist is faced with a dilemma. There may often be a question as to whether the etiology of the withheld information may involve resistance, rebellion or refusal (willful nonparticipation) (Billow, 2006). The task of the group therapist is to help shed light on the truth by encouraging the unfolding of information that may prove to be hidden from the patient himself (Bion,1961).

Clinical Example: Information from Couples Therapy Withheld or Distorted in Group

In couple's therapy, the wife described a very difficult day. She revealed that she had been so upset with her husband on the car ride home from Maine that when he came to a traffic light on the highway, she jumped out and took a bus home. He spoke of how he and their son searched for her to no avail. She refused to talk to him for two days, but now they had made up. In the couples session, he was unable to empathize with what he termed "her sensitivity" to his "little" criticism.

In the next group session, the husband reported that the family had a "really fine trip to Maine." The therapist, disoriented by his presentation, shared her confusion with the group. The husband was clearly not being purposely deceptive and simply had no memory of the upsetting event. Only after much prompting did a light dawn and recall occur. It would seem that primitive defense mechanisms had interfered with his memory until it was revived in the group.

The group therapist's knowledge of the "forgotten" difficulties which had been discussed in the couple's session was utilized beneficially in group. With some prodding from the therapist and in the nonjudgmental supportive atmosphere of the group, the man was able to remember the upsetting incident and feel safe to process it in a much more thoughtful way than previously in the couples work.

Separate group therapy can provide the opportunity to address issues that each spouse might find too threatening to discuss in the presence of the other. The fear may be that the spouse might not be able to tolerate the incompatibility of a perceived experience. The group may afford some distance from the reprojection of toxic themes that have been played out time and time again in the marriage. In fact, it is not uncommon for separate group therapy for partners to eventuate as the main treatment modality along with only occasional couple therapy sessions (Kahn & Feldman, 2007).

Clinical Example: Beneficial Interactions Between Couples Work and Group Therapy

Peter, an attorney whose assessment of himself has been shaped by his small stature, describes himself as the "runt of the litter." He assigns himself to an inferior position in business situations as well as with his friends or family. He suffers from severe performance anxiety and is constantly obsessing about how others are viewing him. He is always anxious that he has not done a good enough job and never expects positive recognition. In the group, he found twinships with two men, which made it comfortable for him to speak.

Peter brought to group his concern about his relationship with a childhood friend. Amy was recently widowed, and Peter was helping with the execution of her husband's estate. Since he was not billing for his time, he did the work in the evening and on weekends. He came to spend most of his free time at her house, not only working on legal matters but also helping with her two small children. Peter's wife, busy running the PTA, did not complain about his being away. The previous Friday night, he worked at Amy's house so late that he was too tired to drive home, and he slept on the couch. When he called his wife, she just said, "Okay," and hung up the phone. She's been cold, but polite, since then. He asked what people in the group thought about his friendship with Amy, since it was purely platonic and he just liked to help her and do a good deed.

> Jane, a woman whose husband had been having an affair with a drug-addicted suicidal woman he was "trying to save," jumped in: "I can't believe how naive men can be. Can't you see that you and this old friend Amy are going to have an affair? Is she attractive?"
>
> Peter: "Sure she's attractive. I always thought so, but she wouldn't want me. She never looked at me that way. She always went out with hunks. I know where I stand, and I'm like her little brother."
>
> Jane: "So what are you saying–if she showed a sexual interest in you, you'd go for it? That just stinks."
>
> Peter: "No, I never said that at all. I love my wife and I believe in fidelity. I'm not happy with this conversation."
>
> Stan jumps in: "Jane, why are you so bent out of shape? Peter is a good guy. He likes doing a good deed. So she's pretty; so what?"
>
> Jane: "So what? He is just like my husband."
>
> Peter: "I thought you said your husband was tall and athletic."
>
> Jane: "He is, and he also needs to save lost souls and be outrageously helpful to the whole world outside of his family. He's always too busy with helping other people and never there for me or our kids. So, one of his causes was this cocaine addict bimbo who he went nuts trying to save. I don't think he even knew we existed that year. I can't stand to think about it." (She starts to sob.)

Peter: "I'm so sorry. I didn't want to upset you. I didn't know you'd miss me. I mean, I didn't know my wife would miss me. She never said anything."

Jane: "Maybe she didn't think she had a right to want you home with her, focused on her, not on Mrs. Needy Widow."

Sue, another group member, offers: "Remember, Jane, after you and your husband reconciled, how you broke your arm and he had to drive you everywhere? Maybe that was to get his attention and so he'd feel needed."

Jane, thoughtful: "Maybe. Peter, maybe your wife should break an arm so you would need to take care of her."

Peter: "I'd be happy if she wanted me to take care of her. I'd be pleased to be of help."

Jane: "You all know my husband said that his affair was absolutely not my fault. Now I'm wondering if maybe I didn't let him know that I really needed him and appreciated his presence when he did do things around the house. I'm not a person to say a lot of praise kind of stuff."

Stan: "I never thought of that before. It would be so nice."

Jane asks, "What would be nice?"

Stan: "For you to say if something I said in here was helpful, and for my wife to say that she appreciated something I did, to act like she noticed."

Dr. Kahn: "Maybe your wife does notice, Stan. But maybe she just treats you the way she was treated. No one ever praised her, so the response doesn't come naturally."

Jane: "That's right. I do notice, only it doesn't come naturally to say the words. I didn't realize it would mean anything to you, what I said."

Peter: "It would mean something to me, too."

Dr. Kahn: "Seems like everyone needs to hear appreciative words."

The next day, Jane and her husband Tom had a couples session. Jane recounted a troubling dream. She and her husband were on a glacier. Suddenly, the part of the glacier where she was standing started to separate from the mainland. Tom, engrossed in conversation with someone else, was oblivious to her plight. She did not

know what to do and felt panicked, isolated, and bereft. Then she realized that if she called Tom, he could rescue her, throw her a rope. But she would have to call him. The words seemed stuck in her throat. It was so hard to let them come out. She thought, "It serves him right not paying attention to me." Then she thought of Peter in the group saying, "I'd be pleased to be of help," and suddenly her throat opened and she screamed, "Tom, help me!" And then she woke up.

Tom said, "Jane, you never ask me for help or tell me what you need. I'm glad you finally did in the dream."

Jane: "I'm beginning to get it. I thought you would just know."

Tom: "Well, if I knew, I would have done what you needed. I always saw you as completely self-sufficient and that what I did around the house was negligible."

Jane: "You're saying you need me to say what I need and to say appreciative words to you, right? There's this guy in my group who is so much like you, and I'm getting cued in by him."

Tom: "No wonder you had that dream. You should have stayed asleep and finished the dream with me throwing you a rope and pulling you back to me and then you could have said how great I was."

Dr. Kahn: "Maybe you could have that dream come true. It looks like you are both getting there."

These vignettes demonstrate how in the safety of the group setting, the members who formed a surrogate couple worked through a portion of their negative transference to each other. Jane was able to become the voice of Peter's spouse, who has felt unheard in the marriage. Peter was able to hear his wife's "movie" being played through Jane. Peter was blind to his wife's sense of insecurity because of his own struggles with the same issues. He could not imagine his wife feeling abandoned by someone as inconsequential as himself. Jane, in turn, realized that she had not communicated her need and appreciation for her own husband. Each moved to an empathic understanding of the other, who functioned as the spouse's twin. The empathic attunement to the spouse's twin created a revisioning of the spouse and a repair of the emotional dysregulation. Group for the partner provided the safety for vulnerability to emerge and repair. The group pro-

cess promoted a growth in interpersonal skills, mitigated symbiotic needs, and promoted a curiosity in the subjective space of the partner. Group therapy, combined with the couples therapy, stimulated empathy and respect for the subjective experience of the spouse. In these vignettes, the utilization of a combined treatment model facilitated therapeutic progress and growth, which readily transferred to real life intimate relationships. The ability of each partner to re-vision the marital relationship was enhanced. With a more empathic and conscious relationship developing, the opportunity for partners to heal each other's wounds emerges.

CONCLUSIONS

Just as, prior to Copernicus, the earth was seen as the center of the universe, and prior to Freud, the conscious mind was revered, it would seem that in the past the analyst placed himself as the central figure in a play, where most likely he had, at best, only a supporting role. The advent of couples therapy moved the therapist from the center to a more ancillary position, encouraging increased face-to-face, "I-Thou" interactions. However, when couples are intractably entrenched in the marital gridlock, group process can function as an integral ally in the therapist's armamentarium. Thus, the utilization of relationship-focused group psychotherapy in conjunction with couples treatment may afford therapists the opportunity to harness the multiplicative strength of both therapeutic modalities.

REFERENCES

Alonso, A., & Rutan, J.S. (1990). Common dilemmas in combined individual and group treatment. *Group, 14*, 5-12.

Armstrong, M., & Rose, P. (1997). Group therapy for partners of combat veterans with post-traumatic stress disorder. *Perspectives in Psychiatric Care, 33*, 14-18.

Billow, R. (2003). *Relational group psychotherapy: From basic assumptions to passion.* London: Jessica Kingsley.

Billow, R. (2006). The "3 R's" of group: Resistance, rebellion, and refusal. *International Journal of Group Psychotherapy, 56*, 259-284.

Bion, W. (1962). *Learning from experience*. London: Heinemann.

Brok, A. (2004). Couple dynamics, group dynamics, general dynamics? The impact of group on couples and some thoughts on training for couple therapy. *Group, 28,* 127-141.

Buchele, B. (2000). Group psychotherapy for survivors of sexual and physical abuse. In R. Klein & V. Schermer (Eds.), *Group psychotherapy for psychological trauma* (pp. 170-187). New York: Guilford.

Coche, J., & Coche, E. (1990). *Couples group psychotherapy: A clinical practice model*. New York: Brunner Mazel.

Counselman, E. (2006). Combining individual and couple therapy: Is it always a bad idea? *International Journal of Group Psychotherapy, 30,* 3-17.

Feld, B. (2004a). Using systems thinking to understand attachment in couple and couples group therapy. *Group, 28,* 127-141.

Feld, B. (2004b). Holding and facilitating interactive regulation in couples with trauma histories. *Psychoanalytic Inquiry, 24,* 420-437.

Feldman, D. (2002). Whose movie is it anyway? Unscrambling projective processes in our work and in our lives. *NYSPA Notebook,* July-August, 16-17.

Gangi, B. (2006). Disorganized attachment dynamics in couples. *Group, 30,* 153-162.

Ginsberg, B. (2006). Relationship enhancement couple therapy and group therapy. *Group, 30,* 81-100.

Grotstein, J. (1981). *Splitting and projective identification*. New York: Jason Aronson.

Harwood, I. (1998). Advances in group psychotherapy and self psychology: An intersubjective approach. In I. Harwood (Ed.), *Self experiences in group: Intersubjective and self-psychological pathways to human understanding* (pp. 30-46). London: Jessica Kingsley.

Hendrix, H. (1988). *Getting the love you want: A guide for couples*. New York: Harper and Row.

Hendrix, H., & Hunt, H. (2004) *Receiving love: Transform your relationship by letting yourself be loved.* New York: Atria Books

Kahn, G., & Feldman, D. (2007). The utilization of separate group therapy for partners as an adjunctive modality for couples treatment. *Group, 31,* 137-151.

Klein, M. (1946). Notes on some schizoid mechanisms. In *Envy and gratitude and other works, 1946-1963.* London: Virago Press, 1988.

Livingston, M. (2004). Couples within the group: Dyadic interaction in group psychotherapy. *Group, 28,* 87-109.

Racker, H. (1968). *Transference and countertransference*. London: Hogarth.

Wallerstein, J., & Blakeslee, S. (1989). *Second chances: Men, women and children a decade after divorce*. New York: Ticknor and Fields.
Wilson, E.O. (1998). *Consilience: The unity of knowledge* (1st ed.). New York: Knopf.

Darryl B. Feldman
11 Mont Avenue
Dix Hills NY 11746
631-242-0656
E-mail: dbfdbf@aol.com

Received: June 6, 2007
Final draft: December 18, 2007
Accepted: December 19, 2007