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The Utilization of Separate Group Therapy for Partners as an Adjunctive Modality for Couple Treatment

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With the soaring divorce rate, couple therapy has been seen to be effective, but only some of the time. This article addresses the needs of the other couples—those seen as impervious to previous treatment models. A new paradigm will be presented that utilizes separate group the,rapy for each of the partners as an adjunct to their couple therapy. Theoretical constructs will be delineated explaining both the etiology of the problematic relationships and the rationale for this new integration of imago concepts and group psychotherapy approaches based in object relations, self psychology, and existential theories. Benefits of separate group placement will be discussed and clinical examples given.

KEYWORDS: Couple therapy; group therapy; imago relationship therapy; relational theory.

This article will discuss a new treatment paradigm utilizing a separate group therapy for each of the partners as an adjunct to couple therapy. The model was developed to meet the needs of those couples not amenable to traditional couple therapy and is based on an integration of concepts from imago relationship therapy and group psychotherapy.

The difficulty in co-creating a viable partnership or marriage in today's world is reflected in the growing divorce rates in this country and throughout most of the world (Wallerstein & Blakeslee, 1989). Most couples experience difficulty in allowing, maintaining, understanding, and co-creating a separate existence with their partner (Mitchell, 2002). Many early-wounded couples are threatened with a sense

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of annihilation, unless they are locked into co-creating a symbiotic fusion with each other (Kernberg, 1995). Difficulties in individuation can become entwined in a toxic matrix that all too often leads to issues such as abuse, withholding, and finally divorce (Solomon, 1989). Fear of intimacy (Firestone & Catlett, 1999) is apparently so pervasive that meaningful relationships are often difficult to sustain.

HISTORICAL CONCEPTUALIZATIONS OF HEALING RELATIONSHIP DIFFICULTIES

Individual Treatment

The evolution of couple therapy was preceded by theoretical formulations suggesting that relationship difficulties were best approached by individual psychotherapy. This notion was spearheaded by the psychoanalytic thinking that individual analysis was the most salient methodology for understanding growth and change. However, analytic treatment, although helpful in adding to self-understanding, frequently did little to enlighten issues regarding the relational matrix. If anything, the therapist's lack of understanding and information regarding the spouse's intentions and perceptions led to further detachment and, in many cases, divorce.

Couple Therapy

Couple therapy sought to remedy the one-sided nature of individual treatment and made gains in this direction. Numerous models have evolved over the years, including systems, psychodynamic, cognitive–behavioral, integrative, and postmodern theories (Dattilio & Bevilacqua, 2000). Hendrix's (1988) imago relationship model of couple therapy provides innovative techniques for enhancing empathy, communication, and conflict resolution with couples who are relatively evolved. However, early-wounded or preoedipal couples frequently are unable to work with the dialogue technique because it is too threatening to allow for incompatibility of perceived experience in a spouse (Shelley & Wood, 1995). The predialogical nature of these couples' communications creates resistance in couple treatment.

Couples Group Therapy

Another treatment modality, couples group therapy, emerged as an attempt to address the rigidity of the couples' defensive systems (Feld, 2004). It is these authors' experience that the organization, formation, and ongoing commitment to a scheduled time and day of a couples group is problematic for many of today's dual-career marriages, especially those with child care responsibilities. A therapist may have the flexibility to reschedule a couple's session, when necessary, but rescheduling a whole group due to travel or sitter unavailability simply is not viable. Because of the above

pragmatic difficulties, the underutilization of couples group therapy has given way to time-limited, educationally focused couples workshops and classes.

Another major difficulty with the dynamics of couples group therapy is that, according to Feld (2003), during the initial phrase of treatment, "partners are self-protective and are reluctant to self-disclose in front of their partners and spouses, because they are motivated by shame and the existence of mutually agreed-upon taboo topics as well as loyalty to the other spouse" (p. 8). Feld's point makes particular sense in light of the traumatology literature, which suggests that the patient needs to reformulate the traumatic experience within the safety of a nontraumatizing environment (Klein & Schermer, 2000). Clearly, when traumatic attachments are historical as well as ongoing in their current relationship, the presence of the partner may engender particularly unsafe, growth-inhibiting feelings. The nature of the preformed transference may be such that fear of exposure prolongs or even prohibits some salient dynamic material from emerging in a couples group.

In couples where the victim–persecutor introject (Meissner, 1988) tends to dominate, the safety of the partner feels threatened, and there is an activation of the fight–flight response with attendant dysregulation of arousal and emotion. Feld (2003) commented about the increased difficulty of disclosure of sexual feelings in couples group therapy, which is understandable given the aforementioned instability of certain couples. In fact, Livingston (2004) and Livingston and Harwood (2001) suggested that vulnerability, a susceptibility to being wounded, necessitates the relinquishment of defenses for growth to occur. In a couples group, these vulnerable moments may become unattainable because of the perceived threat created by the spouse's presence.

Brok (2004) suggested a variety of combinations of treatment modalities, including couple therapy, couples group therapy, and/or group therapy, as effective treatment modalities based on the particular needs of the couple. The current authors, both trained in individual, group, and couple treatment, came to the same conclusion that, for many couples, a new treatment paradigm was necessary. It is our experience that a separate group therapy for each of the partners combined with couple therapy can create both the growth in ego and superego development as well as the interpersonal learning that are necessary for positive interaction as a couple.

RELEVANCE OF RELATIONAL THEORIES

Imago Relationship Therapy

Various schools of thought, including self psychology, systems theory, cognitive–behavioral theory, and psychoanalysis, are synthesized and expanded on in Hendrix's (1988) imago relationship therapy (IRT). Hendrix (1988) described the imago as the intrapsychic representation of both the positive and negative traits of the early childhood caretakers as well as representing the actualization of the lost

and denied aspects of the self. Hendrix hypothesized that these two basic forces, which create attraction between two people, also cause much of their conflict. The two unconscious forces also play a major part in mate selection to repair childhood wounds.

During the initial phase of the relationship, only the positive characteristics of the caretakers are seen in the partner. The sense of familiarity and the hope for the fulfillment of childhood dependency needs drive the relationship forward. In addition, many people feel a sense of a mystical fit. There is a notion that by joining with the other's opposite characteristics, the two parts would become a whole. Hendrix (1988) attributed this to the unconscious recognition of lost and denied aspects of the self.

Later in the relationship, it becomes apparent that the partner is not able to fulfill the unmet childhood needs. Hendrix (1988) hypothesized that a power struggle develops to try to force the partner into giving the other what he or she did not receive from the other's caretakers or parents. Unfortunately, most marriages become stuck in this stage, with each partner jockeying for control. Childhood scenarios are reenacted, and childhood wounds are endlessly perpetuated. According to Hendrix, this is the natural path for all relationships. Resolution of the power struggle can occur if the relationship becomes conscious and intentional and each partner becomes aware of how his or her actions affect and possibly rewound the other.

To this end, Hendrix created the basic tool of IRT called the *couples dialogue.* In this three-part process, each member of the couple takes a turn being either the *listener* or the *sender.* When the sender is giving his or her message, the listener mirrors back what his or her partner has said, as the listener heard it and with no editorial comments. The listener's role is to gain an understanding of how the sender idiosyncratically perceives the world. The listener needs to suspend judgment and neither approve nor disapprove, neither agree nor disagree, and simply fully understand what his or her partner experiences.

The second part of the dialogue is for the listener to make a validating statement about what the sender has just said. Again, the validation implies no judgment. It is a statement 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 requires the listener to make an empathic statement to the sender, saying, "Given what you've said, I imagine that you might be feeling [sad, frustrated, upset, etc.] about this topic." With the empathic statement, the receiving partner makes an attempt to connect to the emotional world of the partner, but without being pulled into fusion. When the sender feels fully understood and heard, the process can be switched, and the sending partner listens, while the other sends.

The couples dialogue is a powerful technique to facilitate understanding, differentiation, and empathy. With its use, couples can grow as individuals and also feel heard and understood and seen by the other. The dialogue creates growth in the

empathic connection to the other (Luquet, 2000). It is also invaluable in its ability to help partners contain their mutual projections.

Attachment Theory

Adult attachment patterns are often rooted in early mother–infant patterns of social emotional cuing (Ainsworth, Blehar, Waters, & Wall, 1978). Hazan and Shaver (1987) suggested three different types of attachments: secure, insecure avoidant, and insecure ambivalent. In the best of situations, where there is a secure attachment, the research points to a mutual regulation of each partner's autonomic nervous system. The metaphor lends itself to early mother–infant interaction, such as mutual gaze and touch, that later is paralleled in the marital arena.

However, with attachments that are insecure avoidant and insecure ambivalent, there are ineffective emotional regulators in place that affect and also create difficulties in intimate adult relationships. In these instances, there is a tendency toward fight, flight, or freezing, along with chronic hyperactivity of the hypothalamic-pituitary-adrenal axis (Schore, 2003). Recent research in the neurobiology of attachment has suggested correlations between marital instability and effects on the nervous and immune systems (Solomon, 2003). Difficulties arise out of a misattunement and dysregulation of each other's emotional states.

Under these conditions, the capacity to sustain intimate relations and recover from power struggles becomes extremely compromised. It could be said that the job of any couple therapist is to provide alignment in terms of the misattunement that may exist in the relationship (Clulow, 2001).

Attachment styles as well as the capacity for intimacy are largely built on foundations of projective and introjective processes that develop within family systems (Scharff, 1992; Scharff & Scharff, 1991). In fact, we know that children are particularly vulnerable to toxic projective processes, and their development is affected by these processes in many ways. Repeated situations during childhood, where parents have projected their unconscious conflicts onto the child, can create the development of primitive defensive operations. In the worst cases, the child never reaches higher levels of defensive organization, such as the use of repression, and instead, there is an overreliance on the use of primitive defense mechanisms such as splitting, denial, and projective identification (Grotstein, 1981). The extent and pervasiveness of the use of these defensive operations in large part determine the severity of the pathology. It becomes difficult to stay in connection when there is so much pain, fear, and hurt prevalent in the relationship. Often, this kind of rupture inhibits the capacity to feel alive and in connection with one's partner.

The challenge of intimate relationships is the difficulty of staying in connection when there is so much pain, fear, and hurt. In fact, trauma and human connection are inversely related. Often, it is a struggle to stay in connection and not fall prey to projective identifications (Klein, 1988b; Racker, 1968) that may reinjure partners and

cause ruptures in connection. Human connection can provide protection against trauma, which is the hypothesis behind attachment theory. In the healthiest of marriages, the capacity to reconnect, even in the face of impending conflict, results in a healthier foundation (Gottman, 1999).

Self Psychology Theory

Kohut's (1977) work focused on the relational experience. He portrayed an internal self with three parallel lines of development that focus on twinship, idealization, and grandiosity. Selfobject experiences serve mirroring, idealizing, alter ego or twinship, adversarial, and efficacy needs. All these are needs that can be satisfied or disappointed in intimate relationships. An interpersonal field between committed partners provides an ongoing series of selfobject experiences. During the romantic phase, partners carry the hope that an empathically available selfobject will fill developmental deficits and stabilize the self (Stone, 1996). As the couple relationship evolves into the inevitable power struggle, the selfobject experiences can become less and less mutually reinforcing, inducing feelings of frustration, disappointment, and rage. The goal of therapy with the couple, then, becomes the establishment of a stable selfobject relationship, first with the therapist, and then with the partner (Zielinski, 2002), to provide the empathic attunement necessary to resume growth.

DYNAMICS OF THE DIFFICULT COUPLE

As human beings, we all seem to be seeking connection. As a species, we have a need to feel alive, and our connections help us feel alive. In the previous discussion, it was postulated that in intimate relationships, many unconscious forces are exacerbated, which then present challenges to the connections. The underlying goal of the treatment of couples is to make each partner conscious of the unconscious forces that impact him or her.

Most people are unaware of the forces that drive them individually or as couples. In fact, mate selection could be said to recapitulate childhood wounds (Hendrix, 1988; Pines, 1999). Each person's history has created a cycle and style of treating others that is programmed into the child's brain. Reactivity to one's spouse is modeled by the child's perception of parental interactions. These patterns are indelibly stored in the old brain. The child's brain lacks a well-developed prefrontal lobe and is therefore deficient in executive functioning (Kandel, Schwartz, & Jessell, 2000). Yet most adults often fall into their impulsive old-brain functioning when dealing with their spouses and children (Siegel, 1999). Even people who have well-developed executive functioning skills within the work arena, where they would never make a move before first thinking out the best response, can, at home, revert to childish impulsive reactivity (Kahn, 2004). In fact, intimacy increases the likelihood of vulnerability as well as the possibility of regression.

Love all too often engenders vulnerability, along with the threat of rejection, perceived criticism, and loss. The regression to paranoid–schizoid defense mechanisms (Klein, 1988a) may not allow for a clear view of the other. The rage, frustration, pain, and hopelessness produces misattunement and dysregulation of each other's emotional states. As persecutory anxieties arise and eventually persist, a desperate attempt to rid oneself of unwanted experiences as well as pieces of oneself may ensue. Gradual denial of significant aspects of the other's psychic existence is often the unfortunate result, leading to excessive reliance on the use of projective identification (Klein, 1988b; Racker, 1968). There can be an attendant unconscious tendency to provoke responses in the partner that justify these false perceptions.

During this process, powerful inductions may ensue, provoking partners to unconsciously reenact early wounding scenarios. It is in this stage of the marriage—the power struggle (Hendrix, 1988)—that many marriages can become inexorably stuck, and growth thereby is stunted in both partners. This inability to provide a growth-enhancing environment for the relationship is another common difficulty in these relationships. Under these circumstances, acting out and reactivity, in general, may become rampant (Real, 2002). This, of course, will add to the fragility of the relationship. These toxic transference projections between partners produce confusion about ego boundaries as well as a sense of persecution, with the attribution of emotional states from one partner onto the other. There is frequently a feeling of confusion as to each other's and one's own basic psychic existences, for example, when a partner says, "I don't know whether I should trust my own feelings or if I'm just feeling what he is making me feel."

There appears to be a range from benign to more virulent projective processes unfolding within relationships. Since the capacity to suspend one's own viewpoint may be severely compromised, the capacity for containment of reactivity in the face of provocation is often minimal.

Frequently in couple therapy, these partners are found to be *predialogical* (Hendrix & Hunt, 2004); that is, they are, for the most part, unwilling and unable to contain, metabolize, and therefore mirror their partners' verbal productions. Instead, what ensues is a form of constant bickering in a primitive attempt to avoid annihilation by the partner's different thoughts, ideas, and feelings. Lacking the experience of being mirrored in childhood, each one's ego is too fragile to see the other as separate (Kohut, 1972). Nondefensive listening to the partner feels too threatening. The fear is that the partner's feelings or ideas might be absorbed, with a resultant loss of sense of self.

Because the fear of merger combines with the need for merger, the capacity to make use of one's observing ego becomes reduced. The terror of each other's differences predominates, usually resulting in feelings of rage, helplessness, and panic. The symbiotic need for merger may inhibit the possibility of the production of empathy. Since this constellation often tends to leave couples in an adversarial position, shame and blame interactions are engendered. Many times, the therapist,

when faced with this marital projective gridlock (Morgan, 1995), is left holding the projected helplessness, rage, and hopelessness of the couple and feels stuck in a powerful countertransferential matrix (Solomon & Siegel, 1997).

SEPARATE GROUP THERAPY FOR PARTNERS

Group therapy facilitates individual change taking place via the mechanisms of imitation, identification, and internalization (Rutan & Stone, 1993). The present authors have found that applying the techniques of IRT to group therapy with a self psychological focus tends to enhance conscious relationships in the group, which are then transferred by the group members to creating the conscious relationships with a spouse.

In the here and now of the group therapy experience, transference occurs toward a member or members of the group who embody characteristics of the spouse. In the group, the person is irresistibly drawn into engaging in conflict with his or her spouse's twin, but because this group member is not really the person's spouse, the group member can be led into holding on to his or her adult self and effectively mirror the other, thereby resolving the conflict of the moment. From this dialogue in the group context, empathy develops toward the spouse's twin, who the person is able to see as a person who is hurting, instead of continuing with the previous vision of this person as a malicious antagonist. The new revisioning of the spouse's twin in the group and the new accompanying empathy are finally transferred to the actual spouse. The group member feels more in control of himself or herself, stronger and more adult.

It is extremely powerful when one member of a couple finds that others may see him or her similarly to how the member's partner views him or her. Group members in this situation often find this understanding much more powerful than a therapist's interpretative attempts. There is a jarring impact on one's conceptualization of oneself and one's defenses that often only the group process can provide. These kinds of interactions yield invaluable insights into previously held blind spots regarding members' self-perceptions. These are often themes that have been played out endlessly in actual marriages without bearing fruit. It appears that the perspective provided by group members who, as a whole, have little vested interest in the "real" marriage allows for an observing ego to emerge. The shame and vulnerability that accompanies these realizations is diluted by the impartial safety net that the group process provides. The intensity of the reactivity is replaced by a more thoughtful and considered response. Often, it is the first time that a partner may be able to visualize his or her partner's "movie" regarding salient themes and patterns of rewounding within the relationship. His or her partner's story and unique perspective become less foggy and static filled.

An additional tool to be utilized in the group is role playing. When someone brings up a relationship problem with a family member, a role play can be created using a

person in the group who resembles that family member. In the role play, the person is helped to become conscious of the unconscious forces pushing at the person and to manage his or her reactions to respond more effectively. Shifting roles in the role play, whereby the group member plays not himself or herself, but his or her spouse or other difficult family member, also can create empathy for the other.

Reinforcing these insights, after the partner's twin has been identified, the group as well as the therapist turn to the identified partner's twin and, using the actual partner's name, ask his or her take on the marital situation under discussion or on one that has unfolded between group members that mirrors the patterns in the actual marriage. It appears that the substitution of the actual partner's identity lends invaluable strength to the unfolding process. The accuracy of the feelings and understandings of the partner's twin in the group with the actual partner is also quite astounding. Most experienced group therapists are probably familiar with this phenomenon. It would appear that the unconscious reverberation between group members' transferences often yields insights that make the analyst's attempts at interpretation appear paltry in comparison. Although the analyst is aware of these issues and has attempted to interpret them, more power appears to be derived out of the particular circumstances produced by the essence of the group process. This can be validated when the partner in the group later tries out material learned in the group at home with his or her spouse. When enough of these interactions occur, the group begins to have a respect and even an awe for these processes that prove to yield invaluable insight in terms of real-life struggles and conflicts that occur regularly in the lives of couples.

Frequently, the capacity to hear a partner's movie conflicts with the one that is simultaneously playing inside the other partner's head and produces static. There is often a desperation for each one's own movie to play. When one partner's movie conflicts with the other's, the fear of annihilation and the symbiotic need for oneness may become overwhelming in the moment. In these instances, the capacity for empathy is usually negligible, especially when the partner's need to drive home his or her movie clip is also filled with desperation. At these times, dynamics between partners may lead to stonewalling, contempt, or criticism (Gottman, 1999).

We are hardly ever taught in human conversation how to manage the incompatibility of perceived experiences. Instead, a primitive sense of anticipated annihilation can occur when it becomes apparent that the partner is not on the same page. It is difficult, if not impossible, to hear two discrepant movies playing at the same time. Symbiotic longings and fantasies do not allow separate minds to coexist safely. Instead, a power struggle (Hendrix, 1988) unfolds, which becomes the battlefield where many marriages remain. When marriages reach this point, they may end up in divorce or continue in an unending pattern of misunderstanding and conflict, where neither is able to yield ground. Content becomes more important than process. This rigidified pattern of interaction can yield a lifeless, stultifying, and dissatisfied pattern of interaction.

Outside of the marriage, group may be the only venue for such truths to be spoken and heard. Even if such interpretations about marital interactions are addressed outside the group, they are frequently dismissed, felt to be unreasonable, lacking in impartiality, or simply not given much credence by the recipient. When the partner's movie is addressed within the marriage, marital therapists all too often bear witness to the dismissive eye-rolling of the accused partner.

However, in the group process, frequent transference distortions are allowed recognition. For example, the frightened male who feels belittled by a critical wife begins to see how he has played a part in this induction by playing the "naughty little boy." The ability to view the partner's "frightened little girl" allows for the opportunity for the empowered and compassionate father in him to emerge. Obviously, the converse plays out as well. Role induction is reduced as possibilities for more healthy and less rigidified interaction patterns emerge.

The capacity to metabolize and work through multiple transferences and countertransferences is a daunting task for any therapist under these circumstances. Clearly, a therapist who is trained in group as well as couple therapy brings the fullest armamentarium to this therapeutic endeavor (Brok, 2004).

CLINICAL VIGNETTE

Tim, a warm, bright English teacher of special education conduct-disordered high school kids, is married to a woman who is a CPA, bright, quick, brittle, logical, and organized. One night in the group, he got into a struggle with Ann, an analytical, sharp, rational woman, also a CPA, who is married to a psychologist who, she says, is brilliant and angry, but caring.

The action begins with Tim saying that he is quite tired because work is so hard lately. They have put ten kids in each of his classes, instead of the regulation eight. Each of his classes is overenrolled, and there is hardly any backup staff available from administration to call if there is an incident. He feels really stressed at having to be so vigilant with all these kids. It is like a disaster waiting to happen.

Ann reacts with a list of directives: "Well, this is what you have to do: You call your union rep," and so on. Tim reacts by saying, "Um-hum." Ann gets angry and says, "If you're not going to take good advice, why bring it up?"

TIM: If I wanted advice, I would have stayed home.

ANN: Maybe you should have, if you waste time talking about things you don't really want to fix.

TIM: Maybe I don't need to get my balls broken.

ANN: What do you mean? What did I say? I think you have an anger problem. You really piss me off. You're just like my husband—so nice, so caring, so full of anger and so do-nothing.

Another woman, Lizzie, breaks in.

LIZZIE: That's not fair to Tim. He accomplishes a lot. You're not realizing he gets stuck when he has to confront someone because, in his family, with his mother and his brother, he would never win, so what was the use?

TIM: Lizzie, what did you say?

DR. KAHN: Tim, could you mirror Lizzie?

TIM: Lizzie, are you saying that in my family, I could never win? You know, I still can't win with them. I can't talk my almost deaf mother into getting a hearing aid, so I've given up.

DR. KAHN: So with your family, you became immobilized. But now in the present, with other people, you can win, and maybe sometimes you forget that.

TIM: Yeah, sometimes I forget I'm an adult and I get immobilized again. I forget that I can win sometimes if I play it right.

DR. KAHN: Yes. Lizzie knows that about you, and the rest of the group knows it also.

ANN: I feel bad. I didn't realize what was getting in your way. I got so frustrated with you because that's what happens with my husband. There is something he agrees to, and then he just doesn't do it.

TIM: Maybe he's got his reasons, too. Until Lizzie reminded me of my childhood, I was pretty angry at you.

ANN: You're giving me a lot to think about.

DR. KAHN: Yes. Ann, initially I thought you might be feeling quite anxious at Tim's predicament and that your anxiety drove you into trying to help him. Was that right? It seemed as if you were trying hard to help.

ANN: Yes, I think so. I guess I did get anxious, and he seemed helpless.

DR. KAHN: Anybody else think Tim is helpless? (*Group laughs—no way.*) But it's understandable, coming from your life, with your helpless mother, why you thought Tim couldn't help himself. Won't it be interesting to tune in next week and see what he does with his situation, and what Ann does with hers?

DISCUSSION AND CONCLUSIONS

This group session illustrates the effectiveness of separate group therapy for partners. Ann's projection of Tim as her husband's twin at first sets off both their aggressive reactivities, much as it does in their actual marriages. Then, because Tim is not her husband but only his twin, he acts as a transitional object for trying out different ways of relating, diluting the marital scapegoating, and lessening the actual toxicity of the projections. Differentiation is promoted and regression modulated, lessening the need to act out the projective identifications. Possibilities are created for Ann's newly developed empathy to Tim to be transferred to her own husband. The group process allowed for increased ability to metabolize the toxicity of the projective processes that, in vivo, would have led to a projective gridlock between actual partners.

In the self psychology tradition, therapy groups offer opportunities to individuate and satisfy narcissistic yearnings for empathic attunement by the presence of a group member who is perceived as a twin (Stone, 1992, 1996). Lizzie's mirroring and understanding of Tim promoted selfobject reinforcement for him. This twinship experience diluted his anger and provided the validation needed to repair his ego strength and bolster his self-boundaries (Stone & Whitman, 1977). The possibility of this interaction occurring in the presence of the real spouse in a couples group would be hampered by the extra layer of preformed transference resistance present in that situation.

Yalom (1970) wrote of curative factors in group therapy and spoke of the corrective recapitulation of the primary family group, the development of socializing techniques, and interpersonal learning. Scheidlinger (1974) wrote of the incorporation of the *mother group* into the psyche, which would relieve the shaming from the old superego and allow a new superego formation based on the ethics of the therapy group. In the group vignette, both Tim and Ann were replaying old family-of-origin wounds regarding feelings of helplessness and attendant rage. The group helped Ann to contain the helplessness she was projecting onto Tim and opened the possibility for her that she might have recreated a similar scenario with her husband. The interventions of both the therapist and the group stopped the unconscious re-enactment of the characterological dilemmas of both group members and helped each of them reintegrate the split-off aspects of self, demonstrating two of the curative factors in group therapy (Alonso & Swiller, 1993).

Group interaction allows for the subjectivity of multiple interpretations of events to unfold. There is lessened need to retain one's blinders. The formulation and recognition of different interpretations of the universe and of each member's movie becomes increasingly possible. The symptomatic need for fusion, without which annihilation is felt surely to be imminent, fades as the group embraces a multitude of universes, each given credence and breadth at the same time. The culture of the group rewards vulnerability and looks down on dismissiveness. The world expands as there is room for a multiplicity of movies to play, be heard, and be respected (Feldman, 2002).

Given that the initial power struggles in marital relationships evolve from separation–individuation issues, the separate group for each partner provides the forum for this differentiation to occur and be transferred into their couple therapy and, inevitably, into their intimate relationship. Brok (2004) suggested that a separate group process "can help individual members of a couple gain objectivity about their subjectivity" (p. 143). These authors offer this model of separate group therapy for partners combined with couple therapy as an additional tool for clinicians to help promote interpersonal learning and growth in relationships.

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