Relationship-Focused Group Therapy (RFGT) to Mitigate Marital Instability and Neuropsychophysiological Dysregulation

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ABSTRACT

This article describes an innovative model of couples therapy designed to mitigate marital instability. The authors suggest that combining ongoing couples therapy with a separate relationship-focused group for each partner favorably impacts each person's neuropsychophysiological regulation and their ability to participate in a stable intimate marriage.

The neurobiology of attachment theory is seen as providing understanding of the affect regulation issues operational in many couple relationships. The safe and secure attachments worked out in the relationship-focused group therapy are seen as improving neuropsychophysiological integration and regulation.

Advances in the understanding of the neurobiology of attachment, especially the impact of relational trauma, inform us of the need to broaden our framework. This article takes into consideration an appreciation of the recent developments in neurophysiopsychological theory that can aid in clinical formulations.

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Based on these theoretical advances, we have broadened the focus of the treatment of couples to include separate relationship-focused therapy groups for each partner and introduced specific techniques to repair attachment wounds, develop individuation, and create empathy for the partner. It is felt that a greater understanding of marital tension and dysregulation and its treatment may best be served through such an integrative approach.

LIMITATIONS OF COUPLES THERAPY

The fact that there are some people who cannot work in couples therapy is a problem that is not often openly addressed by couples therapists. Hendrix (2006) calls these people "predialogical." Shelley & Wood (1995) spoke of the difficulties of working with couples who were unwilling or unable to listen to each other or to "mirror" using the couples dialogue. Siegel (2008) spoke of the many instances when there is little or no progress in a couple therapy and there is a need to either work with the individuals separately or to refer each of the partners to different therapists.

There are also instances in which couples therapists may have witnessed the capacity for a seemingly well-functioning couple to regress into the throes of intense transferential conflicts right in their office. In fact, it has been postulated that in many rather high-functioning patients, there is the "existence of a subclinical variant of dissociative processes related to attachment trauma" (Adams, 2006). The theory is that there is a blend of strength and vulnerability in some people that goes unnoticed until it is revealed in their most intimate relationships. The etiology of this difficulty is thought to be rooted in lifelong processes of seemingly minor traumatizations, leading to ruptures in attachments which can result in the experience of "chronic shock" (Adams, 2006). This encapsulated, and many times unconscious, chronic apprehension often exists in parallel with more mature functioning that is evidenced in less intimate relationships. In these instances, there would appear to be a relationship between one's capacity towards regression and reactivity and the ability to tolerate intimacy. The pervasiveness and intensity of hypo- or hyperarousal and attendant dysregulation present may be limited

to the threat perceived and vulnerability experienced only with more intimate connections.

When the rewounding in the marriage becomes so pervasive as to render the dyad uninhabitable, the couples therapist may indeed be drawn into a vortex of countertransferential reaction (Scharff, 1992). These couple dyads may be unable to effect change together, even with the help of an experienced couples therapist. Distress minimizes attachment, and reactivity rather than receptivity may prevail. They may be unable to avoid emotional flooding or prolonged disengagement. Empathic resonance towards each other may be minimal. If one imagines the flow of relationships to encompass a process of rupture and repair, it may be that the repair process is either minimal or absent, leaving prolonged sequences of dysregulation to be the norm in these situations. There is understandably an enormous toll taken on these couple dyads.

Tatkin (2006) sees neurophysiological concomitants of marital instability as a "chronic hyperactivation of hypothalamic-pituitary-adrenal axis (HPA), sympathetic overarousal and/or parasympathetic underarousal." It has been hypothesized that partners rely on one another for regulation of their autonomic nervous systems (Levenson, 2003). When partners have been the object of childhood abuse, neglect, or chaotic and disorganized attachments, responses become automatic and rigidified, and lower cortical mechanisms prevail over higher prefrontal cortical systems. Eye rolling, gaze aversion, tantrum-like outbursts, and stonewalling are behavioral responses often evidenced under these conditions. The couple becomes imprisoned by unconscious early memories that inhibit receptivity–as though they are on automatic pilot, having the same fights over and over again, with minimal understanding of the processes supporting their behaviors.

Couples therapists frequently encounter couples whose capacity for empathy toward one another is almost negligible and who they feel can benefit little from couples work. These couples show such a terror of their differences that losing their sense of self and being annihilated prevents them from having any empathy toward each other. These couples can become stuck in their capacity to recover and are unable to move from a position of fight,

flight, or freeze. The themes of feeling victimized and persecuted by one's partner may increase defensiveness to the point that little or no insight or growth seems possible.

LIMITATIONS OF COUPLES GROUPS

There is literature describing the successful functioning of couples groups where both partners are in the same group (Feld, 2004). However, those groups are composed of couples who agree to be involved in and to tolerate a group experience together. We have found that couples who have difficulty working in couples therapy are often less likely to accept couples group treatment as a viable modality. Because the couple continues to process emotional issues outside the group, Brok (2004) explains that it becomes much harder in a group to achieve the safety and vulnerability necessary for growth. Brok suggests that a separate group for each partner would seem preferable. This model is particularly useful when there is a sense of either member being victimized. The couples therapy would be perceived as similar to an abuse victim being in therapy with the abuser (Buchele, 2000) and may seem like an attempt to collaborate with the enemy present (Coche & Coche, 1990).

THE NEUROBIOLOGY OF ATTACHMENT AND THE IMPACT OF EARLY RELATIONAL TRAUMA

We are only beginning to understand the connection between relationship patterns and neurobiology. We do know that positive early development and interpersonal experiences help form a secure "internal group" which tends to function as a source of affect regulation (Aron et al., 2005). Conversely, the impact of early relational trauma on the neuroplasticity of the brain is probably, in reality, much greater than most previously predicted it to be. We are learning that our experiences can change neurobiology and that the social environment highly impacts the neural circuitry of the developing infant (Siegel, 1999). Traumatic attachments which are imprinted early in life are now seen to have correlates in brain activity as well as behavioral responses to stress. When threatened, our brains tend to function more on automatic pilot, and neural pathways become rigidified. The

right brain particularly is seriously affected by early traumatic events. The middle of the prefrontal cortex may suffer in terms of reduced connectivity (Woolley et al., 2004). Disorganized and disoriented insecure attachments form a model that is encoded in implicit memory of the right brain. Recent research implicates the right brain in terms of the responsibility for the development of responses to stress (Schore, 2001). Small traumas over extended periods of time may have more serious implications than isolated larger traumas. The chronic and cumulative experiencing of stressors tends to lead to long-term patterns of autonomic activity (Siegel, 2007). There may therefore be an over-reliance on more primitive and rigidified brain structures and pathways that result in a lack of capacity for emotional regulation (Schore, 2001). Under these circumstances, mindfulness may give way to impulsivity. Neural firings and pathways tend to rigidify and, as a result, neuroplasticity is compromised; that is, neural integration become minimized (Siegel, 2007). Impulsivity and loss of emotional regulation becomes the norm.

MARITAL INSTABILITY AND PSYCHOPHYSIOLOGICAL DYSREGULATION

There is a growing understanding of the connection between marital instability, early attachment problems, and psychophysiological dysregulation (Clulow, 2006; Goldstein & Thau, 2006; Groth, Fehm-Wolfsdorf, & Hahlweg, 2000; Schore, 2003; Siegel, 2003). Just as emotional and physiological attunement can have a positive impact on interpersonal neurobiology, emotional and physiological dysregulation tend to have a deleterious effect. Therefore, it would appear that the process of either attunement or misattunement present in mother-infant interactions may be a familiar template operational in the dynamics of many couple relationships. The predisposition to rigidified toxic couple interactions is viewed as based in childhood attachment difficulties and maladaptive emotional and psychophysiological defensive strategies (Schore, 2003).

During severe marital discord, the hippocampus–the message center which mediates between both the thinking and the feeling side of the brain–is often in a decreased state of function-

ing Thus, memory may become impaired, causing interference with one's perception of an event, leading to a kind of "psychic dyslexia" (Solomon, 2003). This is one reason why couples in a high state of arousal have very different memories about what occurred during an argument. It appears that with impairment in functioning of the hippocampus, a person is left in distress, without much ability to remember circumstances surrounding an actual event.

When couples are in a high state of arousal and emotional dysregulation, a partner may experience a terrible state of almost childlike confusion and fragmentation. In these cases, there is such psychophysiological dysregulation that one or the other shuts down, dissociates, and is unable to remember the situation, and as a result, intentionality becomes impaired. Mindfulness and mentalization are virtually impossible under these conditions (Siegel, 1999), and it is unlikely that the couple will be able to move toward repair. Siegel (2003) refers to these primitive interactions as "low road" transactions.

Low road transactions occur when feelings of danger are perceived on a subcortical level by structures such as the amygdala. The hypothalamic-pituitary-adrenal axis (HPA), the neuroendocrine stress response system, becomes activated without the aid of orbitofrontal mediation. In these instances, immediate primitive reactivity goes into play with little or no prefrontal cortex intervention. The reaction is similar to that of an animal seeing danger and growling as he jumps to attack. Similar to anger management training, relationship-focused group therapy attempts to teach techniques of stopping, freezing any activity in speech, gaining the time to allow the immediate reactivity to dissipate and for the executive functioning of the prefrontal cortex to come into play and think through a reasonable response.

Although these mature regulatory responses are adapted in the workplace, many individuals continue to function reactively at home. It seems that primitive ego states may coexist alongside seemingly sophisticated, mature functioning. It is quite common for people to function at an exceedingly high level at work and in the community and then to regress into low road functioning (Siegel, 2003) when they are at home. However, secure attachments in the presence of relational attunement may have the ca-

pacity to alter brain circuitry. The secure patient-therapist and therapeutic group relationships can positively affect neuronal growth and integration. (Siegel, 2007)

RELATIONSHIP-FOCUSED GROUP THERAPY

Relationship-focused group therapy (RFGT) is conceived by the authors (Feldman & Kahn, 2009; Kahn & Feldman, 2007) as separate psychodynamic therapy for each of the partners, if possible, in conjunction with ongoing couples therapy. RFGT is based on principles of self-psychology, interpersonal group therapy, and object relations theory, and it integrates techniques from Imago Relationship Therapy such as the Couples Dialogue (Hendrix, 1988; Hendrix & Hunt, 2004). It is a treatment opportunity for work on couples dynamics within a group setting. The thesis is that the ability to metabolize, contain, and empathize leads to safety and mutual growth. However, in less well-functioning couples there are often instances in which growth may be inhibited by the presence of the partner. In these instances, growth may best occur when an opportunity is presented for the working through of marital gridlock difficulties in a safe, separate, relationship-focused group process (Feld, 2003).

Group therapy is basically a psychodynamic process in which imitation, identification, and internalization are considered primary therapeutic processes (Rutan & Stone, 1993). By adding techniques of Imago Relationship Therapy to the group process (Kahn & Feldman, 2009), group members can learn to differentiate between themselves and their partner, thus reducing or eliminating feelings of symbiosis. As the group member individuates, he/she develops feelings of empathy for his/her partner. Each partner becomes better able to create a conscious relationship.

For the therapy group to be felt as safe, each member needs to find at least one (hopefully more) person in the group who "gets" them, who is understanding and supportive of them, who is seen as their "twin" and aids in their feelings of connection and safety in the group (Harwood, 1996).

Another important aspect of relationship-focused group therapy is finding a group member who is seen as a twin for their spouse. Almost invariably, each group member finds at least one

person in the group who resembles their spouse and then displaces the feelings from that spouse onto the spouse's twin (Livingston, 2004). The member is drawn into re-enacting conflicts with this spousal surrogate. However, working through these tensions with the group is easier because the group affords a dilution of the intensity of the transference distortions. Because this twin is not really the person's spouse, the group member can be led into holding onto his or her observing ego, thereby maintaining his executive functioning and resolving the conflict by utilizing Hendrix's (1988) couples dialogue (Kahn & Feldman, 2007).

THE COUPLES DIALOGUE

We directly adapt Hendrix's (1988) three-part process known as couples dialogue into the RFGT and apply it to an individual member and the spousal surrogate. The dialogue begins with one person, the sender, who speaks about a complaint or hurt or wish. The recipient, the listener, mirrors back only what is heard, with no editorial comments. The listener's role is to gain an understanding of how the sender idiosyncratically perceives the world and aspects of the relationship in particular. The listener does not need to approve or agree, but only to "get" what his or her partner experiences.

The second part of the dialogue process is having the listener make a validating nonjudgmental statement about what the sender has just said. It is a statement merely saying that "given what you have just said and given what I know of you, I can understand that you might see it that way."

The third part of the dialogue process consists of the listener making an empathic statement to the sender, something along the lines of, "Given what you've said about your experience of this situation, I imagine that you might be feeling sad, frustrated, upset, etc." This empathic statement by the receiving partner is an attempt to connect to the emotional world of the other partner, but without being pulled into fusion.

Using the structure of the couples dialogue in the group helps the partners contain their mutual projections, lessen their resistances and emotional reactivity, and feel more in control. Increased regulation of neurophysiological systems may develop.

Through the use of the new empathy, new response systems better able to contain reactivity are conditioned that can then transfer to their actual marital relationship. The resistances and defenses which may have been intractable and interfering with progress in the couples therapy are worked through in the relationship-focused group process, and new response systems conditioned.

SEPARATE RELATIONSHIP-FOCUSED GROUP THERAPY FOR EACH PARTNER

These authors postulate that the process in a separate relationship-focused group therapy (RFGT) for each partner can be especially reparative for the couple's functioning. Even if only one of the partners is able to be in a group, the growth in individuation and ability to tolerate differences as well as in self-regulation can be a powerful force toward repair. Separate group therapy for each or one of the partners can be discussed with the couple as an opportunity for either or both of them to be part of a better functioning model of close relationships, which could eventually replace the models they learned from their families. This therapy group can provide the support and connections fostered in a good family and lessen their sense of being alone (Alonso & Rutan, 1990).

The group as a social microcosm often recapitulates the primary family group, and therefore family members are often found transferentially via displacement within a group. These authors have found the same mechanism applies to marital partners; that is, when a group is formed, members will find at least one person who resembles their spouse within the group (Livingston, 2004). Spousal transferences with this spouse twin will abound. When the new "couple" uses couples dialogue and works through their differences in the group, the group dilutes of the intensity of transference distortions. Therefore, the intractable resistance which may be interfering with the progress in couples therapy may be ameliorated in the group process. In emotionally interactive groups, transactions of members empathically in tune and serving self-object needs of one another (Stone, 1996) create an experience of well-being and safety. Thus, the group is able to create the safe working space that may not be available in the

couple dyad, but is necessary for change and improved prefrontal cortical functioning. Integration can occur and is enhanced only if the environment is safe (Cozolino, 2002).

Scheidlinger (1974) portrayed the well-functioning group as serving to induce superego modifications formed from the incorporation of the image of the "mother group." Especially in couples in which there are symbiotic issues and rampant enmeshment themes, group process enhances individuation and separation, addresses symbiotic needs, and encourages each person to have an empathic focus on the subjective experience of the other (Caligor, Fieldsteel, & Brok, 1984). Because of the variety of possible transferences available, group members can provide support to each member of a dyad in a way that the couples therapist may be unable to. Thus, we hypothesize that relationship-focused group therapy might provide the safety necessary for hippocampal regrowth and functioning.

In separate group settings, partners more readily learn to tolerate disappointments without regressing into splitting. The group affords members the capacity to take a step back and become less dismissive, hypercritical, and judgmental than they might with their actual partner present. There is an opportunity for the revisioning of one's life story and one's story as a couple in the group. Also, confrontations in group therapy by peers are often difficult for members to dismiss. The group catches on to members acting out their unconscious conflicts in the group process. The members' underlying conflicts may then become more amenable to group exposure and analysis. The false self tends to be quickly spotted in a group, and inauthentic behavior in general is often not well tolerated.

Therefore, the possibility for empathy for one's partner may be engendered by group interactions (Brok, 2004; Livingston, 2004). The tendency for spousal confusion about their projections is opened up for examination within the group process. The capacity for marital scapegoating may be challenged. It is not so easy to place the internalized projected badness into the partner in a group setting, because the group tends to promote an ability to integrate ambivalence by re-visualizing the partner as wounded rather than as an adversary. The multi-transference aspect of the group process provides the group member who has presented

as the aggrieved spouse the help and support of "good parents." Group members who feel a twinship connection can provide mirroring and an understanding of the subjective experience of the other that is so necessary for right brain change to occur.

Clinical Vignette

Barb: I'm going to be married ten years next week. Sometimes I can't remember why I married him. I walk in from work and I'm greeted with such a terrible mess – coffee cups, stacks of loose paper, clothes on the floor, newspapers, all covering every available space. I want to turn around and walk right out. He doesn't tell me how the job hunt is going, if he has an interview or even a lead. For all I know he did nothing all day but make more mess.

Mary: How terrible for you. No wonder you want to turn around and walk out. When I come home exhausted from my job, I just want to veg, not start cleaning and picking up.

Barb: That's exactly how I feel, Mary, and when Carl was working, how he felt too. That's why we had a cleaning person then, but we can't afford that now. He's home all day; why shouldn't he do it?

Ned: You know, I can really understand Carl. This was me. I lived this. Listen – when I lost my job and I was home those months, there was plenty I could have done around the house, but I felt awful every time I started to clean up. It kind of rubbed my nose in it.

Dr. Kahn: Barb, can you mirror?

Barb: Yeah, you felt awful every time you started to clean up.

Dr. Kahn: Let's role play. Ned, can you be Carl here?

Ned: Sure. Listen, Barb. When I start to get involved with the clean-up stuff, I feel like a loser – like a guy who can't get a job. I feel so bad, I just want to go back to bed.

Dr. Kahn: Barb, will you mirror?

Barb: When you start to clean up, you're saying that you just feel like such a loser, you have to go back to bed.

Ned: Yeah, that's it. I can't take it. It's hard enough being at home day after day; but then to have to do the cleaning too, it just makes me feel so bad.

Dr. Kahn: Barb, can you mirror?

Barb: Sure. So Ned, you're saying that to do the cleaning makes you feel even worse; is that right?

Ned: Yes.

Dr. Kahn: Ned, and cleaning reminds you of ...?

Ned: My father did the cleaning when he was out of work. He hated it too. He would make me help him, but I never did it good enough. He would scream at me that I was a no-goodnik and would end up being a bum like him. Last year I was out of work. I felt like he was right. It really got me down. I guess that's why I couldn't do work in the house either.

Dr. Kahn: Barb, can you mirror and validate what Ned is saying?

Barb: So Ned, let me see if I've got this right. What you're saying is that when your father was out of work, he made you help him clean, he didn't like how you did it, and then he would scream and yell at you that you're a no-goodnik and you would end up a bum like him, and so when you were out of work and you started to do the cleaning, it made you feel really down. Is that right?

Ned: Yes, that's right.

Barb: So I could really understand, then, Ned, why to do the cleaning would feel abhorrent to you.

Ned: Okay, you got it, Barb. Thanks for understanding.

Lester: So you surely didn't need your wife on your back to be cleaning up. Now, when I was out of work, I went and bought a great big motorcycle and I went for long rides on it. It was just wonderful.

Ned: Your wife didn't mind? Every time I spend a few hours playing golf, I get the cold shoulder.

Lester: Well, I don't really know if she minded. She never said anything. I mean, actually, we weren't talking too much back then. She seemed to be out a lot, I think.

Barb: If I were your wife, Les, I wouldn't talk too much either. Imagine, no income and buying a motorcycle.

Ned: Sometimes you're so judgmental, Barb. Why don't you ask him why he bought the motorcycle.

Barb: Okay, Les. Explain to me why, with no income, you go and buy a motorcycle.

Lester: Well, it was my money. I made it. I earned it. And you know, that bike made me feel so good. It cleared my head. It made me feel young and energetic. And then I felt able to be more confident when I networked or I had to make phone calls, speaking to people about a job.

Barb: Actually, you know, that makes sense, Les. What a good idea. Maybe Carl needs some things to pep him up so he can make some job-hunting phone calls. Like he can go skiing. I'm really feeling bad that I've been so annoyed at him.

Ned: Now I'm being Carl again. Do you know what upsets me about you, Barb? When you're upset about one thing with me, you forget absolutely everything else about me that's good. It's like you catastrophize. You forget about how I cook all the meals and clean up the kitchen...

Mary: Wait. I missed that. Barb, does he really cook the meals and clean up all the meals?

Barb: Well, yes, actually. He does the grocery shopping too. But I forget that, you know. I get flooded with my upset feelings, and I see only the bad things. That's no good. I really have to watch that.

Ned: Well, you know, you really do, because what you forget is how much I need you to see the good parts of me so I can hold on to that image of me.

Lester: Maybe Carl doesn't need to ski. Maybe he needs you to be for him like the motorcycle was for me. Like helping me to remember the bright, energetic guy I am.

Ned: You are so right on the money, Les. Barb, I need you to remember the good things about me; to remember I'm not just a jobless do-nothing. I need you to see me.

Barb: Oh, I do see you, Ned. I see what a caring, good guy you are and how you let yourself be so open and vulnerable so that I would actually hear you. Thank you, thank you. I will really try to stop the negative flooding. Carl will thank you too.

DISCUSSION

The group may be seen here as a vehicle for narrative integration. That is, the possibility of re-visioning one's life story in the presence of empathic others exists in the group setting. One's

"movie" (Feldman, 2002) about self and others may take on previously unforeseen aspects. This interpersonal integration is most likely fueled by concomitant neurophysiological integration. In these instances, it may be hypothesized that the group process allows for mindfulness and increased cortical functionality to replace reactivity. It might be stated that the new group "family" helps to break the more impaired legacy of the family of origin. Therefore, the intergenerational transmission of trauma and psychopathology may be deactivated (Volkan, 2001).

In this example, we saw how a very disturbing situation could create such cognitive flooding that the partner totally forgot important mitigating information. Barb, in her upset about Carl's lack of income and failure to clean the house, totally forgot about everything else he does. However, in the group, she received critically needed support and understanding from Mary so that she was then able to participate in a couples dialogue with Ned and really hear him. Regaining a balanced functioning, she was able to then hear Lester and actively learn from both.

The group provided the twinship allowing for understanding and support. Barb was then able to connect with her feelings and diminish her autonomic reactivity and to interact with her spouse's surrogate in a mature manner. Her verbal responses were clearly more and more tempered by the changes in her right brain subjective understandings and more regulated by her executive functioning. She moved from a position of total disdain and monsterizing of her spouse to a position of re-visioning him as a wounded person who was really decent and good.

The group therapist was faced with the daunting task of orchestrating optimal detoxifying psychological exchanges between members which would hopefully lead to improved neurophysiological and emotional integration and regulation. Looked at in this light, one might be reminded of Foulkes's (1964) metaphor of the group therapist as a "conductor," creating group therapy experiences that would have the potential of being very powerful right brain exchanges between members. Thus, it might be hypothesized that optimal right-to-right brain exchanges, especially when offered in a relationship-focused group process, modulated in the presence of a safer surrogate twin partner, possess the ca-

pacity to enhance emotional as well as neurophysiological regulation.

CONCLUSION

Hebb (1949) wrote that neurons that fire together, wire together. If the right brain can experience feelings that are safe, secure, and supported, subjective changes can take place and neural integration can proceed. These authors hypothesize that, in many instances, the group may be able to provide an optimal state of neurophysiological arousal that allows for modulation of affective states. This modulation of right hemispheric transactions may not be possible with the partner present, especially in dyads infected with an overabundance of toxicity. In these instances, the promotion of neural integration through the dilution of toxic rigidified transferential reactivity may be possible in a separate relationship-focused group for each partner. The group may allow for self-observation and relaxation of maladaptive defensive operations that are automatic in many couples. The partners may feel less imprisoned by implicit memories that inhibit receptivity and tend to favor reactivity. The possibility of defusing and re-visioning previously hopelessly gridlocked marital exchanges may arise.

This new understanding of the brain is extremely valuable to therapists. It helps to substantiate the hypothesis that left brain analytic understandings are necessary but not always sufficient for change to occur. We now know that a person can analytically understand; but in order for neural integration to be achieved, we need to be attuned to providing therapeutic experiences that address the significant contribution of right brain functions (Doidge, 2007; Schore, 2001; Siegel, 2007; Tatkin, 2009). These authors have found that relationship-focused group therapy (RFGT) tends to encourage the development of a secure, internalized group as a source of affective and concomitant neurophysiological regulation. Internal working models of the relationship may then be revised. In these instances, the hope of having comparatively safer reparative experiences rather than repetitive retraumatization with one's partner may be rekindled.

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