MARITAL GROUP THERAPY

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ABSTRACT: This article offers a model for community mental health centers of how to respond to additional service requests for marital counseling.

INTRODUCTION

Historically, community mental health centers have been faced with a basic dilemma; the demand for mental health services outstrips the ability to deliver services. Faced with this situation and searching for a way to serve a particular population more effectively with existing staff, a married couples group was formed to deal more specifically with the high number of requests for marital therapy. The couples are seen conjointly by therapists for four to six visits, and an assessment is then made as to whether or not the couple has progressed enough in the sessions to benefit further from placement in a married couples group. Assessment criteria consist of whether (1) the marriage is in a crisis state, (2) couples regularly attend marital therapy sessions, (3) couples express curiosity about the dynamics of their relationship, and (4) couples make a verbal commitment to participate in group therapy. A cotherapist’s model is used that allows for a male-female point of view, for modeling of two partners in a group, and for providing feedback to the cotherapists about their roles. This model also allows the community mental health center to utilize people in the community, such as graduate students, paraprofessionals, and professional volunteers, as cotherapists.

The structure of the group requires that the partners make a number of commitments. First, they must attend the group as partners. Each partner makes a verbal contact for eight sessions that is renegotiable every eighth week. To insure attendance, it is made clear that charges will be made for any sessions that are missed, regardless of the reason. If partners do not attend on a regular basis, it then becomes the decision of the group as to how to deal with them.

Upon entrance into the group, partners must verbally state to the group two of three options: (1) they are willing to focus on and participate in improving the marital relationship, or (2) they wish to use the group to
determine whether or not they should terminate the marital relationship, and (3) a willingness to help other couples do the same. The group is open to nonmarried partners who have been living together for more than 6 months.

It is explained to the couple in a prescreening interview by both cotherapists that the primary tasks of the group are:

1. To increase effective marital communication.
2. To clarify marital role and ambiguity and conflict.
3. To enhance the development of the individual.
4. To provide feedback to one another about one’s behavior by observation, confrontation, and support.
5. To support the preceding four tasks by participation in exercises introduced by the cotherapists (role playing, psychodrama, and Gestalt techniques).

An existential philosophical base is used that encompasses a psychodynamic approach; communication theory and interactional process are the theoretical references for the group. All behavior is viewed as functional and/or dysfunctional. No attempt is made to label, diagnose, or categorize behavior. The goal of the group, in addition to the preceding tasks, is to modify or change dysfunctional interactional processes and to enhance interpersonal skills; the emphasis is on the here and now and, when appropriate, on past behavior. The theoretical reference and hard theory base for the group are constructed from a number of articles and publications that deal specifically with marital group therapy (Bach & Wyden, 1968; Blinder & Kirschenbau, 1967; Gottlieb & Pattison, 1966; Gurman, 1970; Jackson, 1968; Jackson, Watzlawick, & Beavin, 1967; Westman, Carek, & McDermott, 1965).

Jackson (1968) and Jackson et al. (1967) focus on the systemic approach to relationships, with the emphasis on the symmetrical and complementary relationships, communication patterns, and processes that disrupt or make relationships destructive.

Bach and Wyden’s (1968) approach focuses on structured exercises that allow both partners new ways of dealing with conflicts and provide guidelines that explain the purpose and intent of the exercises.

In terms of the basic group process orientation, I have been strongly influenced by Yalom (1970) and Yalom, Lieberman, and Miles (1973), who clearly describe group processes using research with group participants as the source of data.

The main points, for me, of Yalom’s (1973) basic framework are that the group exists for the purpose of the group and not an individual, the management of the group as a social system is the primary task of the group therapist, and therapeutic interventions in the group should not interfere with the group maintenance function.