

WHAT DO WE KNOW ABOUT COUPLE THERAPY FOR DEPRESSION?

First preliminary conclusions from the DINADEP (Dialogical and Narrative Processes in Couple Therapy for Depression) project

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The couple therapies studied in this project took place in outpatient mental health clinics. We hope that these ideas can be used also in other contexts, where depressed persons with their spouses are met (especially the last part of the text with recommendations concerning dialogical practice). The therapeutic work in this project aimed at co-creating dialogues with clients and is a non-manualized approach to therapy. The therapies were conducted by a team of two therapists, which gives a rich opportunity of generating dialogues and of reflective talks between the therapists.

Inviting the spouse of the depressed person to participate in the therapy

1. The spouse of the depressed person can be invited to participate in the therapy both when there seems to be problems in the couple relationship and also when there are no such problems. Dealing with the relationship problems can help in the depressed person's recovery from depression. On the other hand, if the couple relationship works well, the spouse can be a valuable source of support and can also get support him/herself from being part of the therapeutic process.

Risk: The couple does not come together to therapy, because they don't see any problems in their relationship. This approach should maybe be named family centered treatment of depression, not couple therapy, in order to include both situations mentioned above.

2. The spouse of the depressed person should be invited to join the treatment from the very beginning of the treatment – it is more probable that he/she will come. It is necessary to talk about the participation of the spouse thoroughly, so that everybody has a shared understanding of the reasons for the spouse to participate in the process. It is important that the therapists and also other staff of the treatment units know well how to introduce the idea of couple therapy. It is maybe necessary to talk several times about this issue and that the therapists also carefully listen to couples' reasons not to come to therapy together.

Risk: Either the depressed person or the spouse is forced to couple therapy, even though one of them is not willing to participate. Another risk is that the spouse of the depressed person is not invited, even though talking together could be very fruitful. The depressed person may for example feel that he/she doesn't want to be a burden to the spouse by inviting him/her to participate, even though the spouse him/herself would be willing to come.

3. It is important to clarify the goals for the couple therapy in the beginning of the therapy. Sometimes the goal can be to work around the problems in the couple relationship; sometimes the emphasis is on finding help for the depressed spouse's depression. The therapists should carefully listen to both spouses' hopes and expectations and the goals for the therapy should be collaboratively negotiated.

Risk: It is not possible to find a common goal and the therapy becomes frustrating or is prematurely terminated.

4. When the spouse of the depressed person takes part in the treatment of depression the recovery from depression happens faster. The difference in outcomes between couple therapeutic treatment and individual treatment is especially significant during the first half year of the treatment.

Risk: In some cases the spouse's involvement into therapy may also prolong the therapy, since more complicated and difficult relationship problems are talked about. It is also possible that some important issues are left unspoken because of the non-depressed spouse's presence. It may be useful to offer individual sessions for both spouses during the couple therapeutic process, this may make it possible for the spouses to talk about some issues later together.

Special themes concerning the treatment of depression

5. If the spouse of the depressed person takes part into therapy it is also more likely that the use of alcohol and problems connected to it are talked about. By talking together it may also be more possible to prevent alcohol problems from developing in these families.

Risk: The spouse who is using alcohol is not willing to talk about alcohol and therapy is terminated.

6. The fact that the spouse of the depressed person is participating in the treatment of depression does not by itself make spouses more satisfied with their couple relationship. If relationship problems exist, these problems need to be one focus of the therapy.

Risk: The problems in the couple relationship are not addressed and they may be left unnoticed. Also the opposite: The therapists may assume that there are problems in the couple relationship even though the spouses don't see it that way or are not at least (yet) ready to deal with them. This is especially big risk in situations, where the spouses have dissimilar understanding of their relationship and it's connections to depression.

7. Many spouses of depressed persons are themselves at least mildly depressed. It is important that the spouse of the depressed person is participating in the therapy, not only as an informant or supporting the depressed person, but that his/her possible symptoms of depression are also paid attention to.

Risk: The depression of the other spouse is left unnoticed, if the focus is too much on the identified patient's depression.

It is important to pay attention also to other special themes concerning depression such as sexuality and intimacy and also possible violence in the families.

Dialogical practice

8. Working in a crisis centered way fits well with depression. Depression is many times an answer to a difficult life situation and beginning to work together with the couple emphasizes the crisis perspective. Many times this means that time is taken for carefully listening to the clients. What has happened and how have the family members perceived it? How are all the family members part of the situation and how should they be taken into account?

Risk: Crisis centered thinking can create too optimistic view of the situation and of the need for different kinds of treatment methods, because the symptoms of depression might begin to alleviate

quickly. There are also situations, where depression has developed slowly over time and has lasted already for many years. In these situations trying to find explanations for depression from the life situation may be unnecessary or not possible and the crisis orientation of the therapists might not answer the needs of the family in a good way.

9. Therapists should aim at generating dialogue and listening carefully to both spouses' experiences and narratives. This way of working seems to fit well with depression. It is especially important to pay attention to how the couple reacts to reflective talks between the therapists and to try to find a fit between the therapists' way of working and the needs of the couple.

Risk: If the therapists have a systemic assumption that depression has some kind of a function in couple- or family system, there is a risk that the therapists don't listen to their clients sensitively enough. Also, the therapists might be too passive in situations, where the spouses expect more active confrontation, advice or homework assignments.

10. Therapeutic change does not seem to require clients' verbal skillfulness or rich reserve of stories. Therapists can significantly help the couple, if they can match their own language area with the couple's language area. In some cases the treatment can mostly be talking about depression and its effects on couple's life and about what helps with depression. It is the therapists' task to answer in the same language area as the couple and to adjust their utterances and their way of talking to couple's language area.

Risk: Therapeutic work only repeats couple's or family's way of relating to life and is not different enough. Situations, in which the couple talks on indicative language, referring with their words to concrete reality, can be challenging for the therapists. The therapists should adjust their reflective talks into couple's indicative language, even though they would easily want to begin to construct meanings in a symbolic way.

11. Often the therapeutic change seems to begin to happen already during the first few sessions, if it is about to happen. Therapists should monitor the change happening in the couple's situation by using session-by-session rating scales and react, if change for the better does not seem to start at least during the fourth session. Therapists should evaluate their way of working with their clients, call an outsider consultant to help to talk about the therapeutic process so far and if this doesn't help, suggest to the couple that they should find another therapist.

Risk: The therapists are not sensitive enough to notice a slow process of change, where the couple still positively reacts to the treatment. Another risk is that even though the therapists might try to monitor the change they are not able to notice the clients' dissatisfaction with the therapy.

12. In dialogical practice the therapists' sensitively accept many different kinds of themes for discussion. In some situations the themes are connected with depression and its treatment, in other cases they may concern couple relationship issues or clients' descriptions of the situation in their lives. Particularly challenging are situations, when clients talk about their emotional experience here and now. Usually it's important to react to this situation and to answer for example by slowing down the rhythm of the dialogue so that the client has time to live through this experience. This does not always mean that it's necessary to find words for this experience.

Risk: Emotional experiences can be both ignored or overemphasized. If this is the case, the clients' need to tell about some important events in their lives is left unanswered.

13. It is important that the therapeutic process is a collaborative process, where the feedback from the clients guide the process. In addition, therapists need to evaluate their work together with their

clients and learn from the experience. It is useful to use session-by-session rating scales in every session and co-research interviews either during and/or after the therapy.

Risk: The therapists are too passive and leave guiding the therapeutic process too much to the clients. In this way they forget that they as therapists themselves are responsible for their own actions and also for evaluation of their actions.

Literature of DINADEP project

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