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COUPLE COUNSELLING FOR ETHNIC MINORITY CLIENTS LIVING WITH DOMESTIC VIOLENCE

by

Manjeet Kent

A Practicum
Submitted to the Faculty of Graduate Studies
in Partial Fulfillment of the Requirements
for the Degree of

MASTER OF SOCIAL WORK

Faculty of Social Work
University of Manitoba
Winnipeg, Manitoba

THE UNIVERSITY OF MANITOBA

FACULTY OF GRADUATE STUDIES

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A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University of Manitoba in partial fulfillment of the requirements of the degree of Master of Social Work

Abstract

The purpose of the practicum was to acquire advanced clinical skills to work with ethnic minority couples, who experienced domestic violence, either as a victim or perpetrator. Additionally, the student's objective was to understand the structural and ecological model of therapy as well as apply cross cultural approaches and techniques useful for assisting such clientele. The research conducted on immigrant women victims of domestic violence indicated that even though they felt helpless, powerless, and overwhelmed with a sense of loss, in regards to their self-worth, respect and privacy, they would not choose to phone the police due to a fear of breaking the family unity.

The research also indicated that these women being victims of domestic violence would like their partners to stop abusing them and to get counselling. This may not be easy due to linguistic and cultural barriers. This practicum provided the student with the opportunity to review the literature, to develop knowledge of effective helping interventions, and to develop culturally sensitive treatment approaches that address the needs of ethnic minority couples. The practicum also provided an opportunity to enhance the writer's clinical skills and to complete the requirement for clinical practice. The evaluation instruments used to assess changes were the Index of Marital Adjustment and Dyadic Adjustment Scale used as pre and post-tests.

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The completion of this practicum would not have been possible without the help of several people who supported and guided me through the process with patience and understanding.

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The Elizabeth Hill Counselling Centre where I did my practicum provided an invaluable opportunity for me to gain the necessary experience I needed to successfully complete my practicum. Thanks to all the staff who welcomed me as one of their own and treated me with respect and sensitivity. I enjoyed working with each and every one of you, and thanks again for all the help and kindness you have given me.

Special thanks to my husband, Sunny Kent and my children; Ashpal, Ardeep and Arlene, who were always there to support me in completing this task. Last but not least, thanks to all my friends and colleagues who helped me a lot in completing this practicum which at times looked impossible to finish.

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Chapter One

Introduction

A review of the literature and the writer's professional experience in counselling victims of domestic violence indicates that women continue to live with their abusive partners. Also, men who are convicted of domestic violence and have been assessed as high risk to re-offend, using Manitoba Corrections' risk assessment tools, are often continuing to live with their partners.

Moreover, Shulman's (1997), Commission of Inquiry into the deaths of Rhonda Lavoie and Roy Lavoie concluded that domestic violence is endemic in our society. The report stated that there are not enough treatment options for offenders, or for the offenders and victims who want to work together to resolve their domestic violence issues (p.94). The Commission Inquiry Report (Shulman, 1997) gave 91 recommendations. One of these, Recommendation Number 74, urged that Family Dispute Services develop a standards manual for agencies and programs providing conjoint treatment for domestic violence offenders and victims. Shulman (1997) also noted in the report that ordinary people like the Lavoies become targets of abuse in marital relationships due to communication difficulties that are then further complicated by the justice and social service systems as well as the language used in such systems.

This writer (student) believes that, on the one hand, there is a need to address the concerns of women who do not want to leave their abusive partners, but want to put an end to living with violence. On the other hand, there is also a need to provide assistance to men, especially immigrant men, who are willing to stop their abuse and keep their relationship. These issues could be addressed through individual, group and couple counselling (Shulman, 1997). The writer's professional experience and literature review on domestic violence indicate that external intervention is necessary in order to stop domestic violence. However, a large number of ethnic minority women do not approach social services for help due to shame, guilt and secrecy. Instead, they approach their

family doctors, relatives, close friends, priests and other forms of supports. They don't approach the mainstream organizations because their cultural values and belief system focus on keeping their families together "no matter" what. At the same time, these women want their partners to stop abusing them.

A cultural reality is that many ethnic minority men often come from patriarchal societies in which the structure of the family assigns them authority over their partners in all aspects of life. These men may feel very challenged if they are advised to seek counselling. In their minds, they are living according to cultural expectations. Moreover, these men may not find it easy to acknowledge or to accept responsibility for, abusing their partners. In these cases, men are likely to minimize and justify their actions. For example, in many Asian countries, domestic violence is still considered a private matter due to the presence of cultural norms and the social system that is male dominated even though they may have a legal system which prohibits domestic violence. Thereupon, men still could not understand that being charged for "pushing their partner", or wanting to have an 'intimate relationship with their partner against their wish, is a criminal act. In addition, this writer's professional work seems to indicate that in providing counselling is a "western concept" that may be uncomfortable or unfamiliar to minority couples. Furthermore, the therapist should be utmost sensitive to the physical protection of the victim because the very presence of the husbands could intimidate the victims. One solution to this problem might be to help both partners recognize the benefits of counselling and enable both to participate in developing the goals of counselling and its process. It is essential that the partners should feel that the counselling program would not diminish their personal dignity and sense of empowerment in the relationship.

Presently, the writer is providing individual and group counselling sessions to ethnic minority men charged with domestic violence. These men participate in 36 hours of cross-cultural group programming oriented at domestic violence issues; examples are the cycle of violence, types of abuse, the impact of their values and belief system on their family, and the development of a personal plan. The writer also keeps in contact with the victims and their extended family members in order to ensure their safety and also to

inform them of available resources. Generally, victims appear to be very keen in seeking help with their partners because their partners are in a situation where they cannot refuse counselling. Also they may feel protected by the legal system in a way that was not possible in their home countries.

Learning Objectives

This practicum addressed issues surrounding cultural sensitivity while working with couples living with domestic violence. Therefore, the student will utilize a cross-cultural model of counselling. In doing this, the writer applied an ecological and structural model of therapy with techniques and approaches relevant to ethnic minority clients.

1. To increase knowledge in the area of domestic violence and couple therapy, using the Structural and Ecological model of therapy;

2. To increase knowledge in cross cultural perspective of domestic violence;

3. To develop assessment and clinical skills in the area of domestic violence and couple counselling;

4. To increase knowledge and understanding of the use of clinical measures in practice.

Chapter Two

Literature Review

It has become increasingly clear that marital violence, once thought to be relatively rare, may actually be a problem of epidemic proportions Rosenbaum and O'Leary (1981). Research conducted over the past 20 years has revealed that the overall prevalence of marital aggression is high, and that rates among younger, newly married adults may be several times higher than the overall rate. As the demographics of Canadian society shift to reflect on increasing diversity, practitioners are faced with the challenge of responding sensitively to the needs of ethnic minority clientele. McGoldrick (1982) noted that ethnicity is deeply tied to family and that it is hard to study one without the other. In addition, ethnicity is a major part of group identification and a determinant of our family belief systems and family problems. The author further explained that human behavior cannot be understood in isolation from its family context. Family behavior only makes sense when understood within a larger context. Effective counselling with domestic violence further requires that the worker maintain an interested and unbiased liaison with ethnic community, thus having an understanding of the incidence and nature of violence in the specific group. This would help to develop the degree of professional work needed in this area, as well as the style of counselling that would be appropriate.

Prevalence of Marital Violence

Leonard, and Senchak (1996), reported that a study by Straus, Gelles and Steinmetz (1980), which used data from a 1975 National Violence Survey, found that the lifetime prevalence of marital aggression was 30%, with 15% of respondents reporting aggression in the preceding year. This research also reported on findings by Granzenave and Strauss (1990) indicating that 14% of husbands between 18 and 29 years old had reported slapping their spouses during the preceding year, as compared to only 2% of husbands over 55 years of age. O'Leary, Baling, Arias and Rosenbaum (1989) found that

27% of husbands reported husband-to-wife marital aggression at 18 months after marriage. Furthermore, in a more ethnically diverse sample of newlyweds, 35% of couples reported husband-to-wife aggression before marriage (Leonard and Senchak, 1996). Within a framework provided by Social Learning Theory, the authors have identified several factors associated with marital aggression (O'Leary, 1988).

According to this theory, aggression and other conflict-based behaviors could arise from gender-roles, hostility and power beliefs that were developed prior to the relationship. Childhood experiences with violence and alcohol use are common correlates of marital violence (Leonard and Senchak, 1996). Stets (1988) noted that, at some point during interviews with abusive men and their partners, each of the men stated that they had used force to obtain their partner's compliance with their demands (Prince and Arias, 1994). The women described their own behavior after the episode of violence as submissive and placating, rendering the violence as an effective strategy to regain control (Prince and Arias, 1994).

Another survey involved a representative sample of 619 husbands residing in Bangkok, Thailand. The study assessed the use of physical force against their wives. The results provided strong predictors of wife abuse, including marital instability; verbal and mental conflict; and socio-economic status (Hoffman, Demo, Edwards, 1994). A similar study (Levinson, 1989) with a focus on peasant societies, indicated that wife beating was the most common form of intra-family violence, and occurred in approximately 85% of the societies studied (Hoffman, Demo, Edwards, 1994).

Cultural Perspective and Domestic Violence

Research data collected from 90 small peasant societies with the use of ethnographic reports, included the Human Relation Areas Files (HRAF), Probability Sample Files (PSF) sample. (Legace, 1979). The PSF is a stratified probability sample of 120 societies, representative of 60 major geographical/cultural regions of the world.

Only 90 societies were used for this research. The societies that were included in the study sample were:

1. Primitive, kin-based non-literature. These societies were designed as cultural units with no indigenous written language.

2. Peasant (folk, traditional) societies that are defined as cultural units where members share a common heritage, who produce 50 per cent of their food and who are under the control of a nation state (Levinson, 1989). Levinson's research findings indicated that, although family violence is common around the world, it is not a universal problem because 15 societies out of the 90 societies studied for domestic violence did not demonstrate the presence of domestic violence, or occurrences were very rare.

Wife Beating

Levinson (1989) explained the three reasons for wife beating from the research gathered from the 90 societies around the world. The first 17 societies believe that wife beating is a punishment for adultery if the husband suspects the wife is being unfaithful. Nine of these societies are American Indian groups in North and South America.

The second cause for wife beating found in 15 societies, is the belief that a husband may beat his wife so long as he has a good reason. The 'good reason' may be that the husband did not feel that his wife treated him with respect. This appeared to be quite common among the Turkish. A third rationale for wife beating was found in 39 societies where the belief is that it is the husband's 'right' to beat his wife for any reason or even for no reason at all. This research found this attitude to be most common among the Serbs in Yugoslavia. This research has further suggested that wife beating occurs mainly when the husband is consuming alcohol, and that the consumption of alcohol is directly or indirectly related to family violence. This belief is more common among

American and Mexican families. The research indicated that physical aggression is a rather common occurrence between intoxicated Mexican men at fiesta time (Levinson 1989).

The Cultural Patterns of Violence

Levinson (1989) proposed two models of human aggression (Levinson & Malone, 1980). The first, known as the Catharsis model, suggests all groups have an innate level of aggression that must be periodically discharged in some way (Sipes, 1973). The second one known as the Cultural Pattern Model, which incorporates a Social Learning Perspective, suggests some societies have a basic set of values and beliefs that emphasize and condone aggression and violence.

The Catharsis Model explains that wife or child beating occurs more frequently in the household where the husband and father is unemployed. This model indicates that being unemployed leads to frustration, stress, and rage and finally reaches a point where energy must be discharged. Wives and children are a convenient target for the man's rage. There were inadequate data available on this model, and it was not discussed in detail in the research reviewed.

The Second, Cultural Pattern Model, Tested Five Hypotheses:

1. Violence is a learned behavior pattern that is shared by members of a group whose values encourage and condone the use of violence

2. Cultural values that, on the surface, appear unrelated to violence, actually create norms governing family life that both lead to and perpetuate violence. For example, Mexican American males have a value system that emphasizes male dominance, age dominance and strict discipline. This system leads to norms that

emphasize coercive power and can cause sons to fear and feel distance from their fathers.

3. The family socialization hypothesis suggests that violence is passed on from one generation to another by individuals who are victims, or those who have witnessed family violence in their homes while growing up.

4. The Cultural Spillover hypothesis suggests that the more a society tends to endorse the use of physical force to attain socially approved ends, such as orderly conduct in school, crime control, and international dominance, the greater the likelihood that this legitimization of force will be generalized to other aspects of life such as in families and in relationships between men and women (Baron & Strasse, 1983, 217).

5. The last cultural pattern hypothesis suggests that societies exhibit either many forms of violence or very few forms of violence (Russell, 1972; Sipes, 1973). Therefore, populations are generally aggressive or peaceful.

There is some support in cross-cultural research that family violence will be more common in societies in which other forms of violence are present. Other forms of violence include personal crimes, theft, aggression, homicide, suicide, mutilation, warfare, and the use of political force. Levinson (1989) found a link between painful ceremonies for girls and wife beating. These ceremonies are designed to introduce the girls into a new adult role and status and teach her the skills and knowledge required for that role. According to this framework, there is a strong link between a society's use of painful initiation into adulthood for girls and a frequent occurrence of wife abuse.

The socially sanctioned violence during the ceremony prepares the girls for the violence they will experience in marriage. This violence also projects how women are valued within a society. For example, the Goajiro of Columbia is a cultural group that uses cruel methods to discipline their children and regularly beat their wives. Goajiro

female initiation ceremonies fit right in with this pattern of violence. (Levinson, 1989). At their first menstruation, the girls are given a drink that will make her vomit. Her head is then shaved and she is suspended in a hammock from the roof of her home for three or four days. During this time, she receives no food or water and is forbidden to change her position. When she is lowered from the hammock, she is fed, bathed and secluded from men in a separate room where she is trained in domestic duty. During this training period, which lasts from one to twelve months, she is taught how to cook, clean, greet guests and must learn the history of the Goajiro. The seclusion ends in a communal feast and celebration of her status within the family and community (Levinson, 1989).

Spousal Violence as a Form of Conflict Resolution:

The research of 90 societies indicates that people around the world use violence to resolve interpersonal conflicts (Levinson, 1989). People use direct, indirect or verbal forms of violence in order to resolve their interpersonal conflicts. For example:

1 Direct Violence: Fighting, homicide, hair pulling, and wrestling, and the use of witchcraft.

2 Indirect Violence: Spitting, destruction of property, arson, suicide, and haunting.

2 Verbal Aggression: Arguments, exchanging insults, shouting, swearing and gossip.

4 Passive Approaches: Silence, avoidance and apology, mediation, theft, litigation, fines, community intervention, withdrawal, and confession.

Some societies may rely on more than one conflict management technique, as some approaches are more widespread and considered more appropriate than others. For example, there is a match between both accused individuals and the one who drops to the

floor is beaten until he gives in. The winner is considered to be "right", and "lights the pipe and hands it to his opponent and all is well" (Levinson, 1989).

The societies that have a broad range of conflict management lie somewhere along the continuum of societies that are violent and peaceful in their methods of resolution. Which of these techniques are actually applied is dependent upon the relationship between the parties, the social context of the relationship, and the cause of the quarrel.

The Tarahumara, an Indian group in Northern Mexico, use both violent and non-violent techniques (Fried, 1952, 1994-212). For example, when using violent methods, Tarahumara men might kill one another when drunk and/or young men and women may commit suicide when faced with unsolvable problems. Verbal confrontations are also common and can include insulting, arguing, scolding, spreading gossip and accusing others of being witches.

Non-violent approaches used by the Tarahumara involve silence, desertion, moving to a new residence, mediation by native officials or a trial before a government official (Levinson, 1989). However, the research indicates that the men who use violence to resolve interpersonal conflict with other men also beat their wives. Women resolving interpersonal conflict by beating other women characterize only societies with polygamous marriages. Some of the societies around the world where both husband and wives fight and work together to resolve their interpersonal communication problems include: the Mubuti Pygmy, and the Rundi of Africa, the Tamil of India, and the Boroo of Ona South America. The Mubuti follow rules closely: For example, women fight over borrowed cooking utensils, men fight over hunting territories, and husbands beat their wives due to domestic inadequacy and sexual jealousy. Wives, on the other hand beat their husbands because they are poor hunters. Most of these conflicts that happen are short-lived and quickly forgotten. Finally, the research indicated that it is important to understand the different approaches that couples or families take in order to resolve their conflicts and to prevent family violence (Levinson, 1989).

Challenges Faced by Practitioners

Michael Bograd (1992) asserts that family therapy has limitations in addressing domestic violence. He further added that the occurrence of coercive, terrifying and sometimes fatal male violence does require that family therapists often examine the theories and interventions that are used to address family violence issues. The author explained that therapists have a moral responsibility to understand domestic violence at an interpersonal and intra-psychic level. He emphasized the need for therapists to acknowledge that family violence is reinforced through social patterns and socially maintained norms, which keep women subordinating to men, remaining fearful and silent.

The author challenges practitioners to link with the social system for addressing the needs of couples and their families (Bograd, 1992). In order to achieve this, practitioners may be able to work out a conceptual difference between social control and therapy when establishing a contract with a male batterer. His partner would be informed about his participation, and any changes occurring in his behavior. Reports of his violence and controlling behavior will be used as a baseline in the assessment of his progress (Bogard, 1992).

McGoldrick (1982) also notes that groups differ in attitudes towards seeking help. In general, within the Italian culture, individuals rely primarily on family members and turn to outsiders only as a last resort. African American has a long-standing mistrust of the white mainstream society, and therefore, may prefer to receive help from their church. The Irish have traditionally solved problems by going to a priest for confession. Puerto Rican, Greek and Chinese cultural groups are likely to visit their medical doctor when they are depressed, rather than accessing mental health services. Norwegians often connect emotional tension to physical symptoms, which they consider more acceptable. Therefore, they may also go to a medical doctor rather than psychotherapists. Iranian individuals often view medication and vitamins as a necessary part of treating symptoms. (McGoldrick, 1982, p.11) These differences create a further challenge, and demand that practitioners be more culturally competent. Therefore, ethnicity is a powerful influence

in determining identity. A sense of belonging with a historical continuity is a basis for specific psychological need (McGoldrick, 1982).

Erickson, in his classic work on identity in 1950, began to develop a framework for understanding how the individual is linked to the ethnic group and society (McGoldrick, 1982, p.5). The writer believes that ethnicity is necessary to gain perspective into our belief system. The East Indian culture (the writer's culture) places women in an unequal position to men from birth. Many women accept this in order to avoid family conflict or family problems. Social norms and religious ideology, both of which keep women in their subordinate position within the marital relationship, further reinforce this belief. Women believe in their 'karma' or fate. The male dominated social structure also diminished their hope and/or expectation to live an equal or autonomous relationships.

It is often very difficult for ethnic minority women who live in an abusive relationship to seek professional help. A conference of ethnic minority women and family violence (1992) contracted by the Multicultural Heritage Society of Prince George, based on an analysis of participant survey data, found that 84% recommended an increase in the participation of males in future initiatives. Also, ethnic minority women seeking counselling through the Immigrant Women's Association of Manitoba (I.W.A.M., 1998), raised similar concerns regarding their partner and children's need for counselling services. It would therefore seem that keeping an individual dealing effectively with domestic violence many times requires the inclusion of the relationship partner and other relevant family members in the counselling program.

Moreover, the writer's professional experience in working with victims and offenders through Immigrant Access Services, the Department of Family Services, and the Department of Justice, over the last 10 years, has indicated that women still do not want to leave their abusive partners. Rather they want their partners to stop hurting them. Therefore, it becomes the responsibility of the system and the clinicians working within the system. They must consider the intense, historical and reality based conflict that

some battered women of color hold about protecting themselves from violence, versus protecting their family or community from judgement or further stigmatization as a result of institutionalized racism (Comas-Diaz, 1994). Practitioners must balance the issue of safety for the battered victim with the real and perceived experiences of battered women of color. The very institutions mandated to help them, such as the police, and courts themselves, may have a legacy of violence toward men and women of color (Comas-Diaz, 1994).

The article written by Solomon (1992) described how white male clinicians in psychotherapy working with clients from diverse ethnic backgrounds often base their diagnosis on their experience with and modalities of treatment for western clients. The article focuses on the difficulties that are caused by the resulting misdiagnoses. For example, behaviors that are considered 'normal' in one country or within one ethnic group may be considered pathological or dysfunctional in another country. The author presents four basic reasons for misdiagnosis: 1) cultural expression of symptomology; 2) unreliable research instruments and evaluation; 3) clinician bias and prejudice; 4) institutional racism (Solomon, 1992).

Cultural Expression of Symptomology

People from different cultures express the same feelings in different ways. For example, in some cultures, the division between psychological and somatic problems is less clearly delineated than that of the western culture. Solomon (1992) further explained that Asian, Indian and Iraqi patients will often present to physicians with somatic complaints rather than affective ones (i.e. "My stomach hurts" rather than "I am depressed").

Unreliable Research and Evaluation Instruments

Unreliable research and evaluation instruments are another cause of misdiagnosis. To recognize the symptoms of a mental disorder, a normative measurement is required. As with educational testing, psychiatric testing in America is biased towards the dominant, white, male oriented western cultural experience. Thus, it is not culturally appropriate for target groups outside of this population.

Clinical Bias and Prejudice

Clinical bias and prejudice also play a part in misdiagnosis. Psychiatry focuses on individual pathology and not on social, cultural and political realities. This focus is inherently racist because of the detrimental effect it has on clients from non-dominant cultures. A lack of communication skills is a problem. And, even if the immigrant speaks English well, cultural barriers may still impede communication. Generally, psychiatric training does not include cross-cultural awareness (Solomon, 1992).

Institutional Racism

Institutional racism can also be a cause of misdiagnosis because ethnic minority clients are measured against the white American norm instead of against their own cultural norms. (Solomon, 1992). In a mental status communication, affect is measured. White Americans may be more open to sharing their feelings than African Americans, who, although very expressive in their mode of communication, may have learned not to share their inner feelings, especially with someone they don't know well. Asian Americans have learned not to be overtly expressive. Hispanic men verbalize their anger, but rarely express fear or anxiety (Solomon, 1982). Direct eye contact is viewed as disrespectful in some cultures, thus these clients should not be considered shy or hostile unless this is supported by other factors during the interview.

Other non-verbal cues, such as the way the client sits, may have less to do with individual pathology, than cultural norms. The clinician needs to be familiar with culturally based behaviors in order to interpret an individual's situation correctly (Solomon, 1992).

A study by Tsui and Schultz (1988) presented the concerns of ethnic minority members involved in a psychotherapy group where the majority of clients were from the mainstream, white Caucasian culture. Comaz-Diaz and March (1994) also addressed this issue and asserted that therapeutic work can progress only if this reality is acknowledged from the start of treatment and the manifest and symbolic meaning of socio-cultural factors are carefully explored and worked through.

The article by Tsui and Schulz (1988) caution that, because the issues of race and color are emotionally loaded, with the exception of their own racial and cultural backgrounds, therapists may choose to repress their own personal stereotypes and fail to work through them. Such unresolved bias is an important variable that can have a negative impact on the therapeutic work of the group.

David Moltz (1992) also raised a number of issues for therapists working with couples, families and individuals with children. The author described how therapists, in working with couples and families, generally make an effort to remain neutral, and non-judgmental. As a result, the imbalance of power between males and females remain unchanged. Therefore, the author stresses that there is a need to look at the responsibility of therapists who have to create safety and confidentiality in therapeutic sessions on the one hand, and confront power differences on the other.

However, the therapists' efforts at promoting nurturing environments in the family may not be possible due to the presence of abuse that is kept secret due to family norms, and loyalty with a desire for family harmony, +(Moltz, 1992). The counsellor has the responsibility of developing a solution to this dilemma. Possible approaches would include: gaining the trust of all family members and not just the perceived victims;

having the family members articulate the goal of counselling and the role of the counsellor; having the members identify the social and emotional benefits of learning to resolve differences without resorting to violence; and finally the pace of counselling must be adjusted to family's ability and willingness to behavioral change.

Jory, Anderson and Greer (1997) reviewed several studies and concluded that, due to the neutral state of couple or family therapy, 41% of therapists failed to assess violence, 55% of therapists saw no need for immediate therapeutic intervention and only 2% of therapists recognized the possibility of lethal violence. The authors further explained that men generally minimize the seriousness of their actions and are not willing to take responsibility for them. The concern is that, conducting couple therapy under these circumstances can increase the risks for women who are encouraged to stay in therapy and work on their relationships (Jory, Anderson and Greer, 1997). The authors encourage therapists to conduct a broader assessment of the situation by including social structure, gender roles and cultural influences which condone violence on one hand and perpetuate it on the other hand (Moltz, 1992). Gelles (in press) reported that violent husbands have a higher likelihood of physical and mental health problems during the period of abusive intervention.

Family therapy or couple counselling is based on the principle of shared power or having equal power between a couple. This creates a challenge for the therapist and for families where power is used by one partner to gain control over the other partner (Avis, 1992). Therefore, as a therapist, it becomes crucial to address the issue of power and abuse. Moreover, there are concerns during couple or family therapy when abuse is present and the safety of the victim becomes an issue.

Therefore, it is very important for a therapist to develop skills in assessing and recognizing the symptoms of emotional, physical, and sexual abuse. Mental health issues must also be assessed as they could be due to long-term abuse; especially multiple personality linked with incest. (Avis, 1992). During evaluation and treatment, the possibility of misdiagnosis needs to be considered. The article emphasize that clinicians

should be aware of minority cultures and issues during therapy. Therapists should be aware of their own biases and clients' self-perception and understanding of therapy so those clients' behavior can be placed in the proper context. For example, African American individuals, due to their experiences of racism and discrimination, may take longer to trust a therapist, while Asians' respect for authority may result in them maintaining a low profile, and smiling, even if they don't agree with the therapist. Depending on their cultural background, ethnic minority clients may also use various other religious or spiritual techniques for healing, along with psychotherapy. Most cultures have spiritual healers such as priests, rabbis, and shamans, whose advice will be sought out on mental health issues. (Solomon, 1992). Clinicians need to be aware that their advice or opinion may conflict with that of the spiritual healer and must respect and integrate different approaches that are in the best interests of the clients (Solomon, 1992).

Overview of Intervention and Treatment

Structural Family Intervention

Structural family intervention approaches are used internationally and can be utilized with a wide range of families in diverse racial, ethnic and socio-economic backgrounds. Salvador Minuchin is a major contributor to structural family therapy. Structural family therapy is a model that is based on family system theory. It assumes that families are not isolated units that operate independently, but instead are units within societies and cultures that are constantly evolving. Therefore, the goal of this model is to change dysfunctional aspects of family systems into a more adequate family organization, this being one that will maximize the growth potential of each family member (Kilpatric and Holland, 1995). Since the immigrant families are embedded within extended family and ethnic community networks, this model would appear to be very useful.

According to Nicholas and Schwartz, (1995), structural family therapy places an emphasis on hierarchy and the need for structure. For example, due to linguistic and cultural barriers, the roles of many ethnic parents may shift and provide more power to children who learn the language and also adapt to western culture faster than their parents. This creates conflict in the family system because patriarchal structure is rigid and arbitrary and if hierarchy is weak and ineffective, young members may find themselves unprotected due to the lack of guidance.

In both of the above examples, the individual growth of family members depends on the functioning level of the family. For example, the writer's professional experience in working with ethnic minority couples has demonstrated that, generally, husbands who come from a patriarchal family structure have very rigid values and belief systems which can be very challenging for any practitioner to restructure and to work towards a more healthy family functioning. Also, different rates of acculturation among family members can cause difficulties in an overall family functioning. Thus, it becomes very important for practitioners to establish more flexible and clear boundaries between the partner and parental sub-systems.

An important aspect of the structural family model is the understanding that symptoms in one member reflect the person's relationship with others, whereas in fact, those relationships are also a function of still another relationship in the family. For example, a father's abusive relationship with the mother affects their children. Therefore, the goal of couple therapy is to achieve structural change, which might include modifying family functioning and/or changing interactional patterns. In order to achieve this goal, clinicians have to focus on counselling processes which stress expressing, examining, exploring, unlearning and relearning (Chan, 1989). For example, for Chinese couples, Reframing and the use of metaphors/old Chinese sayings were incorporated into the counselling process (Chan, 1989). Therefore, through enactment and spontaneous behavior, therapists can teach couples to reframe their problems in a more constructive manner (Nicholas and Schwartz 1995). This is done by observing the couple or family and by modifying the structure of the family's transactions in the immediate context of the session. The structural family therapist works with what they see occurring in the session, not what family members/couples describe.

The writer's professional experience in working with one ethnic minority couple has shown that, when using some of the structural therapy techniques combined with behavioral model, the husband was able to release some of his power and control behaviors, and was able to see his behavioral patterns. Minuchin stated that theories in clinical work are important and can be compared to a road map, without which you, as a therapist, are lost or caught up in the detailed context of family discussion with no overall plan (Nicholas and Schwartz 1995). Also ethnic minority couples who are not accustomed to therapy need to be provided with leadership and a clear vision. If the therapist can do this, the couple may gain more trust in the therapeutic relationship.

Also, structural family therapists emphasize that changes occur in the family through the process of the therapist's affiliation with the family and the restructuring of the family in a carefully planned way. In the structural model, the worker is not expected to guard against spontaneous responses, but is free to react and to become an active player in the family drama. This is an important technique to use, as the goal of the

worker is to understand the family so fully that directing its change becomes possible. This is achieved only if the couple or family put their faith in their clinician. McGoldrick (1982) further explains how the structural approach, combined with the problem-solving approach could be used to reinforce positive behaviors. For example, by addressing the father in the therapy session first, the practitioner is giving him an implicit message that his authority is recognized. Therefore, a more positive phase is introduced which is culturally accepted. By doing this, the practitioner is accepted as a helper and not as an intruder. This will allow him to make possible changes later on.

Structural family therapy encourages the growth of individual members while also facilitating mutual support within the family. Short-term goals are set to alleviate symptoms and possibly to deal with life threatening symptoms such as anorexia nervosa. Thus behavioral therapy techniques are used as a short-term goal in order to deal with the life-threatening symptoms. Also, structural family therapists achieve goals by creating a hierarchical structure in which parents are expected to be in charge and not as peers to their children. Therefore, a frequent goal is to help couples gain skills of complementary and mutual accommodation. For example, a couple must develop patterns in which each spouse supports the other's functioning in many areas. They also develop complementary patterns that allow each spouse to give in, without the feeling of given up (Minuchin, 1974).

On the other hand, couples may not accept their partners as they are and may resist improvements. Therefore, they may establish dependent-protector transactional patterns in which the dependent members remain dependent so as to protect the partner's feelings of being a valued protector. In this situation, counselling behavior techniques could be used to challenge their dysfunctional patterns. Minuchin (1974) emphasizes that the clients' motivation to deal with disagreements should not be challenged and only the process by which they resolve their differences should be challenged. For example, many times the wife in an Asian couple may not be able to express herself in the presence of her husband. This may be identified as one element in the relationship that maintains the disengagement and triggers violence. In Minuchin terms, the problem here is not the

couple's desire or motivation to work out their differences, but the style or the processes by which they do so. In this situation, a culturally competent clinician may use the technique to encourage the husband to take more responsibility. For example, "the more you protect your wife in a way that inhibits her, the more you elicit unnecessary protection from your husband". By emphasizing the complementary nature of the system, judgmental implications with regards to motivation are removed (Minuchin, 1974).

Kelley (1994) emphasizes that therapies with a system focus are especially useful with refugee and immigrant populations because behavior is viewed within a broader context. Therapy focuses on problems raised from the interaction between systems, rather than on problems situated within a person. The systemic thinking is useful in couple therapy because its emphasis is on short-term therapy. This is done to mobilize strengths (Minuchin, 1974), interrupting negative interactive sequences (Haley, 1976), and taking into account both the family as well as the community influences and resources. A marital relationship is an interdependent one. The forces that shape couple relationships begin with the universal human need for attachment, the confluence of family legacies and the influence of cultural norms and expectations. Theory building for couples and family systems involves an effort to identify their organizing force (Karpel, 1995).

McGoldrick (1982) explains how cultural norms and expectations have an impact on couples. For example:

> Within the traditional East Indian framework, marriage does not mark the creation of a new family; rather it is the continuation of a man's family line. The woman is considered to have left her family of origin and to have become absorbed into the man's family. Therefore, the woman's (wife's) status in the family is lower than that of her husband's parents or siblings. Within the traditional Confucian framework, a woman has three pathways to follow, all of which involve subservience to a man. In her youth, she must follow and obey her father. In her adulthood, she must follow her husband. And, in her later years,

she must follow her oldest son. This philosophical concept which was much liberated until recently, is becoming a source of conflict between Asian men and women in marriage. The role of the counsellor here is not to challenge tradition, but to facilitate each couple, and work out their own adjustment with this belief system.

In the marital subsystem, the Mexican culture is characterized by male dominance and female submission. The ideal of machismo (manliness) dictates that men be aggressive, sexually experienced, courageous and protective of their women (mother, sister and wives) and their children. Since men have been culturally oriented to their roles as males, they tend to exercise their power during the early stages of their nuclear family formation. Boundary problems and loyalty conflicts exist within the family of origin. Young brides live with their in-laws and are expected to perform many domestic chores under the supervision of the mother-in-law. Since the relationship between parents and children is considered the most important, couples do not have enough time to spend with each other.

In Polish families, fathers or husbands are acknowledged as the head of the household, and their authority is respected and their wishes obeyed. By tradition, Polish wives bring a dowry to the newly formed household and also work alongside their husbands, taking part in planting and harvesting. Mutual respect and displays of affection are the most noticeable external traits in the husband-wife relationship. For example, it is not unusual for a man to show his sexual feelings in front of his children. Children are raised by strict discipline and parents don't show much affection for their children after they are past the toddler stage for fear of spoiling them. Family loyalty and mistrust of outsiders are strong. Therefore, Polish families rarely come to a clinic or private practitioner for treatment.

In Portugal, husbands are regarded as the primary emotional and physical

protector of their families. As a father, a Portuguese man is expected to be respected by his children, which equates with unquestioning obedience to his wishes. A measure of masculinity among Portuguese men is their ability to consume large amounts of alcohol. However, as pointed out by McGoldrick (1982), alcohol consumption cannot interfere with daily work or it will be regarded as a weakness or sickness. Women are considered sexually very desirable. Therefore, family honors a woman's virginity before marriage. The women's sexuality is viewed as more powerful and sometimes dangerous, especially during menstruation. The wife's role appears to be to love and obey her husband and to take care of her children. Portuguese women's role is to be more of an active manager - negotiator and a stabilizer, both at the family and the community level. Portuguese couples or families rarely seek counselling. Individual counselling is perceived as a break up of family solidarity. For example, the Portuguese culture, see their family as part of the social network and any attempt to see men individually is viewed upon as a threat to their family or to the cultural group as a whole.

Ecological Perspective

The ecological perspective rests on an evolutionary adaptive view of human beings in continuous transaction with their environment with both the person and the environment continuously changing and accommodating one another (Kilpatric and Holland 1995). For example, ethnic minority couples who have been brought up with communal family values may find themselves very isolated when immigrating to Canada. Because of the lack of family or community support, the adjustment may be very stressful for such couples or families.

Therefore, enhancing the family's capacity for adaptation competency is a major goal of clinical efforts occurring within an ecological approach (Rodway & Trute, 1993). For example, in a traditional East Indian family, the husband assumes the instrumental role of provider and protector of the family; the wife assumes the role of homemaker and

caretaker. This traditional understanding of roles creates a conflict in the family because, due to economic hardship, both the husband and wife may need to work. Therefore, the traditional role of the husband and wife shift, and this requires readjustment.

Kilpatric and Holland (1995) refer to how Mayer (1988) emphasizes the importance of managing intervention so that systemic implications are always considered. The aim is to avoid overwhelming the capacity of the family for absorption to change, and if possible to match the shift in one member's behavior with that of another so that an adaptive fit between them will remain. For example, the writer believes that ethnic minority women feel more secure in couple counselling when there is external intervention, as they seem confident that their partners will be willing to participate in the couples counselling and some changes will occur.

McGoldrick (1982) also points out that seeking counselling/therapy for psychological issues is a western concept that may be uncomfortable or unfamiliar to ethnic minority families/couples. Moreover, most of the ethnic minority families do not seek counselling or approach social services for help outside their social network (i.e. close relatives, friends, religious leaders etc.).

Because outside intervention is often completely avoided, families living with domestic violence may not be able to resolve their situation. For example, the East Indian Culture has very rigidly defined roles for each family member based on age and sex. Men have more privileges than women (i.e. access to higher education, dating, marriage, divorce, inheriting property and much more). From childhood, girls are more exposed to traditional values and taught to be humble, obedient, and dutifully submissive and they are restricted in many ways (i.e. dating, going out at night, clothing).

Furthermore, some situations are further compounded with adjustment and adaptation difficulties. The experiences and culture-specific communication and the worldview of the client are also elements that have to be explored and considered (Green J.W., 1975). For example, in the Asian culture, the role of the extended family and

friends and cultural concepts would all be considered powerful resources in relationship between a social worker and a family requiring counselling. Since 1967, an increasing number of immigrants and refugees have emigrated from non-white and third world countries. Their children know no other home, and will expect to enjoy all of the rights, privileges, and opportunities of majority group Canadians.

Social workers will need to have the capacity to service multi-racial/multicultural clientele, and the demand for competent and relevant services will continue to be heard.

Help Seeking Behaviour Model (Cross Culture Perspective)

Green and his co-workers (1982) developed an approach that focused on cultural awareness. In their view, social workers have paid limited attention to the concerns and interests of ethnic minority clients. The model is designed to address this, and is constructed around a fundamental division between what individuals know and do in response to a problem; and what is known and done about the same problem by professionals and 'experts' who do not share the client's cultural background. The major components of the model include: 1) the client's definition and understanding of an experience as a problem; 2) the client's use of language to label and categorize a problem; 3) the availability of indigenous helping resources in the client's communities and the decision making involved in the utilization of those resources; 4) the client's criteria for determining that a satisfactory resolution has been achieved.

This model facilitates conceptual insights into ethnicity and enhances sensitivity towards various ethnic groups.

1) The Client's Definition and Understanding of an Experience as a Problem: Ethnic minority clients have a distinctive perception of the world. Kearney (1975) has noted the worldview of people depends on their outlook on life, which makes them distinctive from all others. He continues to describe how this view will always

include a culturally distinctive notion of the self, others, and of classifications, as well as the relationship of time and space and of force or power. For example, practitioners assisting an East Indian husband and wife in a session may assume the wife's quietness is due to oppressive or controlling behavior on the part of the husband. Therefore, a misunderstanding can occur because, generally, the East Indian traditional culture is more patriarchal. The husband assumes the role of the dominant decision-maker, while the wife is relegated to a more submissive role. Therefore, if the practitioner encourages the wife to participate in discussion, the husband may feel that the practitioner is intruding on his family life.

2) The Semantic Evaluation of a Problem by a Client: Culture may be described by what it is that the members of the community have in their head. This includes knowledge, information, and beliefs that are shared with one another. Categories and the linguistic labels called "domains" are basic ethnographic units, the major classification within a culture. Thus, the semantic label "family", or "time", refer to a cultural domain. These semantic labels have what has been called both a social meaning and a "referential meaning". The referential meaning of "Family" or "Time" is its dictionary definition. The social meaning, however, refers to the community of speakers who use a particular semantic label. Middle-class white American counsellors view the family unit as nuclear. In contrast, many ethnic minority clients define the family unit as an extended family. Unlike many white Americans, the role of the grandparents in the East Indian culture is more than symbolic. They may have an active part in the raising of the grandchildren.

How different societies, cultures and people view time exerts a pervasive influence on their lives. Therefore, the authors support the fact that race, culture and ethnicity are powerful determinants of whether the group emphasizes the past, present or future. The East Indian culture exhibits a past-present time orientation. Examples are the strong hierarchical structure in the family, combined with a respect for elders. Several difficulties may occur when the practitioner is unaware of differences in time perspective. The result is frequently dissatisfaction among both client and

practitioner, lack of establishing support, misinterpretation of behaviors or situations, and probably discontinuing future sessions. The practitioner needs to be aware that many East Indians may mark time by events rather than by the clock.

3) Indigenous Strategies of Problem Intervention: There is an enormous range of help-seeking activities in all cultures. Those activities are guided for the most part, by the lay interpretations of a problem and by informal consultations with persons who are already within the troubled individual's network. Some types of lay intervention and help seeking will be more familiar than others, such as reliance on nuclear and extended family members and solicitation of advice from the community members. Consulting professionals may be one of the last resorts, especially where the ethnic minority community views the social service system as a threat or as a source of social control.

4) Culturally Based Criteria of Problem Resolution: This is a particularly difficult issue in social services where intervention and treatment efficacy is difficult to define. The difficulty is compounded where cultural differences contribute to failure in communication and misunderstanding of intends.

It also leaves open the possibility for easy stereotyping within whatever theory of human behavior that the worker brings to the client encounter. Sometimes practitioners do not have prior knowledge of the culture and rely on common, everyday explanations for cultural differences, and may make superficial stereotypical judgements about their clients. Therefore, it becomes essential for practitioners to acquire knowledge and understanding of the differential impact of internal and external forces on persons from diverse ethnic, racial and cultural background, as they adapt the beliefs and social behavior of the dominant society.

The ethnically competent practitioner can provide professional services in a way that is congruent with behavior and expectations that are normative for a given community. Green (1995) recommends that the practitioner working with community clients should

have the following characteristics: 1) is aware of self-limitations; 2) demonstrate a systemic learning style; 3) have an interest in cultural differences; and 4) utilize cultural resources. Chau (1992) explained that the process awareness approach provides a practitioner with a secure understanding of his/her personal biases and provides a preliminary step in intercultural training. In this approach, prior to meeting with the client/family/couple, the practitioner needs to do homework that includes a review and understanding of similarities and differences with their own culture. For example, shame and shaming are the mechanisms that traditionally help to reinforce societal expectations and proper behavior.

When shame is incurred, it includes the withdrawal of support and often suspension of obligatory relationships. The web of obligation and fear of shame are frequently crucial parts of the life that East Asians face and seek treatment for (McGoldrick, 1982). The challenge of the counsellor in each situation is to help the couple gradually accept professional intervention as to serving their own objectives.

McGoldrick (1982) emphasizes that many ethnic minority families experience differential rates of transition among their subsystems, inevitably leading to transitional conflict. Therefore, it is essential to establish whether transitional issues are relevant to current difficulties. This writer's professional experience points out that generally women experience cultural change faster than men because they are able to seek employment in non traditional job markets faster than their spouses. They also go through a faster rate of adaptation and adjustment and are able to challenge their roles as subservient wives, which could further cause conflict in their families. Also, children may learn the language faster than their parents and can sometimes take a leadership role, which threatens the hierarchical structure. The goal of marital therapy is to modify dysfunctional interaction, which in turn will increase marital satisfaction (Allgood & Crowe, 1991). However, there are couples who drop out of therapy before treatment is completed. Allgood and Crowe (1991) suggest that, if therapists could identify couples that may be potential candidates for dropping out of therapy, some treatment plan could be designed to meet their needs.

Allgood and Crane (1991) presented a research design of 474 couples who requested marital therapy at the Brigham Young University between 1981 and 1985. The couples were self-referred (428) or referred by other sources such as clergy, friends, relative's etc. Three instruments were used to assess these couples 1) Marital Adjustment Test (MAT), the Marital Inventory (MSI), and Symptom check list (SCL-90-R). After completing MAT, MSI and SCL-90, 72 out of the 474 couples in the sample research met the criteria to be classified as therapy dropouts. There were three variables that were significant predictors: 1) having a male intake clinician; 2) number of children; 3) presenting a problem related to an individual or a family.

The study was quite consistent with other studies, which indicated that having a male intake clinician makes dropping out of therapy more likely. As the number of children in the family increased, it was more likely that couples would stay in therapy. The couples who dropped out of therapy had presented problems relating to an individual dysfunction more often (17%) than those who continued (4%). Finally, husbands and the couples who dropped out of therapy may view family problems as the wives domain. These husbands lacked the necessary commitment to marital therapy.

Allgood and Crane (1991) made an interesting comment that, although the decision not to continue with therapy appeared to be made by both spouses, the husbands seem to have a larger role in the decision because of high anxiety that feeds into the decision to drop out. The writer is also concerned about the ethnic minority couples who don't believe in seeking help from sources outside of the social network in order to address their personal problems, unless an intervention is made by external sources. For example, this writer's professional experience reveals that when immigrant men report for probation due to their conviction of domestic violence they frequently comment that this was the first time they have shared a personal problem. They wished this type of help had been available before they were convicted.

Since the ethnic minority offender on probation may receive individual and group counselling, the victim is usually referred to the Immigrant Women's Association or Mount Carmel Clinic for counselling or other help. As previously mentioned, ethnic

minority women don't want to leave their partners. Therefore, they may feel most comfortable receiving couple counselling, knowing that their spouses (husbands) have shown an interest in changing their behavior and are willing to seek help.

Chapter Three

The Practicum Experience

Recruitment of Clients:

Recruitment of couples occurred when the Immigrant Women's Association, Mount Carmel Clinic, Interfaith, Correctional Services (Probation) and Evolve made referrals. The fact that the student worked as a probation officer has been taken into account in determining recruitment procedures; the clients were referred through other probation officers.

Criteria focused on men and women who were 18 years of age or older, who have been involved in domestic violence and who, prior to accessing couple therapy, had accessed other treatment including individual and group therapy. All referrals were screened according to the practicum criteria, which were set by this student and correspondent with the guidelines of the Elizabeth Hill Counselling Center. If the clients were determined as not fitting practicum criteria, they were referred to other social services. The purpose of the criteria for couple therapy was to provide guidelines for establishing suitability for the therapy and also to achieve an appropriate level of homogeneity. The student's original plan was to provide therapy to the ethnic minority couples, which was achieved. In case the original plan did not work either due to a limited number of couples, or any other reason, this student was prepared to provide counselling to the mainstream couples who were clients of the Elizabeth Counselling Center (discussed with and approved by the center). The student placed top priority on the abused spouse and children's safety and, if there was any indication that the husband was using violence, the couple therapy would not be recommended.

Criteria for Assisting Violent Couples:

Research (Pressman, 1989; Busby, 1995), has indicated that conjoint therapy should start only in cases where: 1) the man has taken responsibility for the abuse; 2) the woman no longer fears her husband; 3) the woman has restored her self-esteem and is being assertive regarding her rights; 4) and both spouses agree to treatment. Sinclair (1985, p. 82) noted that marriage counselling is an available option, only after the following conditions have been met:

1. The offender has accepted full responsibility for his violent behavior and has made efforts to change that behavior.

2. The victim is clearly able to protect herself, measured by her understanding and willingness to assume responsibility for her protection.

3. The potential for further abuse is minimal.

4. The degree of intimidation and fear felt by the victim is significantly reduced, so as not to interfere with open discussion of marital issues. It must be ensured that the wife does not think the issues she raises during the session will be used as an excuse by her husband to assault her after the session.

5. The goals of the couple are mutually agreed upon and the couple work is entered into freely by both partners. It must be ensured that the husband has not instructed his wife to remain silent on contentious issues (Sinclair, 1985, p.82).

Setting

The assessment as well as individual and couple therapy sessions took place at the Elizabeth Hill Counselling Center. The couples were provided with an option to choose

other locations if they did not feel comfortable at the centre. Since all the couple felt quite comfortable coming to the Elizabeth Hill Counselling Center, most of the therapy sessions took place at the Center. The exception was a couple of individual sessions took place at the Adult and Youth correctional services, due to the availability of material and videotapes on domestic violence. Individual and couple counselling was scheduled over thirteen to sixteen sessions. The duration of each session was one and a half-hours to two hours each. Once couples had completed the pre-test and intake assessment, they were seen individually for couple of sessions. These sessions allowed a further assessment that explores and addresses women's safety and any other concerns that might need to be discussed individually.

Personnel

A committee consisting of David Charabin, Ken Martin and Dennis Bracken supervised and guided the practicum. The student consulted with her advisor, Dr. Dennis Bracken (faculty advisor) regularly to review the intervention and future plans. In addition, David Charabin was available on site for supervision and consultation.

Procedures

The procedures and policies of the Elizabeth Hill Counselling Center regarding confidentiality, videotaping sessions and recording sessions and activities were followed. Informed consent was obtained prior to assessment tools being administered and intervention being provided (see Appendix C). These forms indicated the clients' willingness to participate in couple counselling. This consent form was kept on a client file along with the Elizabeth Hill Counselling Center (EHCC) standard consent forms for treatment and videotaping. Process notes were made for each client, and were completed according to Elizabeth Hill Counselling Center's standards.

Also, the same Intake Form used by the Center was used, with some additions made, such as: the client's first language, English proficiency, length of time in Canada, Immigration status upon arrival in Canada, last country (abode), country of origin, other family members living in Canada.

Intervention Model

The student applied the Eco/Structural Model by using culturally sensitive techniques and approaches (detailed information about these models is provided in the literature review section). Because the structural family therapist viewed the individual client in his/her social context, therapy was directed towards changing the organization of the family. When the structure of the family group was transformed, the position of each family group member was altered accordingly. As a result, each individual's experience changed (Minuchin, 1974). For example, men convicted of domestic violence and prior to their couple therapy have received individual counselling and gained insight. This has facilitated in changing their traditional family patterns, which in turn alter role and responsibility of each family member (this student's professional experience).

The use of an ecological framework was helpful in assessing the couples from a broader perspective, because it allowed the practitioner to view the situation holistically, and consider the inter-relatedness of each person to his or her environment. This, in turn, stimulated the practitioner to use a broad repertoire of interventions that were suitable for the varying needs of particular family situations.

Genograms were used to understand family structure and current situation of the couples. This technique was very useful because most couples had limited language skills. Also, Kelley, 1994, encouraged using the genograms due to lower skills. McGoldrick, 1986 also places an emphasis on mapping the family, beyond the individual and family life cycle, to include the transitional position of the multi generation family in society. For example, the map included the position of each individual as a whole in life

cycle stages, culture of origin, family structure, current status, relatives, and community (McGoldrick, 1982).

Since all the couples had carried some of their personal problems from their past experiences while they were living in their home countries such as poverty, neglect, physical abuse as form of punishment, painful experiences of living in the refugee camps, they were attended to in the therapy sessions. Due to cultural sensitivity, it was beneficial that the student being the minority therapist working with the ethnic couples, had an insight into the way in which the relationship was perceived within that couple's culture.

Therapy was used as mechanism to prepare couples for transition and cultural adjustment. This was a helpful process in releasing their stress because most of them were very isolated and did not have a chance to share their personal problems with any one due to the issue of trust and confidentiality. Pederson, 1994, stated that the preparation for transition and adjustment should include such things as language study and learning about the host culture. The practitioner could also connect their clients with their ethnic communities for support and assistance in finding their new identity. A practitioner who lacked a theoretical knowledge of this minority culture may find it difficult to connect with their clients (Pederson, 1994). Therefore, this students practicum experience recommends that practitioners working with minority clients require a solid knowledge of culture and the community resources, to consult with if the need arises For example, the East Indians consider family their primary source of support. Before outside help is solicited or accepted, extended family is usually consulted. Therefore, sometimes extended family members are influential and necessary to include in therapy sessions.

It is difficult for a husband or father who is the head of the family, to admit that he is not fulfilling the leadership role of being provider and taking care of the family. Therefore, the practitioners' knowledge of cultural ideals influences the family's development and organization, along with awareness of changes introduced by the

process of migration and acculturation. These could provide crucial guidelines for assessing and intervening in family therapy. Given this, the role of a practitioner in working with ethnic minority couples/families must extend beyond the psychologically oriented "healer" role to include other essential and functional roles. These roles may include those of cultural broker, mediator, educator, and advocator (Green, 1982).

Methods of Evaluation

The overall objective of the practicum was to gain a comprehensive understanding of approaches and techniques that were responsive and effective for ethnic minority couples. Accordingly, evaluation tools evaluated the effectiveness of couple therapy in terms of client comfort levels and reducing the symptoms. These tools were 1) a client feedback questionnaire; 2) videotapes documenting the couples sessions and; 3) bi-weekly meetings with the supervisor.

The practicum focused on the student's development of knowledge and skills. A bi-weekly meeting with the practicum supervisor assisted in assessing the effectiveness of each clinical session and describing the successes and challenges.

Evaluation: Measures Used

Evaluation is a necessary component of measuring the effectiveness of one's intervention with clients. Ethically, social work must be responsible for providing effective and cost-efficient treatment that has no known detrimental effect. (Trute, 1985).

Trute (1985) also suggested practitioners follow general guidelines of outcome measures in family practice which indicated that the measuring tools be consistent with the intervention paradigm employed. They should be practical to the applied setting, have adequate generalities and be appropriate to the family's situation. Keeping these

principles in mind, the evaluation measures with couples for practicum were as follows:

In this practicum, two different instruments were used to measure and evaluate the effectiveness of therapy. The first instrument was the Index of Marital Satisfaction (IMS). The author of this instrument is Walter W. Hudson (Corcoran and Fisher, 1987). The second instrument was the Dyadic Adjustment Scale (DAS), development by Spanier G. (1976). Both clinical measures provided a broader perspective of dyadic marital relationships and of the magnitude and severity of the problems that the couples might have in their relationship. This was beneficial in further assessment, intervention and treatment.

Although, the student thought that the translation of these instruments would be helpful, after inquiries with the supplier of these scales, the decision was made not to pursue this. Even without translation, the instruments were effective in determining the strengths and weaknesses of dyadic functioning. The student's main focus was to provide an opportunity for the couples to assess their own needs and areas of concern. This was done individually, so that the intervention could be effective and meaningful. Both of the instruments were used on a pre-and post-test basis, to evaluate the effectiveness of the therapeutic intervention.

The Dyadic Adjustment Scale (DAS) was a self-report questionnaire designated to assess the quality of marriage and other similar dyads (Spanier, 1976). Dyadic Adjustment Scale is a 32-item scale that assesses dyadic adjustment on four subscales: dyadic cohesion, dyadic consensus, affectional expression and dyadic satisfaction. The DAS was one of the most frequently employed measures of assessing spousal relationships. It was designed to be used with either married or unmarried cohabiting couples. The DAS has also been noted to be sensitive to changes that occurred during the course of therapy. It is easy to administer, did not require too much time, and was also easy to code and score. Scores on the DAS ranged from 0-151, with higher scores indicating better adjustment within a marriage. The DAS has high scale reliability, as well as content, criterion related and construct validity. The reliability coefficient for the

total scale was found to be .96 using either Cronbach's Coefficient Alpha or the Speerman brown average-inter-item formula for interval consistency (Spanner, 1976).

The Index of Marital Satisfaction (IMS), (Walter W. Hudson, 1987) was a 25-item instrument designed to measure degree, severity or magnitude of relationship problems. It does not measure adjustment, as couples might be well adjusted in their relationship but still have problems. Therefore, it measures the extent of the problem in the couple's relationship. The IMS has a mean alpha of .96, which indicates excellent internal consistency. It also has high validity, as it indicates the couples who had problems in their relationship and the couples who did not have problems. The IMS ranged of 0-100, with higher scores indicating the presence of marital dissatisfaction (Corcoran, K and Fisher, 1987). The IMS was given to every couple as a pre-test and post-test. The IMS was first used for 1803 single and married individuals, clinical and non-clinical populations, high school and college students and non-students. Most of the respondents were Caucasian, but some were members of ethnic groups such as Asian and Afro-Americans.

Consumer Feedback:

An important aspect of therapy was feedback from the client system regarding service delivery. Feedback from clients acknowledged the importance of their perspective of therapeutic processes and their participation in the process. Therefore, during the last client session, some questions were asked to establish the client's level of comfort and whether they would seek therapy again, if required. Some of the questions asked were as follows:

1. Did you have any concerns about getting service at the Center?

2. Would you return to the Center if you felt a need for further service?

3. Do you think the services provided to you were sensitive to your needs?

4. Do you think by receiving the services, some of your problems were addressed and you will be able to work with them differently in the future?

5. Do you feel that there have been noticeable changes in you and your partner? If yes, can you explain what these were?

Ethical Considerations

The student was aware of ethical guidelines within social work. Being a probation officer and providing couple counselling to male offenders and female victims, the student was aware of power issues related to her professional position. Therefore, the student did not work with her own clients. Rather, clients were referred from other probation officers and the following organizations:

1. Elizabeth Hill Counselling Center
2. Immigrant Women's Association
3. Mount Carmel Clinic
4. International Center
5. Ethno-community organizations

Chapter Four

Introduction

During the course of the Practicum, contact was made with eight couples. The Elizabeth Hill Counselling Center, the Probation Services, and the Immigrant Women's Association referred these couples. Out of this five couples did not attend their first appointment and one person who came for his first appointment had a language barrier and his wife did not want to join him. This man was referred by his lawyer for couple counselling due to the issue of domestic violence and child abuse. In view of his language barrier and his wife's reluctance to join for counselling, he was referred to the Cross Cultural Counselling services, housed at the Mount Carmel Clinic.

As a result, I was left with three couples who completed the 13-16 sessions. The three couples were immigrants who have been living in Canada for an average of five years to thirty years. The age range of these three couples was 31-65 years old. The females ranged in age from 31 to 57 and the males ranged from 37 to 65 years of age. All the couples were married, with two still in their first marriage and one in their second marriage.

The couples were seen from the first week of October 1998 to May 1999. The number of sessions varied. Two couples received 14-16 sessions and one couple received 12-14 sessions. The interview sessions were video taped, although one couple, who came to Canada as refugees and had spent some time in jail and in refugee camps, had some difficulty with the sessions being recorded. Therefore, the session was not recorded until the couple developed enough trust in their therapist and the Center. After the third session, once they were ready, and understood the reason for recording, the sessions were video taped. This occurred after the third session. The sessions were video taped for the purpose of providing the field supervisor with an understanding of the process occurring in the session. It also enabled the therapist (student) to review sessions and provide more effective feedback to the couples. However, while video recording was available, if couples objected to it, particularly during individual sessions, this device was not used.

The goal of the intervention, as referred to in the literature review, was to increase the interactions between partners (couples), so that they could improve their communication skills and enhance their abilities to resolve conflict in a healthy and non-violent manner. All the couples who participated in the therapy were committed in their relationship, remained married and wished to improve their relationship.

Treatment Goals

1. To assist couples in understanding the cultural patterns that were attributable to their traditional beliefs and values and that has positive and negative impacts in their relationship.

2. To alter and improve communication in the couple subsystem.

3. To create a safe and healthy environment which is based on trust, respect, and understanding.

4. To strengthen their emotional bond by encouraging couples to have a comfortable intimate relationship.

5. To teach couples alternative means of conflict resolution.

6. To improve their ability to function as a cohesive unit in order to strengthen their position as parents.

7. To provide couples with more information and also to educate them about issues of domestic violence, and resources available from the community and/or social services system.

8. To assist couples in the process of adjustment and adaptation to Canadian society, as well assisting them to deal with the 'baggage' carried from their home countries. This 'baggage' could include poverty, loss of family members, torture due to political problems or physical violence not only by the spouse but also by in-laws, and other extended family members.

Theoretical and Practical Perspective of Clinical Themes Used In Couples Therapy

Communication & Intimacy

Couples, who have relationship problems, generally also have communication difficulties, especially couples who live in a relationship where violence is involved. Since couples in conflict have lots of unresolved issues, usually they are very vulnerable and their communication becomes impaired. With a communication deficit, the relationship suffers. For example, men who are charged with domestic violence and participate in cross culture domestic violence groups generally complain of their partners, 'Yapping too much' (students' professional experience). This suggests that there are several pathological patterns involving communication, where couples are locked in a dialogue of the deaf. This means that both partners feel unheard, and experience frustration and disappointment in trying to "get through" to one another (Karpel, 1994). Such couples' communication becomes guarded, indirect and confusing. For example, one partner may avoid direct communication because of fear of being judged, but at the same time wants the other partner to comprehend.

Communication serves very important functions in couple relationships as it is a medium of emotional connection between partners. Through communication, partners connect, have senses of achievement towards a closed and intimate relationship. However, partners who are not verbally expressive, are also able to connect with each other through non-verbal cues, such as jokes, shared values and various other characteristics (Karpel, 1994). Therefore, it is very important for couples to develop the skills of talking and listening, as it grants them with sensibility and awareness which is instrumental to connect with one another. Also, in some couples, neither partner can express their needs, complaints, or disagreements. They expect or wish the other to "read their minds" and know without speaking, what the other partner wants or does not want. This could lead to disappointment and frustration.

Anger and Aggression

Anger is a normal emotion, but generally, violent couples express more negative behavior, more anger and intolerant affect than either distressed non-aggressive or happily married couples (Leonard, 1996, p. 370). Violence is a learned behavior and generally violence is used to resolve conflict or gain power and control (this students' professional experience). It also applies to anger and aggression where couples use abusive language, raise their voices and could harm each other. For example, research indicated that domestically violent couples were more likely to report husband demand - wife withdrawal sequences than were distressed or happy couples (Leonard, 1996, p. 370).

According to Social Learning Theory, aggression derives from the context of aggressive or coercive conflict behaviors used by couples. These conflict behaviours arise from gender roles, cultural values and beliefs of male hierarchy, which are generally developed prior to a relationship. Childhood experiences with violence are commonly correlated with hostile behaviour emerging from this experience (this students' professional experience).

Power, Control and Identity

Abusive husbands use force to obtain their partner's agreement with their demands. Consequently, women living with abusive husbands are more vulnerable. Therefore, in order to gain control of their situation, they may create the situation to release their husband's anger by allowing him to assault them. Although this is not done intentionally, women 'walk on egg shells', knowing that violence is going to occur no matter how much they try to prevent it. The violence is used as an effective control strategy for the male partner who uses it to restore his power and control.

The literature review research indicated that abusive men described how important it is for them to regain control. They obtain this after physically assaulting their partner. Abusive men feel pressured to be dominant, and are in need of power and control due to their belief system, attitudes, and traditional sex-roles. They are highly rigid and over-socialized with regard to male dominance. Generally, these men may have lower self-esteem and feelings of inadequacy and inferiority. In predicting abusive behavior, a complex relationship was found among personal control, desirability of control and self-esteem (Prince and Arias1994).

Ethnic minority abusive husbands might not have personal and interpersonal control as they had in their home countries, because of their slower adjustment and adaptation process than their partners. This refers to their individual sense of achievement such as employment, recognition of their accreditation, professional recognition or their status as head of the family and social influence. This may further lead to situations where they feel challenged and become abusive. Based on research (Stets, 1988), abusive husbands would be expected to have lower levels of personal and interpersonal control than the non-abusive husbands do. Therefore, abusive men rank higher in their desire for control. This is one of the driving forces behind their use of aggression as a way to regain power (Prince and Arias 1994).

Cultural Values and Physical Abuse

Culture can be defined as those elements of people's history, traditions, values and social organization that become implicitly or explicitly meaningful to the participants. Herberg (1993) defined "culture" as the patterned nature of behavior, beliefs, values, customs and institutions. These patterns can not be seen directly, as culture is unpredictable.

Cultural values and beliefs have a strong impact on human behavior especially in societies culture which places an emphasis on patriarchal values and also reinforces

traditional gender roles within the family context. Wives are expected to bear the sole responsibility for the household and childcare. Cultural and social norms reinforce this subordinate female position, especially the Asian culture, which through their religions doctrine teaches women to be tolerant, the endurance of suffering, karma (fate), harmony and peace (student's personal and professional experience).

A cultural reality is that many ethnic minority men come from patriarchal societies in which the structure of the family assigns them authority over their partners in all aspects of life. In order to be culturally sensitive, it is important for the therapist to acknowledge some of the cultural differences between an ethnic minority culture and the mainstream, North American culture. For example, ethnic women in lower socio-economic families are more vulnerable to abuse because they lack the necessary economic resources to leave the violent relationship (Barber & Allen, 1992).

Adjustment/Adaptation and Acculturation Issues

Since all the couples in therapy were those who came to Canada as landed immigrants or under refugee status, it was important to understand the difficulties they faced during their process of resettlement in Canada. For many immigrants, physical arrival in a new country (Canada) does not mean "emotional arrival" has occurred. Therefore, a resident in Canada may not consider Canada his own country. Hence, it is important in a therapy session to map out the relocation experience (McGoldrick, 1982). It is also important to understand how much energy the clients have spent in coping with their losses and separations, and how much is left to cope with new demands. The information obtained from clients included: the moves they had made in the past (i.e. from which location and with whom); whether family members remained back home; the couple's reason(s) for relocating; whether other family members have come to Canada and who their sponsor was; how they were coping with all the new challenges; whether they had learned the language; obtained employment and/or learned other necessary skills etc. (McGoldrick 1982).

It is important to recognize the generation differences in language capabilities within a family. For example, children learn the language and culture of the host country faster than their parents who may rely on their children to interpret for them in various situations. This results in a further generation gap between both parent and child due to a major shift in the family. This is where children are forced to play a leading role because of their ability to speak English and understand the Canadian culture and the social system. This, therefore, could add more stress in the families.

Structural/Ecological Techniques.

Salvador Minuchin views family as a living system that carries out its function through transactions between its members, and addresses how individuals handle their problems within a social environment. Each family member carries out his/her functions through subsystems and these are formed according to generation, sex, interest, or function. Repetition of transactions between members creates structure or organization. The relationship between members of a subsystem or between subsystems involves three dimensions: boundary, alignment and power.

Boundary Setting: Boundary setting refers to the rules, which define who participates in an activity and how this is done. For example, many ethnic couples who believe in the extended families may include grand parents, uncle and aunts and some other close relative as part of their nuclear family. They may need to understand how the family rules are formed and what impact it may have on its members. It involves a focus on the closeness and/or distance between the couple subsystems and other family member subsystems. Boundary dysfunction is described by the concepts of 'enmeshment' and 'disengagement'.

Minuchin (1974) suggests that enmeshment may occur in an immigrant family due to the threat that the new environment may change traditional values and belief systems. Therefore, the family may close their boundaries to the outside world.

However, this is done to protect family members who may encounter stress. For example, partners having relationship problems may find it hard to seek counselling or adapt to changes. In this way, the family becomes more enmeshed. Given this, while working with immigrant families, it is necessary to be attentive that the boundaries of nuclear families should be flexible enough to include close relatives. Also, both a high degree of cohesion and of hierarchical organization is normal.

In the disengaged family, the boundaries are so rigid that there is little interdependence between members. Members seek and obtain access to one another on a very limited basis. For example, due to the different rates of acculturation and adjustment, individual family members may reject traditional values and become isolated within the family and the whole family may become very vulnerable, immobilized and disengaged. In order to teach or educate couples about boundary setting and its importance, this student used her therapeutic sessions to discuss boundaries within couples and between the couple and the therapist. For example, it was explained to couples, that as couples they would be provided an opportunity to discuss their issues together but as individuals they will also be given a chance to discuss their personal issues separately as well. They were also explained that they were protected of their confidentiality by the therapist and if they believed that the therapist had disclosed their confidentiality they could complain to her supervisor. Furthermore they were told that they could drop out of therapy if they were not satisfied for any other reason at all.

Assigning Tasks and Learning Conflict Resolution: As already stated, counselling or therapy is a western concept, and ethnic minority couples receiving counselling need something more concrete to help them understand the concept and process. The structural Family Therapist, Minuchin, believes that the therapist has to be very active, directive and goal-oriented in order to bring about changes in the family. Due to cultural sensitivity, the therapist may use an indirect approach to elicit information from clients or to give them tasks to do at home.

Enactment and Reframing: Enactment is a process used by structural therapists to observe family members interacting with one another. This is done in order to make

possible healthy changes in the family structure. Change is a natural phenomenon, but people who have very negative experiences due to political persecution and leaving their homeland in search of safety, cling to their values and traditional norms more tightly than the immigrants who leave their home countries by choice. Therefore, in order to bring appropriate and culturally sensitive outcomes, the therapist has to become familiar with the broader family context as well as the patterns of communication.

Mobilizing Resources: The community resources matched with clients' culture will be more useful in assisting the readjustment/resettlement of clients. Therefore, the knowledge and an understanding of geographical boundaries, social institutions, demography, formal and informal structure, history, human service agencies and community leaders will be beneficial for the therapist to connect the clients with appropriate resources (McGoldrick, 1982).

The Ecological approach suggests that for families going through acculturation, culture is the focus from which to begin the therapeutic process. Middle-class therapists, no matter what their ethnic origins, have been socialized in terms of the mainstream values. For example, the therapist will be future-oriented, and will expect clients to be motivated, keep appointments, and arrive punctually. If possible, individuals or local organizations with some histories and reputations for providing culturally appropriate assistance should be consulted. Some types of lay intervention and help seeking are more familiar to immigrants, such as reliance on family members, solicitation of advice from their minister, faith leader, the use of special diets or medication, etc. (Green 1995). Some ethnic minority communities might view social services systems as a threat or as a source of social control. Given this, social workers may be the last link in the chain of help-seeking contacts.

Case: Couple A

Background Information

Paul and Abbie were born and raised in Albania. They came to Canada under the refugee status program and have been living in Canada for six years. Abbie is self-employed and has a house cleaning business. Paul does not have a regular job, and helps his wife in her cleaning business. Abbie also has a second part time job, as a nurses' aid at a health care facility. They have an eight-year-old son. They lost their first born child, in an accidental death when he was six months old. Both parents grieved for their deceased child. Paul has a cousin living in Winnipeg who is very close to him, but Abbie feels isolated at times because she does not have any family members living in Canada.

Probation Services referred Paul and Abbie for counselling. Presently, Paul is on probation for physical abuse against his wife and has completed the Cross-Cultural Partner Abuse group program. Although he is committed to staying with his partner and is willing to participate in couple counselling, he has not yet taken full responsibility for his last conviction. After Abbie had charged him for the second time, she wanted to drop the charges and approached this therapist for guidance. She was advised to approach the Women's Advocacy program for assistance since they have the mandate to work with such clients.

Abbie got some counselling from this therapist (writer), and the Women's Advocacy program. During that time, Abbie indicated that she does not want to separate from her husband and is willing to join counselling with her partner. Abbie presently feels quite safe in her relationship. While there has not been recent physical violence or overt threats by Paul, there is still evidence of psychological abuse, with manipulation of power and control being used by the husband.

Family of origin Abbie

Abbie was born and raised in Albania. She comes from a large family and has eight siblings. She is the third oldest child and was given a lot of household responsibilities at a very young age. She has a grade seven education, and started to help her parents on the farm when she was six years old. Abbie and all her siblings started to work on the farm for economic reasons when they were very young. Abbie mentioned in one of the therapy sessions that she felt sorry for her younger brother who, at the age of seven, had to carry hay and fire wood from the field to family home. He is now 27 years old, married and presently lives in California. All of Abbie's other siblings live in Albania, except for a sister who lives in Italy.

Abbie's parents were quite traditional and had a close relationship. They both worked on a farm and never had enough money to buy food to feed their nine children. However, there was love and care shown to her by her parents, and Abbie remembers their nurturing attributes: her father for his kindness, and her mother for keeping the family together during difficult times, especially when they had almost nothing to eat. Abbie had an arranged marriage and was able to have an intimate relationship with her future husband after the engagement. This was consistent with traditional values, as in her culture men and women are expected to be virgins before marriage.

Abbie and her husband dated for about a year before they got married. Although Abbie did not mention witnessing or being the victim of physical, or psychological abuse, she nonetheless accepted that physical punishment or abuse of women and children is very common and is considered as a family matter or man's right. Abbie said that her parents never supported her when she complained about her husband hitting her, either while they lived in Albania or since moving to Canada. Abbie believes that her parents will never support her emotionally if she separates from her partner and that she would be blamed for the rest of her life for bringing shame to the family. She does not want to live with that guilt.

Family of Origin Paul

Paul is one of three brothers. His father was a shepherd and his mother a homemaker. Paul is the youngest in the family. He lived with his parents and other siblings, including his oldest brother who was married and had two children. His older brother is eleven years older than he is. Paul had a very good relationship with his sister-in-law who, according to him, was a perfect wife because she never spoke out in front of her husband. Since his birth, Paul was taken care by his grand mother who seemed to be lonely after the death of her husband. Although his parents were present, they were not able to say anything to him. His grandmother had control over the whole family. Paul slept in the same bed with his grandmother until the age of twenty. He said that his friends were aware of the situation and used to tease him, but that it did not bother him. His grandmother passed away when he was 22 years old and he was serving his mandatory two years of military services in the army.

Paul said that he was very happy in his life before marriage. He mentioned that he had friends and a good life with his family of origin. Paul disclosed that everything changed after his marriage as his wife was not like his sister-in-law who believed her husband's wishes were 'her command'. In contrast, Abbie would not accept her husband's "wrong doings"; she would raise her voice and would then be physically beaten for doing that. Paul felt his wife was very disrespectful and always caused fights. Paul mentioned that he is ashamed that he hit his wife but it was very common in his culture. Paul discussed how men and women are supposed to behave and/or accept family relationships. Publicly, a husband and wife do not show affection and wives have to show respect for their husbands.

Paul finished grade nine and completed technical training as a veterinarian. However, he worked as a Veterinarian for only six months and during the rest of his stay in Albania he worked as a farmer. Paul did not have an intimate relationship with any other women before his marriage to Abbie. He became acquainted with Abbie through his brother who used to work in an orchard near their village. As mentioned previously,

Paul and his wife were expected to be virgins before marriage, but did have an intimate relationship after their engagement, as this infringement is culturally permitted.

ASSESSMENT

Paul and Abbie had sixteen sessions with this therapist. Out of the sixteen sessions, five sessions were spent with both partners, gathering information and gaining their confidence. Professional closeness with the couple is important in order to effect change within the family structure. If the husband (who is the head of the family and has more decision making power in a traditional society) does not trust the therapist, counselling may not proceed even though the wife may desire it. Therefore, a cross-culturally sensitive approach is used to gain the husband's confidence by asking for his opinion and involving him in the decision-making process.

Six sessions of individual therapy were provided for each partner. Individual therapy was identified as essential for two reasons: 1) Due to physical abuse which occurred three weeks prior to the therapy and; 2) To provide each partner freedom to share their family of origin, social history and their personal feelings more openly. Karpel, (1994 p. 114) explains that individual sessions help therapists to build alliances with each partner, assess their level of commitment, provide a more clear picture of each partner, and gather relevant information on the social history of each client. Individual sessions also provide an opportunity for wives to share information in a more protective and safe environment. It is, however, crucial for a therapist not to probe for information too deeply during the initial stage of therapy because this could put the wife in a vulnerable situation. The remaining five sessions were utilized for couple therapy as well as completing the post clinical measuring scales, to provide the therapist feed back at the termination phase.

Minuchin (1974) emphasizes that the Structural Therapy model is a therapy of action and the tool of this therapy is to modify the present, not to explore or modify the

past. However, due to the loss of their six month-old child, political imprisonment, and the trauma they faced when crossing the river to escape from Albania, it became essential to revisit the past. These tragic experiences were reviewed and discussed in a way that would reflect on their strengths. This was acceptable to both partners who wished to resolve past conflicts and look forward to improve their current relationship. Some of the basic issues which emerged from joint couple therapy were: confidentiality, trust, guilt or shame, lack of respect, smoking, gambling, physical, psychological and emotional abuse, safety, intimacy, communication difficulties, isolation and loneliness. There were also employment issues for Paul and Abbie's dependency on Paul for taking care of their child, and driving her back and forth to work since she does not drive. Some of the problematical issues which required individual therapy sessions were: power and control; gender, hierarchy, traditional beliefs and values regarding expectations about the male and female role, identity, family loyalty, guilt, lack of confidence and self blame. All of these issues were discussed during the therapy sessions and recorded either on video or audio.

My main focus was to provide an opportunity to the couple to assess their needs and areas of concerns individually, so that the intervention could be effective and meaningful. Two clinical instruments were used on a pre-and post-test basis to evaluate the effectiveness of the therapeutic intervention: Index of Marital Satisfaction, 1987 and Dyadic Adjustment Scale, 1976. Although both partners, Abbie and Paul, were able to communicate in the English language, the level of their competence in English was quite basic and therefore, it took them longer to complete these scales. They took 40 - 50 minutes to complete these scales. This student believes that these scales are an accurate measurement. The Index of Marital Satisfaction (IMS) is a 25-item instrument designed to measure the magnitude of a relationship problem. It does not measure adjustment, as couples may be well adjusted in their relationship and still have problems. It merely measures the extent of the problem in the couple's relationship. The IMS has a range of 0-100, with higher scores indicating the presence of marital dissatisfaction (Corcoran, Karin and Fisher, 1987). The IMS scale pre and posttest with Paul and Abbie indicated that they both had clinical problems in their relationship and that these lessened after the

therapy. Abbie's overall score from the pre test was 58.0 and the post-test 52.7 while Paul's pre test was 49.3 and his post-test was 39.3. According to this test, a score of 30 or over indicates a clinical problem. Abbie seemed to indicate more problems than her husband, although it was difficult to identify the source of the problem.

Dyadic Adjustment Scale:

The second scale used was the Dyadic Adjustment scale, which runs from 0 to 150. Higher scores indicate more satisfaction. Abbie's overall score at pre test was 94 and her post test score was 127. Paul's pre-test score was 71 and his overall post-test score was 115. Broken down by section, Paul and Abbie's scores were as follows:

Dyadic Adjustment Scale (Paul) Pre and Post Test Scores

DYADIC AREA	PRE-TEST	POST-TEST
	36	48
	20	39
	3	7
	12	21

Dyadic Adjustment Scale (Abbie) Pre and Post Test Scores

DYADIC AREA	PRE-TEST	POST-TEST
	43	56
	28	41
	8	10
	15	20

According to this scale, the couple indicated lower marital satisfaction, consensus and had difficulty showing affection before therapy. Dyadic Satisfaction measures the

amount of tension and the extent to which the individual has considered ending the relationship. Although both partners were unhappy in their relationship they were making full efforts to improve it as they were not ready for breaking their marriage. Dyadic Consensus assesses the extent of agreement between partners on matters important in relationship such as money, religion, recreation, friends, household tasks, and time spent together. Abbie and Paul had a lot of problems regarding money, friends, household tasks and quality time spent together which was the focus throughout the therapy sessions. Affectional Expression measures the individual's satisfaction with the expression of affection and sex in the relationship, which was a problem due to physical, psychological and emotional abuse as well as communication difficulties. DAS Post test scores indicated improvement on all of these dimensions after therapy was completed. This indicated that the tests appear to have provided quite an accurate assessment of the couple, despite the cultural and language difficulties experienced by them in completing these scales. See attached graph of Paul and Abbie Pre and Post-test of Dyadic Adjustment Scale:

COUPLE A PRE TEST

Profile Form for Dyadic Adjustment Scale by Graham B. Spanier, Ph.D.

Name: Paul/ Abbie Sex: M F Marital Status: Married Age: 37 31

T-Score	I. Dyadic Consensus Married	II. Dyadic Satisfaction Married	III. Affectional Expression Married	IV. Dyadic Cohesion Married	Dyadic Adjustment Married	T- Score
80+						80+
79						79
78						78
77						77
76						76
75				24		75
74						74
73				23		73
72						72
71						71
70				22	150/151	70
69					148/149	69
68				21	146/147	68
67					145	67
66				20	143/144	66
65	65				141/142	65
64	64				139/140	64
63	63	50	12	19	138	63
62	62	49			136/137	62
61	61			18	134/135	61
60	60	48			132/133	60
59		47	11	17	130/131	59
58	59	46			129	58
57	58				127/128	57
56	57	45		16	125/126	56
55	56	44			123/124	55
54	55		10	15	122	54
53		43			120/121	53
52	54	42			118/119	52
51	53	41		14	116/117	51
50	52		9		114/115	50
49	51	40		13	113	49
48	50	39			111/112	48
47	49	38		12	109/110	47
46			8		107/108	46
45	48	37			106	45
44	47	36		11	104/105	44
43	46				102/103	43
42	45	35		10	100/101	42
41	44	34	7		98/99	41
40	43	33		9	97	40
39					95/96	39
38	42	32			93/94	38
37	41	31	6	8	91/92	37
36	40				89/90	36
35	39	30		7	88	35
34	38	29			86/87	34
33		28	5		84/85	33
32	37			6	82/83	32
31	36	27			81	31
30	35	26		5	79/80	30
29	34				77/78	29
28	33	25	4	4	75/76	28
27	32	24			73/74	27
26		23			72	26
25	31			3	70/71	25
24	30	22	3		68/69	24
23	29	21		2	66/67	23
22	28	20			65	22
21	27				63/64	21
20	<27	<20	<3	<2	<63	20

COUPLE A POST TEST

Profile Form for Dyadic Adjustment Scale by Graham B. Spanier, Ph.D.

Name: Paul/ Abbie **Sex: M F** **Marital Status: Married** **Age: 37 31**

T-Score	I. Dyadic Consensus Married	II. Dyadic Satisfaction Married	III. Affectional Expression Married	IV. Dyadic Cohesion Married	Dyadic Adjustment Married	T-Score
80+						80+
79						79
78						78
77						77
76						76
75				24		75
74						74
73				23		73
72						72
71						71
70				22	150/151	70
69					148/149	69
68				21	146/147	68
67					145	67
66				20	143/144	66
65	65				141/142	65
64	64				139/140	64
63	63	50	12	19	138	63
62	62	49			136/137	62
61	61			18	134/135	61
60	60	48			132/133	60
59		47	11	17	130/131	59
58	59	46			129	58
57	58				127/128	57
56	57	45		16	125/126	56
55	56	44			123/124	55
54	55		10	15	122	54
53		43			120/121	53
52	54	42			118/119	52
51	53	41		14	116/117	51
50	52		9		114/115	50
49	51	40		13	113	49
48	50	39			111/112	48
47	49	38		12	109/110	47
46			8		107/108	46
45	48	37			106	45
44	47	36		11	104/105	44
43	46				102/103	43
42	45	35		10	100/101	42
41	44	34	7		98/99	41
40	43	33		9	97	40
39					95/96	39
38	42	32			93/94	38
37	41	31	6	8	91/92	37
36	40				89/90	36
35	39	30		7	88	35
34	38	29			86/87	34
33		28	5		84/85	33
32	37			6	82/83	32
31	36	27			81	31
30	35	26		5	79/80	30
29	34				77/78	29
28	33	25	4	4	75/76	28
27	32	24			73/74	27
26		23			72	26
25	31			3	70/71	25
24	30	22	3		68/69	24
23	29	21		2	66/67	23
22	28	20			65	22
21	27				63/64	21
20	<27	<20	<3	<2	<63	20

Intervention

It took four sessions for Paul and Abbie to establish a sense of trust with their therapist and to believe that therapy might help to resolve some of their issues. The first three sessions were not recorded because Abbie did not feel comfortable about trusting the system due to the couple's past experience of persecution and jail sentences in their home country, Albania. Also, not having a knowledge of what to say and/or expect in a therapy session, creates anxiety and suspicion for new clients who are not born and raised in a western culture and are unfamiliar with the process. Minuchin (1974), stated that gaining the family's trust and becoming a part of the family is very important for Structural Therapists who joins the family not to educate or socialize but rather to repair or modify positively the family's own functioning.

Several Themes Emerged During Abbie and Paul's Therapy. They Were:

Trust: Due to the presence of psychological, emotional, and mental abuse, it becomes difficult for partners, especially the victim, to trust their partners. Abbie had a very difficult time trusting her partner due to the physical abuse she had suffered in her home country. This abuse started on the second day of her marriage. Abbie stated in the fourth session, she was hit in front of her mother in law, as her husband wanted to show her that he controls her and he is the boss. She also did not have any trust in her husband to keep their money safe due to his habit of gambling and going to the casino quite regularly with his cousin.

Safety: The second issue is safety, which is linked to trust. This was discussed in the session in a culturally sensitive manner, being mindful that Paul was the head of the family and that to make any changes in the family his involvement was crucial. After a thorough assessment, which was done individually and jointly with the couple, it was determined that Abbie was not in danger of physical assault or homicide. Also Abbie mentioned in an individual session that she did not want separation from her husband and

also was not in danger of physical assault or homicide. Both partners also had different perspectives on safety issues. Canada has provided Abbie with safety because she was protected by the legal system when her husband assaulted her. Also, economically she is doing better in Canada than back home. She also noted that the degree and intensity of physical, psychological, and emotional abuse she has experienced since being in Canada was much less than in her home country. Therefore Paul was asked how, as head of the family, he ensured that his family does not fear him and that family members felt safe. The safety issue was further discussed with both partners in individual therapy sessions.

As a result of therapy, Paul was able to develop a trusting relationship based on respect and understanding. Paul's interpretation about safety changed as he gained more knowledge about domestic violence. He mentioned in his individual and couple sessions that he should be providing safety for his partner and if she did not feel safe, he should leave. But, since he and his partner did not want to separate, he must make sure Abbie felt safe. Paul also mentioned that, culturally, he was supposed to be the breadwinner and head of the family. He noted that this had changed since his arrival in Canada because he had never been able to hold a job on regular basis and his partner never questioned him about extra monies spent on cigarettes and long distance phone calls to his family that amounted to $150.00 monthly. Given this, he began to realize that his status in the family had changed quite drastically and he must support her, otherwise he would lose her. So Paul made a contract with his partner to respect her and not to hurt her.

Abbie was also able to trust her partner more when he kept his promises and did not smoke inside the house. Paul told his wife in the session that since she was pregnant with their baby, he did not wish to do things that are harmful for the baby such as smoking and he did not want to hurt her feelings. Respect and trust had different meaning for both partners. For Paul, respect refers to how his partner treats him in front of outsiders. Since, in his culture, women show respect toward their partners by not criticizing them in front of extended family members or friends; he would like his wife to do the same. For Abbie, respect refers to her husband keeping his commitments and promises. For example, if he promises to come home at a certain time, he must keep that

promise, or phone Abbie to let her know that he might be a little late. Abbie also wanted her husband to respect her and she felt that he was putting her down by comparing her with other women and making jokes about her sexuality and body. Paul also indicated feeling good about contributing to the family, especially supporting Angie in her business by working with her and providing transportation, child care and completing various household chores. He understood that his partner respected him and felt safe when he did these functions in a non-violent manner.

Communication and Intimacy

In the initial sessions, Abbie and Paul had communication difficulties because Paul kept on interrupting and questioning Abbie whenever she tried to express herself. He often made a joke about what she had said and made her feel unimportant. It appeared, during the therapy, that Paul felt he was being blamed by his partner and was trying to defend himself. Since Paul had hurt his partner in the past, he was feeling guilty and ashamed, but instead of expressing his feelings in a positive manner he was being negative and critical of his partner. Moreover, Paul appeared to be giving mixed messages to his wife through indirect communication. For example, Abbie was asked by their common female friend after Paul had confided in her, why she did not have an intimate relationship with her husband, and said that he might desert her if she continued doing that. Since Abbie was emotionally hurt in her relationship and feeling very vulnerable, any close physical contact with her partner was difficult.

Paul and Abbie were not able to communicate with each other during the first four sessions. This was due to their past relationship which was not very healthy due to the presence of emotional, and psychological abuse by Paul. Their communication improved after they had both participated in individual therapy sessions. These individual sessions seemed to give them a chance to explore their personal problems. This supports Karpel's (1994) explanation that each partner's emotional burdens can prevent any open, honest and clear communication. It was observed that as both partners progressed through the

therapy sessions, they were able to release their emotional burden and started to repair their intimate relationship and communication patterns. Abbie was approached by this therapist as a mother whose responsibility is not only to her family, but also to provide safety for her children. At times, Abbie felt that her eight-year-old son was fearful of his father's anger. She was encouraged to take control of her life.

During the tenth session, Abbie and Paul were able to talk and listen to each other, and both learned to refrain from responding in a hurtful way. For example, Abbie said in one session that her husband goes to the casino and spends a lot of time there. Here, she was communicating with her partner, saying that she understood he was not wasting money at the casino, but that he was spending more time there than rather with her. However, the way she expressed this was not clear. Therefore, the therapist helped her to reframe it. Also, since Abbie had difficulty communicating with her partner, she tried to use her friend, who subsequently flirted with her husband. Paul was very confused about this and did not understand why she was allowing him to associate with a friend who was causing a lot of trouble in their relationship. Abbie was empowered in an individual session to communicate effectively with her partner about her feelings.

By the end of the eleventh session, Abbie had changed her communication style that seemingly become more direct and assertive. For one day, she kept herself very reserved and did not communicate with her partner. The next day, she told him that he had to stop hurting her emotionally, physically and mentally or she would leave him. This was a very powerful message, which brought about changes in their relationship. They discussed their problems for almost three hours and set up some ground rules and thus began the change process.

Anger and Aggression

Paul demonstrated a lot of anger and hostility towards his wife, Abbie, from the first session of therapy to the ninth session. On the other hand, Abbie was passive for the first four sessions, blaming herself for many family conflicts, and feeling helpless in therapy. She did not openly blame her partner and did not talk about the psychological, sexual and mental abuse she had been experiencing. Although she was angry with her partner, she did not verbalize this because of fear and lack of confidence. Perhaps, the very presence of her partner in the same session intimidated her. It was quite obvious that this was an unbalanced relationship. It appeared that, during the process of the therapy session, Abbie's anger turned into self-pity and she assumed a position of helplessness. Anger is a normal emotion, but generally, violent couples display more negative behaviour and more anger and intolerant affect than either distressed non-aggressive or happily married couples (Leonard, 1996, p. 370). Abbie was also very angry with her partner who she felt was using her sexuality and making fun of it by comparing her with other women. She said that when he did this, she felt very angry. But, when asked how she responded, she indicated that she ignored him. Therefore, in order not to make her husband angry, she would avoid him. When he criticized her in front of her eight-year-old son, she felt angry and hurt, but again instead of dealing with the issue, she kept and hid her feelings.

Paul seemed to be an aggressive, short-tempered person who was born and raised in a violent home. He did not know how to resolve conflict without violence. He was very verbally abusive, used bad language and hurt his wife mentally, psychologically and sexually. At the end of the eleventh session, Paul's anger response seemed to be changing and he began to use language that was not hurtful to his partner. Paul told his partner during the eleventh session that he touched her due to love and affection, not just to have sex with her. Abbie had indicated in the previous session that she felt he only wanted sexual relations and did not like his touch. For example, Abbie also began to explore personal issues with her husband and to communicate her feelings directly to

him. She told Paul that she would appreciate it if he would not always touch her on her private parts because she did not like it. Paul responded well to this request.

Communication Between the Therapist And Clients

Paul and Abbie were very open, but precautions were taken by the therapist to avoid direct confrontation, to rephrase when necessary, and also to get the husband's permission or agreement to involve his wife, Abbie, in providing more information. Due to the clients' language barrier (both have limited fluency in English) and cultural sensitivity, the therapist made an effort to use simple language and provided a lot of examples. An effort was also made to lead the session in a balanced manner, keeping in mind the husband's controlling behaviour and the wife's tendency to withdraw.

Power, Control and Identity

Paul had been raised in a traditional culture where a man is the head of the family. He often seemed to use anger and aggression to control his spouse and children. He did this on the second day of his marriage when he hit his wife in front of his mother to show her that he was in control as the head of his family. Abbie raised her voice against this control and was not supported by his family. Even her own family believed that she must have done something wrong in order to be beaten. Therefore, as well as receiving the support of his family and his extended family, the level of control exerted by Paul was also supported by their ethnic community. Abbie was quite happy when she finally moved from her home country to Canada, even though she felt socially isolated. Although none of her family members live in Canada, she felt protected by the legal system that was set up to stop domestic violence.

Abbie wanted her partner to stop abusing her psychologically and sexually. By the end of the ninth session, there seemed to be some progress and it appeared that Paul

had learned techniques to control his anger. A big issue for Paul was that he had lost his identity as the head of the household and the breadwinner. Because he was not successful in obtaining and keeping a regular job, he was economically dependent on his wife. His changed role included taking care of his child and doing household chores while his wife was working. He was also being used as a driver to drop his wife at work and to pick her up and to perform other small errands. These tasks challenged his male identity. Until session nine, Paul got angry easily over small things, such as Abbie telling him to lower the stove temperature because whatever he was cooking could burn. In response, he tried to corner his wife and threatened her not to interfere in his work. When Abbie told him he was not to smoke inside the car and refused to give him the lighter, he pulled her hair and threatened to throw her out of the car. These incidents were quite serious and his wife challenged him after being empowered during the individual sessions saying that she would not stay with him if he did not change. At this point, Paul decided to change his patterns of communication and his negative self-talk. He learned positive self-talk, emphasizing that he is an equal partner and still controls his life, because, without his support, his wife might not be able to run her private business and work 30 hours as a Health Care Aide. He learned more healthy ways of coping with his stress, and during the sessions he learned to let go of the feeling that he has to be the one who keeps everything in order.

Paul has a brother who lives in California and who has quite a negative influence on him. He has a second brother in Albania who also uses physical force against his wife. So Paul has had to learn to continuously watch his behaviour. In fact, he started to educate his family members against domestic violence. Paul also learned about the impact of domestic violence on children, and he does not want his son to repeat his pattern. His son was reported fighting with other children at school, and both partners realized that if changes couldn't be made in their relationships, they would have to separate for the sake of their children. Paul was heavily influenced by his traditional cultural values, and was caught up in not being a man anymore. He mentioned in an individual therapy session that he does not think he would ever be regaining his status as

a man as head of the family again. In addition, he had further lost his power due to the criminal justice system and by being charged with domestic abuse twice.

It seemed that counselling helped Paul to accept his responsibility for providing a safe environment for his partner and mentioned that that he must respect the law and change himself and learn to live in a non-violent manner to keep his family together. He was also able to overcome his fear of losing his wife who assured him in therapy sessions that she loved him and had no intention of leaving him. Also she was pregnant with their second child and both of them believed that their relationship was improving.

Cultural Values and Physical Abuse

Both Paul and Abbie were born and raised in a culture that emphasized male dominance and hierarchy. After his marriage, Paul lived in a house shared by his parents and his married brother who was very abusive to his wife. Abbie was also raised in a family with a patriarchal structure although her father did not physically abuse her or her other siblings or mother. However, the beating of wives and children was very common in her culture. She also mentioned that physical abuse might be more common to the people, who are poor and have limited resources, as she was.

As indicated earlier, she lived with her husband's family for five years and was beaten quite regularly by her spouse. Other family members, especially those who were male, verbally, emotionally and psychologically abused her. Paul had rigid cultural values and believed in the traditional roles of husband and wife. He believed that his wife should show him respect in public and that while he has the right to publicly criticize her, she should not talk back. He also believed that as a husband, he owns the right to receive respect.

Abbie was quite intimidated by her partner in the beginning. She did not criticize him or oppose his values in therapy sessions. She wished to have individual counselling,

as she noticed that in the third therapy session that her husband was insulting and criticizing her. Although, financially, Abbie felt very secure and did not have to be scared of her husband leaving her, she could have decided to seek counselling, ignoring him. Yet she did not challenge her husband's hierarchical position in the family because she wanted to continue living with him and keeping their family together. As a result, she did not join for individual therapy sessions until he gave his consent. Paul agreed to individual therapy sessions only when he became sure that the therapist understood his cultural values and the importance of family unity and that she would not try to destroy their relationship. As a therapist, I found the couple's commitment to their relationship was quite strong. Therefore, apart from the various challenges, they were able to resolve their issues and conflicts.

Adjustment/Adaptation and Acculturation Issues

Paul and Abbie immigrated to Canada under the refugee status program. Since they did not leave their country by choice, they were unable to say good-bye to their families. They also suffered from the unresolved grief of the death of their six-month old child. Paul's cousin also came to Canada under the refugee status. Therefore, he at least had somebody to share his feelings with. However, Abbie did not have any close family members or relatives living in Canada, and felt lonely and isolated. In her seventh individual session, Abbie expressed the wish that she had a close relative in Canada or the United States whom she could visit, since she was overwhelmed with the conflict in her relationship with Paul. Abbie replaced some of the emotional support she used to get from her family in Albania by keeping a Canadian older male live-in tenant as well as having a close friendly relationship with a senior Canadian female. Some of her emotional and psychological needs were met through this. Also, some of her babysitting demands were met through this new extended family that she had developed. Paul kept regular contact with his brother in California, and also phoned his family in Albania. However, Abbie's family did not have a phone but she also kept ongoing contact with her brother in the United States and her sister in Italy. They both sent money to their families

whenever it was possible. In therapy sessions, it appeared that they missed their home country, but since they both had very poor living conditions and economic means to meet even their most basic needs in Albania, they were quite happy to be living in Canada and making a decent living. In economic terms, adaptation to Canada was easier for Abbie because she was able to get a job, start her own cleaning business and most importantly was being protected from domestic violence. However, the lack of close family was very difficult for her.

For Paul, adjustment in Canada was quite painful. During the first year after their arrival, his wife moved to a shelter due to physical violence, and he has been charged for domestic violence twice. He was not able to find a job, and after having a criminal record, he found it even harder to gain employment. Paul's traditional role as a husband changed quite dramatically. He helped his wife with cooking, cleaning, providing transportation to Abbie to and from work, picking up his child from school, babysitting, etc. These new roles shifted and caused him unhappiness. Both Paul and Abbie speak their native language. At home, Abbie enjoys speaking in her language. Their eight-year-old son also speaks their native language. They also have a community network that meets regularly, and supports newcomers from their home country.

Structural/Ecological Techniques

Boundary Setting

During sessions this therapist discussed boundaries between and within couples and between couples and therapists. For example, it was explained, through a written agreement, that they were able to drop out of therapy if they wished. Also, individually, and as a couple, they were expected to share only the information they wished to share. If some information in the individual session was considered to be confidential and was not to be shared with the other partner, the therapist gave the agreement to protect the individual.

Both partners were also coached about developing boundaries within their couple and parent subsystems. Since the parents' subsystem was less challenging and both parents had a mutual interest, they were coached on how they could be more effective and what the benefits would be. For example, Paul and Abbie's eight year old son Pasim was not listening to his mother because his father was very disrespectful to her and most of the time criticized or made fun of her in front of him. As soon as Paul started to respect and support his wife, their son also started to show more respect to his mother.

Paul had very diffuse boundaries because he allowed one of his friends and neighbor to interfere in his relationship (i.e. telling his wife how she should conduct her sex life). This was causing a problem in his relationship. Therefore, Paul and Abbie were coached to protect their couple subsystem by not allowing this friend to intervene and they discussed how they could deal with her if she did interfere in their relationship, which prepared them into developing a plan together. Another problem was that their live-in tenant, a 70- year old senior man, was verbally abusive to their eight-year-old son. Both partners were coached to talk to their tenant and outline his role and responsibilities while living in their home. For example, if he had any complaints about their son, he should be speaking with the parents, as he has no authority over their son. Since Paul was given a significant role in making boundaries, with an emphasis placed on him being the head of the family, he felt good, and was ready to look at the couple subsystem and within the couple's individual subsystems. From the perspective of a culturally sensitive therapist, it is important to involve the husband in the decision making process in order to bring about changes within the family structure. Although the couple was introduced to some of the rules in the first session, these were reinforced in subsequent sessions. When relapses occurred , the couple was reminded to re-set those rules and start all over again. For example, smoking inside the house was discussed a great deal, and a contract was made with Paul to protect his partner's boundary and not smoke inside the house. During the four months of therapy sessions, Paul broke his contract four times and each time he renegotiated with his partner.

In the beginning of therapy, it appeared that Paul had rigid boundaries, and was not ready to change his values related to male dominance. Therefore, during the first four sessions he did not allow his wife to talk to the therapist by herself, and would not leave her alone with the therapist, even though his wife asked him to give her ten minutes to talk to the therapist. His wife started to avoid him and felt quite alone in her relationship. Paul's eight-year-old son was very afraid of his father's anger and rage. He also did not enjoy his company and started to withdraw from both parents, and became very quiet.

Paul and Abbie's intimate relationship started to change when they started to work together as a strong couple subsystem. They provided enough flexibility and guidance as a parent subsystem to their eight-year- old son, who, in turn, felt protected and had freedom as well. For example, their son was weak in English language and in Maths. He was provided with tutoring by a volunteer from the Salvation Army where both Paul and Angie volunteer their time in the soup kitchen almost every Sunday. However, they made the decision not to allow the volunteer to take their son out camping, or to his home, as he had suggested. Paul and Abbie set a boundary and were coached through therapy, which was very helpful. Their son's grades improved and he also enjoyed the company of the tutor who was like an uncle to him. Since both parents did not have enough background information about this man, they made the decision to not allow their son to go alone with him anywhere outside their home, their church, or their community centre.

Assigning Tasks and Learning Conflict Resolution

In the third session of couple therapy, a contract was made with Paul not to smoke inside the car or house. Abbie was to record when he did smoke. She was instructed not to say anything to him, but just write down the day, time and the situation when he broke the contract. Paul was told to write down the time he spent on household chores, transportation for his wife and child, in order to demonstrate his contribution to his

family so that he felt worthwhile and good about himself, despite not having a regular job.

Abbie and Paul were instructed about the cycle of violence and types of abuse. They were instructed to write down any incident that happened during a one week time period. Paul was shown the video "Why Are You So Angry?" and was given home exercises. In order to empower Abbie, she was provided with reading material on domestic violence. Paul was also educated about domestic violence and was shown how to develop a personal plan on recognizing anger, and taking time out before any violent incident happens. Since neither Abbie nor Paul wanted to discuss their jail experiences, they were told to write their experiences down, in their language, and share them with each other. This approach was acceptable to them. Since Paul was very verbal, encouragement to write down thoughts and events changed his interactional pattern, and was very useful in helping him to gain personal insight.

Enactment and Reframing

This therapist used enactment, by requesting that Paul tell Abbie how he felt when she made conversation with her supervisor on the phone for long periods and he phoned her back. Paul told his wife that he felt very jealous when she conversed with her supervisor, although he knew she was not having an intimate relationship with him. Two sessions prior to this conversation, Paul had been blaming his wife for cheating on him in the relationship because she had a hickey on her neck. Since he was asked to talk to his wife directly, he reframed his conversation in a way that reflected his true feelings. It was a very sensitive issue because it is difficult for a man from his culture to show affection or talk seriously with his partner in front of an outsider. However, Paul commented that he did not think this therapist was an outsider anymore, and he already considered her to be close to his family. Both partners were coached in positive communication through role-play and rephrasing their negative thoughts.

Mobilizing Resources

Paul and Abbie were connected with their ethnic community (Albania) where they were helping newcomers. They visited their church once or twice a month. They were also linked with the Salvation Army, volunteering in the soup kitchens, Age and Opportunity (due to their live-in tenant), Immigrant Women's Association, Osborne House, Winnipeg Police, Manitoba Probation Services, Elizabeth Hill Counselling Centre and various other ethnic and mainstream organizations. Although Paul was a little hesitant to use different resources, Abbie got him involved and their network increased.

Conclusion and Post Therapy Follow Up:

Paul and Abbie participated and completed sixteen sessions that included individual and couple therapies as well as phone follow up. Through the process of couple therapy, both partners gained confidence, understanding, and respect for each other. According to the Dyadic Adjustment pre and post-tests both partners increased their Dyadic satisfaction, affectional expression, cohesion and consensus.

The Index of Marital scale, pre and post-tests also indicated improvement in both partners' tests. Although these tests were not culturally sensitive, they were quite accurate in predicting that intervention was helpful in improving the relationship between Paul and Abbie. Consequently, these scales were used not only for the purpose of assessment and intervention but also to find out if the immigrant couples felt comfortable using these clinical scales. I found that the couples were quite capable of completing these scales, but required some extra help due to linguistic and cultural barriers.

The consumers feed back questionnaire was also completed by both partners which indicated that the therapy was helpful in resolving some of their conflicts and they also stated they would not hesitate to seek help if required. The post therapy follows up with Abbie and Paul revealed that they both had maintained their non-violent healthy intimate relationship. Paul had taken control of their private business because Abbie took care of their newborn baby.

Case B

Introduction

Ringela and Surjen were referred for couple counselling by the Community and Youth Correctional Services. This couple showed a keen interest in participating in couple counselling in order to improve their relationship. The therapist found this couple very committed to their relationship with a wish to work on issues that had been causing them stress and conflict. The wife pressed charges against the husband because of domestic violence, and the husband seemed to accept the problem and was willing to work on it.

The therapist had a telephone conversation with the wife. Although she did not receive individual counselling, she still appeared very assertive and acknowledged that the problems had existed between her and her partner for quite a long time. She mentioned that she is not fearful of her safety, and would like to avail herself of this opportunity to get counselling together with her partner. She indicated that, under normal circumstances, her partner might not have been willing to participate in the counselling sessions. She attributed this to her traditional culture, which does not acknowledge the usefulness of outside intervention in helping families with their problems.

Surjen also indicated that she had tried to convince her partner on previous occasions to go for marriage counselling. Although they went only once, her partner dropped out of the therapy after the first session. Both partners were under lot of stress due to the bankruptcy they had to declare because of a business loss. Ringela and Surjen have been in Canada for 20 years. They came to Canada from Pakistan under family class. Presently, they both work. Surjen works part time and Ringela full time. They have three children aged 17, 12 and 6 years old. In 1998, Ringela was charged with child abuse and his 17 year old daughter was placed in a group home and arrangements were later made to allow her to live with her boy friend's family rather than in a group home. During the time her parents were coming to this writer for marriage therapy, Deepa, their

daughter, had been out of her home for six months. She had been seeing a psychiatrist and was taking medication for the treatment of depression. Deepa was accepted by her boy friend's family because of his threat to the home if they did not do so. Although Surjen and Ringela tried their best to encourage their daughter to return home, she refused. Parents indicated that this is not accepted behavior as culturally it brings shame to the family. She was previously involved with drugs and had been keeping bad company.

Family of Origin - Husband

Ringela had ten siblings, two in his native country, four in Winnipeg and another four that had already passed away. Out of four who passed away, he misses his oldest sister the most. Ringela was quite close to his older sister who lived with him and her other younger siblings after separating from her husband. Ringela is the middle child. His father passed away and his mother was sponsored to Canada and presently lives with her daughter due to an ongoing conflict with her daughters-in-law. Ringela mentioned that his father used to live in a different city for employment reasons and he only remembers seeing him every one to two months. Ringela does not feel that he is close to his mother or to any of his siblings who live in Winnipeg. During the last five years, he has not visited his brothers and sisters. Before his marriage he lived with an older brother who sponsored him to Canada. However, after the marriage, he moved due to a conflict between his wife and his family members. He seems to have been caught between his own family and his wife. According to traditional cultural expectations, he should be loyal to his family of origin. However, his wife did not accept this, and his family did not accept her. Ringela did not feel comfortable in sharing information about his family of origin regarding neglect, or any kind of abuse.

Family of Origin - Wife

Surjen has five brothers and two sisters. She got married in 1979 and came to Canada in 1980. She had an arranged marriage. Generally, Muslims can marry within their extended families, yet she was not from the same clan as the man she married. Girls in traditional Asian cultures are expected to develop close ties with their husband's family. Because of this, Surjen tried to be close to her husband's family. However, she was not accepted due to continual conflict between her and Ringela's family. Surjen mentioned that her husband's family did not accept her and she had always been considered as an outsider and none of her husband's family members tried to include her in the family. Her parents used to live in Winnipeg but have moved to Toronto as they did not want to get involved in their daughter's family conflict. Surjen is quite attached to her parents, sister and her younger brother. At the present time, she does not have any close relatives living in Winnipeg.

Assessment

Ringela and Surjen had a total of sixteen sessions. Out of these, eight sessions were utilized for couple counselling with both partners. This was done in order to gather information, to gain clients' confidence in therapy and to assure the client of confidentiality. Although the therapist and client represent the same ethnic background (Asian), there were significant differences in cultural values.

Surjen mentioned that she felt more comfortable in confronting her partner in therapy sessions regarding his expectations about her role as his wife. She believed her partner was more respectful of her views in the therapist's presence than home because "at home, he is in command". Since men are considered the head of the family and generally most Asian families are patriarchal, this therapist was very careful in involving the husband in discussions. For example, Ringela was asked who he felt was the head of his family. He responded by saying that his wife was the head of the family because she

ran the household and kept control of the finances. He further added that his responsibility was to provide money for his family and his wife's job is to use it wisely. Surjen indicated that although she had control over money, the husband made decisions about how to spend the money. If money were spent without consulting him, he would get very upset, followed by an argument between them. This conversation between both partners revealed that there were certain traditional cultural patterns that were not explicit. Therefore, a new member joining the family might be very misleading.

Seven sessions were delivered to each partner in individual therapy. Individual therapy became essential for this couple for two reasons: i) Conflict existed beyond the couple's level as it had included both partners' siblings, parents, friends and some key community leaders who were the mediators of the family during their marital conflict, ii) Surjen, became very aggressive in the couple sessions. It was apparent that she required individual therapy in order to understand her anger and learn techniques to manage and control it. On the other hand, Ringela, although he had taken full responsibility of abusing his partner physically, was very manipulative and seemed to be psychologically and emotionally hurting his partner. For example, he would align with his daughters, talking negatively with them about Surjen, or he would phone his wife's relatives and complain about her. The last session was spent on discussing termination, receiving client's feed back and completing post clinical tests.

Index Of Marital Satisfaction and The Dyadic Adjustment Scale

Two scales were used as pre and post-test to determine intervention and treatment needs during therapy and to assess the magnitude of the couple's problems and quality of relationship. Although these scales use very simple language and are easy to score, individuals who have not been raised in the Western culture and have English as their second language, may find these scales challenging and difficult to fill. However, both partners enjoyed completing the test especially Surjen, who thought this was a good

opportunity to assess herself. It took almost 45 minutes for both of them to fill the Index of Marital Satisfaction and the Dyadic Adjustment Scale.

According to the Index of Marital Satisfaction Scale both were found to have clinical problems. The final scores of both Ringela and Surgen in the Index of Marital Satisfaction Scale were very close: Ringela scored 45.3 on the pre test, while Surjen scored 43.3. On post-test Ringela scored 51.33 and Surjen scored 48.0. Although, Surjen seemed to indicate having fewer problems than her partner does, her scores on both the pre and posts indicated that she was experiencing a higher level of dissatisfaction in the relationship.

Dyadic Adjustment Scale

The second scale used was the Dyadic Adjustment Scale (DAS). According to this scale, higher scores are indicative of more satisfaction with the marital relationship The DAS scores indicate that both Ringela and Surjen have clinical problems. Overall scores in the pre Dyadic Adjustment Scale demonstrate that they both have clinical problems but have adjusted equally within their relationship. This may be the case because of cultural norms and expectations. At the time of the post-test, Surjen had a big fight with him about their close relatives, suggesting why, her score dropped even further in the post clinical DAS test. Consequently, she indicated having difficulty in adjusting to her marriage. The DAS subscores for each partner are as follows:

Ringela - DAS – Pre and Post Test Scores

Dyadic Area	Pre Test	Post Test
[illegible]	49	59
[illegible]	30	40
[illegible]	9	10
[illegible]	16	19

Surjen - DAS - Pre and Post Test Scores

Dyadic Area	Pre-test	Post-Test
[illegible]	36	23
[illegible]	22	25
[illegible]	8	6
[illegible]	12	9

Ringela's overall pre-test score was 104, and post-test, 128. Surjen's overall pre-test score was 78 and post-test 63. Thus, Ringela showed greater significantly satisfaction with the relationship than that of his wife.

COUPLE B PRE TEST

Profile Form for Dyadic Adjustment Scale by Graham B. Spanier, Ph.D.

Name: Ringela/ Surgen **Sex: M F** **Martital Status: Married** **Ages: 42 41**

T-Score	I. Dyadic Consensus Married	II. Dyadic Satisfaction Married	III. Affectional Expression Married	IV. Dyadic Cohesion Married	Dyadic Adjustment Married	T-Score
80+						80+
79						79
78						78
77						77
76						76
75				24		75
74						74
73				23		73
72						72
71						71
70				22	150/151	70
69					148/149	69
68				21	146/147	68
67					145	67
66				20	143/144	66
65	65				141/142	65
64	64				139/140	64
63	63	50	12	19	138	63
62	62	49			136/137	62
61	61			18	134/135	61
60	60	48			132/133	60
59		47	11	17	130/131	59
58	59	46			129	58
57	58				127/128	57
56	57	45		16	125/126	56
55	56	44			123/124	55
54	55		10	15	122	54
53		43			120/121	53
52	54	42			118/119	52
51	53	41		14	116/117	51
50	52		9		114/115	50
49	51	40		13	113	49
48	50	39			111/112	48
47	49	38		12	109/110	47
46			8		107/108	46
45	48	37			106	45
44	47	36		11	104/105	44
43	46				102/103	43
42	45	35		10	100/101	42
41	44	34	7		98/99	41
40	43	33		9	97	40
39					95/96	39
38	42	32			93/94	38
37	41	31	6	8	91/92	37
36	40				89/90	36
35	39	30		7	88	35
34	38	29			86/87	34
33		28	5		84/85	33
32	37			6	82/83	32
31	36	27			81	31
30	35	26		5	79/80	30
29	34				77/78	29
28	33	25	4	4	75/76	28
27	32	24			73/74	27
26		23			72	26
25	31			3	70/71	25
24	30	22	3		68/69	24
23	29	21		2	66/67	23
22	28	20			65	22
21	27				63/64	21
20	<27	<20	<3	<2	<63	20

COUPLE B POST TEST

Profile Form for Dyadic Adjustment Scale by Graham B. Spanier, Ph.D.

Name: Ringela/ Surgen **Sex:** M F **Martital Status:** Married **Age:** 42 40

T-Score	I. Dyadic Consensus Married	II. Dyadic Satisfaction Married	III. Affectional Expression Married	IV. Dyadic Cohesion Married	Dyadic Adjustment Married	T-Score
80+						80+
79						79
78						78
77						77
76						76
75				24		75
74						74
73				23		73
72						72
71						71
70				22	150/151	70
69					148/149	69
68				21	146/147	68
67					145	67
66				20	143/144	66
65	65				141/142	65
64	64				139/140	64
63	63	50	12	19	138	63
62	62	49			136/137	62
61	61			18	134/135	61
60	60	48			132/133	60
59		47	11	17	130/131	59
58	59	46			129	58
57	58				127/128	57
56	57	45		16	125/126	56
55	56	44			123/124	55
54	55		10	15	122	54
53		43			120/121	53
52	54	42			118/119	52
51	53	41		14	116/117	51
50	52		9		114/115	50
49	51	40		13	113	49
48	50	39			111/112	48
47	49	38		12	109/110	47
46			8		107/108	46
45	48	37			106	45
44	47	36		11	104/105	44
43	46				102/103	43
42	45	35		10	100/101	42
41	44	34	7		98/99	41
40	43	33		9	97	40
39					95/96	39
38	42	32			93/94	38
37	41	31	6	8	91/92	37
36	40				89/90	36
35	39	30		7	88	35
34	38	29			86/87	34
33		28	5		84/85	33
32	37			6	82/83	32
31	36	27			81	31
30	35	26		5	79/80	30
29	34				77/78	29
28	33	25	4	4	75/76	28
27	32	24			73/74	27
26		23			72	26
25	31			3	70/71	25
24	30	22	3		68/69	24
23	29	21		2	66/67	23
22	28	20			65	22
21	27				63/64	21
20	<27	<20	<3	<2	<63	20

Intervention

Ringela and Surjen were initially unsure whether therapy would help improve their relationship because the conflict between both partners had started immediately after their marriage and had involved close relatives, extended family and friends of both spouses. Despite the ambivalent attitude towards therapy, Surgen requested therapy because her anger against her husband and his family had peaked due to past physical, emotional and psychological abuse. This therapist gave them hope and tried to guide them through therapy in resolving their conflicts in a healthier manner. Both partners had faith in their marriage and always looked very energetic, and were co-operative and verbally explicit in most of the sessions. Some of the issues that emerged from the therapy sessions were, as follows:

Trust: Surjen found it very hard to trust her partner due to his past infidelity. Ringela had an extra-marital relationship, which had caused problems in his relationship. He told his wife in one of the therapy sessions. "You want me to kill myself. Only then will you believe me that I don't have an intimate relationship with anyone". He also begged his wife by saying "Forgive me for what I have done to you and the children".

Surjen was attempting to trust her partner but she mentioned that "she needed time and every time she would ask him or phone him, he should not get mad, thinking that she is spying on him." She also lacked trust in her partner's family who, according to her, always spoke negatively about her. She mentioned that her mother-in-law had actually told her son to divorce Surjen and get married to another woman". Surjen felt unaccepted by her husband's family and did not want him to visit them. Although Ringela had his own problems with his family and preferred not to visit them, he blamed his wife for this and said "I do not visit my brother, sister or mother because it causes a big fight in my own home."

In the fourth session, Surjen was prepared to meet her mother-in-law and confront her with the issues bothering her, but unfortunately her mother-in-law was in Pakistan at

the time, and neither partner was aware of this. Surjen and Ringela were provided with therapy oriented at bringing trust into their relationship. They both agreed that they needed to continue working on this issue. Surjen also mentioned that her partner does not respect her because he discussed their personal matters with relatives and always tried to put her down. The example she provided was that he told others that she did not keep the home clean, pay bills on time or cook meals, and that she slept too much etc., etc. She further added that she worked night shift and had to sleep during the daytime. Ringela seemed to disagree with Surjen on some points, but felt that his wife had been very respectful to him, as she never called him with "you" but "aup" which is culturally appropriate in addressing the partners (husbands)

Safety: Safety was not a big issue for this couple. Surjen was quite independent, able to drive, had her own car, was quite verbal and also possessed a knowledge of social services, and had a social network. Moreover, she was able to take care of herself if abuse occurred. She stated that she was not going to accept any further mistreatment from her partner or from his family.

Communication and Intimacy

Interpersonal communication between both partners was causing problems in their relationship because of unresolved issues. Ringela had been trapped in his traditional cultural expectations about his role as husband, brother and son, and this had made it difficult for him to communicate more clearly during therapy sessions. Moreover, his communication was further blocked due to his past extra marital relationship and conflict between his wife and his family of origin.

In the Pre-and Post-test on the Dyadic Adjustment Scale, Surjen had lower scores in Dyadic Expression, but her husband seemed to feel this area was satisfactory. Although Ringela indicated having problems with his mother, and older brother and his sister who live in Winnipeg, and said he had not visited them for almost five years, he did

not accept his responsibility for any difficulties within his family of origin. Rather, he indirectly blamed his partner. Surjen's communication patterns were also unclear because of her anger and resentment against her husband and his family. She became very angry in the seventh couple session and was almost ready to assault her partner. She felt that Ringela was purposely not listening to her and always trying to communicate through third parties, either her family of origin, her friends etc. It seemed that Ringela had a well-developed pattern of communication, which is culturally appropriate in his home country. He is not direct in his communication patterns; therefore, his wife has become a scapegoat for his personal problem. He also had difficulty sharing his personal problems with anyone outside of his family of origin, even his own wife.

The couple lacked a nurturing intimate relationship. They had been living together primarily for their children's well being and to escape from the community's stigma attached to being a "divorced couple". Both partners had very confused communication patterns. For example, on the one hand Surjen told her partner in the fourth couple session that she wanted a divorce from him because of how his mother and other family members had abused her psychologically and mentally. On the other hand, she became very worried when her partner decided to see his sick mother at his sister's home. She feared that her partner might be encouraged to separate from her. Surjen understands that her in-laws do not want her to have a good relationship with her partner, yet found it hard to communicate these fearful feelings with Ringela in an effective, and calm manner.

Although both partners were trying their best to improve their intimate relationship, they were pulled back whenever something surfaced from the past. For example, Surjen told her husband that his brother, who passed away in India, had three wives. Ringela got very upset, saying that she was wrong. To prove this, he phoned his sister and brother who confirmed that the information was wrong. He responded by telling his wife that her grandmother had been married twice. Surjen felt that this was an insult to her and her grandmother. Therefore, they had a heated argument over these issues. As a therapist, I found both partners to be very sensitive towards their parents and

siblings and were, in fact, being nurtured and supported by them. It appeared that, even though both partners were living in the same household, they had separate lives. While Ringela had lost communication with his mother, brother and sister, he used the help provided during the therapy process to regain his position as a brother and a son in his family of origin.

Surjen improved her relationship with her sister who had moved from Toronto to live in Winnipeg. She had been upset with her younger sister in the past, feeling she was responsible for introducing the woman to her husband whom he subsequently had the extra marital relationship with. Ringela seemed to be trying to make personal changes and started to share more time with his two daughters. His wife worked night shift; therefore he started to help his daughter with her schoolwork and other things. According to Surjen, in her individual therapy session, her husband did not get angry any more and seemed to be getting along with his daughter better and is closer to them than her. It emerged that partially therapy has been helpful in raising his awareness about his responsibility as a father, which he missed as a child while growing up in Pakistan. Also he seemed was happy with his present job and is home early and wanted to spend time with his daughters because he loved them.

Anger and Aggression

Ringela was very manipulative and able to hide his anger and personal feelings toward his partner. He would express his anger is a more tangible manner and justify it. For example, he would say, "I get very angry when I come home from work and find the house is dirty and food is not cooked and the laundry that was washed a week ago is still sitting in the basket". Surjen who, it seemed, was already fed up with his insults seemed pushed to a point where she could not control her anger and became very aggressive. She tried to assault her partner in the fifth and the thirteenth session. Surjen said that although there was no physical abuse, emotional and psychological abuse continued to be present. She also mentioned that it was becoming very difficult to control her anger.

Both partners were provided with individual therapy and were taught skills and techniques to control their anger/aggression. They were given individual exercises to do after being shown a video "Why are you so angry?" Surjen was able to identify her anger and started to work on it. Ringela continued to use his partner as a scapegoat to address his anger and other issues.

Power, Control and Identity

Ringela was born and raised in a traditional culture where men are considered to be the head of the family household, and are entitled to more privileges than women. For example, men can have more than one wife and many women who are more traditional may even accept their husbands' extra marital relationships. Surjen's first home after leaving her home country was with her in-laws' family, as her husband was already living there before marriage. Therefore, she was not able to develop an intimate relationship with her partner due to the presence of his parents and siblings. Also, culturally, Ringela might have been trapped between his sister, brother and parents and his wife, and expected to be loyal to his family of origin rather than his wife. Therefore, in order to show them that he was "still a man", he kept his distance from his wife.

Surjen mentioned that her husband would eat food with his family and spends most of his time with them and would "come to bed only to sleep". Surjen became very isolated during the first two years of her marriage because her in-laws did not accept her as part of the family. She was not able to be close to her partner because of traditional cultural values, which prohibit women to show affection or love to their partner in public.

Surjen mentioned in one of the sessions that she "felt trapped" and did not know who she was, as her parents did not want to interfere in her marriage. Her in-laws' family did not accept her, and her husband was also lost in a cultural battle. He "did not know whose side he should be on". For example, after marriage, the majority of Asian women

are expected to be loyal to their husband's family. However, this became impossible for Surjen. She felt guilty about being labeled as a disrespectful daughter-in-law who was responsible for breaking the bond between her husband and his family of origin. Ringela, although he might not have like living with his mother and siblings (i.e. he indicated that he never got along with his older brother who sponsored him to Canada), blamed his partner for the break with his family of origin. The situation finally forced him to move out. Surgen explained in joint therapy session that how her husband punished her and her children when he was caught for being unfaithful in the marriage. He left his full time job and worked part time, which reduced the family income. Surjen did not have enough money to run her household. She mentioned in the fourth couple session that "this man whom I call my husband, punished me when I stopped him to go to a hooker (extra marital relationship) by reducing his working hours, so that my children would starve and I would beg him to go back to work again". Surjen felt that her husband had always been trying to maintain his power in the family no matter who he hurt emotionally or what he had to do.

Cultural Values and Physical Abuse

Primarily his mother raised Ringela, as his father did not live in the city. He did not feel comfortable discussing his father. He grew up as a middle child, supported by his siblings and extended family members. He mentioned that his older sister, who was married and got separated from her husband because she was barren, also lived with them in Pakistan until the time of her death.

Economically, it must have been very hard for Ringela, his mother and siblings to survive. However, due to shame, guilt and secrecy, he did not discuss this in the session. Because of the need to maintain social status in front of the therapist and partner, it may be difficult for couples, especially men, to discuss their painful experiences. Acknowledging pain – especially for men raised in a traditional culture – means "losing their respect, status and dignity". Therefore, Ringela tried his best throughout the therapy

sessions, not to disclose any information which would put him or his family of origin down, although he mentioned during the fifth couple session "I am dead for my family and they are also dead for me".

Surjen reported that she endured physical abuse from her husband for the first ten years of her marriage. She mentioned that he would throw things at her, push her and pull her hair and that he had even slapped her. Many times they had tried to separate, but always ended up together with the help of their extended family members, community leaders and friends. Surjen also mentioned that Ringela also verbally abused her and her children as he "enters the house and starts to use very bad language and tries to control them through verbal abuse as well".

Surjen blamed her husband for never being at her side ever since they got married. This resulted in, conflict between both partners which eventually pushed their daughter to rebel against them. Deepa even told her father: "You have intimate relationships with women other than my mother. Then why is it bad for me to have a boy friend?" According to their traditional culture, it may be okay for boys to have relationships with girls, but it is not acceptable for girls to have any intimate relationships with boys before marriage. They are expected to be "virgins" before marriage. Because of this, Ringela as a father was concerned about who would allow their son to get married to his daughter after knowing about her behaviour. Surjen in the initial sessions of therapy did not show any concerns about her daughter's behaviour such as going out with boys, smoking and drinking. She seemed to start changing her attitude when she realized through therapy how the younger siblings were affected by their older sister's example. Previously, she refused to believe her husband who mentioned that their daughter might be having an intimate relationship with her boy friend.

Surjen also felt that due to economic hardship, both partners had been very busy trying to make a living and did not have enough time to spend with their children or to nurture their relationship. During the thirteenth session of couple therapy, Surjen became aggressive and attempted to assault her partner. Therefore, the couple session was

stopped at this point and both partners were provided with individual therapy. In spite of the incidents during therapy, they have both been living together in the same household, and there has not been an incident of violence reported by them to this therapist. However, it does seem that Surjen has problems with impulse control, and during periods of stress she can become aggressive.

Adjustment/Adaptation/ and Acculturation Issues

Ringela came to Canada with his mother under the family class, being sponsored by his brother. Adjustment was not difficult for him because of living with his own family and being supported by them. Adaptation to the Canadian culture was hard for him in terms of employment and accreditation issues. His education was not accepted in Canada and in the beginning he found it hard to obtain a job. He also felt pressure from his siblings to return the airfare and other expenses paid by his brother during the sponsorship and immigration process. Later on, Ringela got married and sponsored his wife.

The rate of acculturation and adaptation into a new country may be different for each family member, even within a common household. In this case, Surjen felt her in-laws did not accept her, while Ringela felt that his wife should be obligated towards his family and try her best to serve them as a daughter-in-law. Surjen on the other hand, thought that in Canada her life should be different than in her home country where wives are not treated equally to their partners. Therefore, she had different expectations from her partner and his family. To further complicate matters, Ringela and Surjen were not able to develop an intimate relationship during the first couple of years of their marriage due to the ongoing conflicts between his mother, sister, brother and his wife.

In speaking of this, Surjen made a comparison between her partner and her older brother-in-law (her husband's older brother who had also sponsored his wife from Pakistan). She felt he was "more protective of his wife and also gives more importance to

her and his children than his own brother, sister, or mother". In contrast, she believed that her husband seemed to feel more responsible to his own family or origin than her and his children. This may not be due to how he had adjusted or adapted to Canadian culture. Rather it may have something to do with him, and his personal beliefs. Since both of the partners have marital conflict due to their brothers, sisters, parents and various extended family members, the community mediators who have been involved in their conflict seemed to feel the situation was resolved and considered this a 'normal' family pattern. Culturally, extended family members, as well as brothers, sisters and parents force the couples to live together for the sake of their children. Culturally, breaking a marriage is not acceptable.

STRUCTURAL/ECOLOGICAL TECHNIQUES

BOUNDARY SETTING

Ringela and Surjen had very loose boundaries regarding their parenting sub-system and couple sub-system. Culturally, it is appropriate to keep boundaries more flexible to include their brothers, sisters, parents, relatives, extended family members and close friends. Emotional support, babysitting and various other needs are met through this network.

Ringela, as head of the household, always disagreed with his wife when their older teenage daughter started to break the family traditional structure by going out at night and dating boys. The therapy sessions were used to make the couple understand that, as a parental sub-system, both of them had very diffused boundaries and their daughter was confused and was not being directed properly. There was also triangulation between parents, as one parent aligned with the daughter against the other parent, due to an ongoing couple sub-system conflict. For example, Surjen was using her daughters to give her information about their grand mother (her husband's mother) who was living with her daughter and Surjen was not allowed to visit her in her sister-in-law's house. This was causing a conflict between both partners because Ringela stated that his wife was using their daughters to spy on his family.

Ringela was coached to think about his own older brother who was very protective of the boundaries of his couple sub-system and parental sub-system. He did not allow his brother, sister or mother to interfere in his family. Since his brother had a strong bond with his wife, they were able to support each other and function well in their couple sub-system and parental sub-system.

Finally, this therapist was successful in teaching the couple to protect the boundaries of their parental sub-system and to not allow their daughter to enter and leave the house as she pleased. This behaviour was having a negative impact on their other two

daughters, who were confused about their older sister's status in the family. At the time she was living with her boyfriend's family. Although this family was also Muslim, and was quite close to Ringela and Surjen, her moving out was beyond her parents' understanding. Furthermore, she continued to use her parents' home as a transient dwelling whenever she pleased. Surjen told her daughter that either she had to move out permanently or move back home. Her husband, to reinforce this structure and boundaries in the family, supported Surjen. Although the daughter did not like this in the beginning, and got very upset and angry with her mother, she accepted it as a family rule and decided to move back with her parents and siblings permanently. She made this decision after living away from her home for one year. There were two reasons for her decision: 1) Her parents' relationship was improving and her father seemed more respectful towards her and no longer had an extra marital relationship and 2) Her boyfriend was moving to Quebec with his family.

Both partners were also provided with written information about what boundaries are and why it is important to have boundaries for a parental sub-system and children's sub-system. Finally, both partners were also encouraged to look within their couple sub-system. This factor was identified to be very important for each partners growth. In fact, both partners' seemed to start work on an individual basis to build their relationships with their own siblings, parents and family.

Assigning Tasks and Learning Conflict Resolution

In the second couple session, Family of Origin was discussed and both partners were very upset because of the conflict within themselves, and within their extended family members. Surjen was angry because of the emotional and psychological abuse she endured when she stayed with her in-laws, and the shame and guilt she had to face when her partner criticized her behaviour with her parents, siblings and friends etc. Therefore she was coached in the session to write approximately one page in her native language about how she felt and whether she was able to forgive the people who had hurt

her and to describe what she wanted. This exercise enabled her to leave the past behind her, and to focus on improving her life at the present time. This was identified as important for her personal growth to let go of her anger.

In the fourth couple therapy session, both partners were again encouraged to share their thoughts about how they would like to revive relationships with siblings and parents. This was especially relevant for Surjen, who wanted to see her mother-in law and ask her why she did not take care of her when she came home with her oldest daughter after having a Caesarian section. Unfortunately her mother-in-law was in Pakistan with her daughter at the time of this session and Surjen and her husband were not aware that she had planned to go. Therefore, Surjen did not have the opportunity to carry out this wish.

Surjen and her partner were also coached about developing their personal plan, and on how to use it when they became angry with one another. Both partners also had problems with budgeting and Surjen was encouraged to write everything down by hand before she started to use the calculator. This had been something her husband wanted her to do, and her reluctance had caused a lot of conflict in their relationship. Although Surjen had a computer at home and her partner used it effectively, she was not comfortable with it. Therefore, she was also coached in the benefits of computer literacy and referred to the Immigrant Women's Association, which provides free Computer Lab programs. Ringela seemed to be working hard to control his temper and was provided with feedback from his partner.

In almost every couple and individual session, Surjen and Ringela were given homework, which they always completed. This homework was helpful in assisting them to be less negatively verbal with one another and was instrumental in changing their pattern of communication. However, Ringela continued to psychologically and emotionally hurting his partner. Given this, he was provided with information about types of abuse, the impact it has on wives and children and his Cycle of Violence. Surjen was coached about anger management and her Cycle of Violence. Surjen was also

referred to a support group of abused immigrant women run jointly by the Immigrant women and Planned Parenthood.

Enactment and Reframing

Surjen was coached to tell her partner how she felt when he had his extra marital relationship and Ringela was requested to ask his partner to trust him and he would not cheat in his marriage any more. For example, the therapist helped Surjen to reframe when she was asked to state that "I will trust my husband when I am assured that his actions are changing and I need time to achieve this sense of trust". Also, she demanded some of her rights, as a wife, to phone him at work, questions about where he was and so on. Surjen reframed when she asked her husband, "Please don't get angry when I ask where you were or when I phone you at work".

The therapist also used enactment by asking Ringela to tell his partner how he felt when she became upset when he phoned his sick mother in Pakistan. Ringela told his wife that he felt hurt when he learned that his mother went to Pakistan and he was not informed. He became very sad when he found out that she was very sick and admitted to hospital. He wanted to phone her in the hospital in Pakistan, but Surjen thought he was just making excuses to talk to his mother who had been unkind to her. Ringela told his wife that he understood that his mother had hurt her, but now she was old and may not live very long. Therefore, he begged Surjen to forgive his mother and make peace with her. Both partners were encouraged to reframe their negative thoughts and were coached in positive self-talk with the techniques of cognitive restructuring which is helpful in removing thoughts distortions and irrational thinking or belief system. They were also provided with some practice in positive communication through role- play and rephrasing their negative, destructive thoughts. Both partners appreciated this, even though they found it very difficult to talk to one another with the therapist present.

Mobilizing Resources

Surjen was referred to the Immigrant Women's Association for the Computer Lab and joined the support group for abused immigrant women. Surjen was able to complete the support group program and is presently attending computer classes. She has also started to visit her mosque on Sundays, as well as starting to recite her prayers from her holy book, the Koran.

Ringela, although still busy with work, quit his second part-time job in order to spend more time with his family. He started to visit his older brother and other relatives and appeared to be enjoying life. He also encouraged his wife to quit her midnight job and stay home, which was something she wanted to do for some time. Surjen's younger sister, who did not have a good relationship with Surjen, has also moved from Toronto to Winnipeg, and presently lives quite close to her sister. They have both renewed their friendship. Ringela seems to have gained confidence because he likes his job and is well respected at work. It also appeared that their financial situation improved. Both partners became aware of many more resources through participating in counselling sessions at the Elizabeth Counselling Centre, the Immigrant Women's Association, Probation Services, a psychiatrist, Parks and Recreation, Financial Counselling Services, and so on.

Education and Empowerment

Both partners were empowered through couple and individual sessions, through the provision and sharing of knowledge and feedback provided. However, both partners continued to struggle in their relationship and relapse occurred whenever issues surfaced around their siblings or parents. When this occurred, they were encouraged and provided with feedback by the therapist. At the end of therapy, Surjen had been planning to take an upgrading/training course or take a day job in order to spend more time with her family.

Both partners had learned to identify feelings and this was helpful in improving their communication and controlling their anger. In fact, they were able to stay in therapy for sixteen sessions, which was a good indication of their commitment. Also, attending therapy at a mainstream organization provided them with an opportunity to move beyond their ethnic community resources. This was a big step for both partners. Both Surjen and Ringela appeared to have been empowered by the therapy process.

CONCLUSION AND POST THERAPY FOLLOW UP:

Ringela and Surjen participated and completed fourteen sessions of individual and couple therapy. They were provided with quite a large number of sessions on the phone for post therapies follow up. This was done due to an ongoing conflict between both partners regarding extended family members. This occurred in the last session of couple therapy.

According to the clinical scale used as pre and post-test, Ringela had shown improvement in all the areas of dyadic adjustment, consensus, satisfaction, affectional expression and cohesion. His wife, Surjen, showed some improvement in dyadic satisfaction post test but showed dissatisfaction in all the rest of the areas (see their individual scores on pages 78-79). Surjen showed a large dissatisfaction in dyadic consensus because her score on the pre-test was 36 and on the post-test was 23. This happened due to her conflict with her in-laws' family and her husband had used this opportunity of his mother's sickness and revisited her at her sister's home knowing that his sister and his wife did not like each other. This had caused a lot of hostility between both partners; therefore this had affected her post clinical scales, Dyadic Adjustment and Index of Marital Satisfaction.

She also indicated having clinical problems in the Index of Marital Scale, which was 43.3 at pre-test and 48.0 on the post-test. Actually, she had indicated that she had fewer problems on this scale as compared to her husband who scored 45.3 on the pre test and 51.33 on the post-test. Since these clinical scales were not culturally sensitive, especially the Dyadic Adjustment Scale, consumers feed back was completed by both partners. This was another tool used to assess the level of their satisfaction in therapy. They both indicated that therapy was helpful and they would seek further counselling if required.

Due to their extended family members' conflict my post therapy follow up was very intense and regular with this couple. It revealed that Surjen had temporarily separated from her husband who started to visit his sibling (sister) and mother again which was a big issue for him during therapy. Hence, therapy helped him to regain his confidence and deal with the past issue that was the relationship with his mother. Surjen also resolved her past conflict with her sister, because her sister moved back to Winnipeg and both sisters started to visit each other again.

Phone call follow up with Surjen revealed that she continued to feel like a victim and did not want her husband to visit his mother. Their daughter who was living with her boyfriend had also returned home. Both partners were very aware of how their relationship had hurt their children and were making some changes through the involvement of community mediators, in order to stop repeating the same patterns. Surjen used time out when she was very angry and lived with her sister for one week. She came back home and seemed to restore her intimate relationship with her partner with a renewed agreement.

CASE C

BACKGROUND

Sajan and Sapari were referred by Community and Youth Correctional services for couple counselling. Sajan is presently on probation, and has been convicted of assaulting his wife under domestic violence offence. Although his wife did not charge him directly, she complained to her daughter in Trinidad about emotional, physical and psychological abuse and her daughter phoned the police. Sapari was not sure but she believes that her daughter had taped her phone conversation as evidence and had given it to the police. Sajan expressed his anger and resentment towards his stepdaughter for accusing him and reporting to the police at the initial stage of couple therapy, but gradually seemed had taken responsibility of his actions. Sapari on the other hand, shared her loneliness and psychological abuse from her husband with her daughter not knowing about the consequences. Sapari rationalized her actions, which seemed acceptable to her husband.

Sajan completed four sessions of individual counselling prior to his referral for couple counselling. These individual sessions focused on assisting Sajan to accept his responsibility for emotional and psychological abuse toward his partner. Sajan internalized some of the information provided to him by the probation office, which included the cycle of violence, types of abuse, beliefs and values, positive and negative self-talk.

Sapari indicated her desire for couple counselling due to an ongoing emotional abuse (put-downs and criticism) by her husband. Sapari mentioned that she basically felt safe in her relationship, but wanted her husband to stop "nagging" her. Sapari stated that she was not physically abused; yet she felt neglected as well as lonely and scared when her husband leaves her. She also mentioned that once her partner went to the bar and did not come home so she got worried and phoned the police. This made her husband very upset because he was stopped and questioned by police. On the other hand, Sajan felt he

was losing his independence as his wife was controlling him. Sapari felt that he was not fulfilling his responsibility as a husband, trying to take care of his wife.

Sajan and Sapari have been married for four years. Sajan is 65 years old and Sapari is 57 years old. They are both from Trinidad. Both have been married before and their partners are deceased. Sajan was married for 38 years and Sapari for 28 years. Sajan has been in Canada for 30 years and Sapari for four years. Sajan has four children and they all live in Winnipeg. Sapari has seven children and they all live in Trinidad, except for her youngest son. He is 25 years old and lives in Toronto. Sajan and Sapari sponsored him together after their marriage. Sapari feels very grateful to Sajan for sponsoring her son, and she has strong opinions about subservience on wifely duties. She demands that her husband stop the emotional and psychological abuse. It appeared that Sapari is very assertive and understood the legal system and her human rights quite well.

Family of Origin – Husband

Sajan was born and raised in Trinidad. He has two sisters and one brother. He is the youngest in his family. He parents were separated when he was eight years old and his mother, who worked on a farm, brought him up. Sajan dropped out of school after grade six due to economic hardship in his family. He had to work in order to survive. His father passed away when he was 15 years old. He came to Canada when he was 20 years old. Because Sajan started to work from a very young age, he did not enjoy his childhood. He was married to his first wife for 38 years. Sajan mentioned that he loved his wife and they had a very good relationship. He was married to his deceased wife when he was twenty years old and she was sixteen years old. He said that he knew her from a very young age as they were "soul buddies". Sajan has four children from his first marriage (two boys and two girls). All his children are married, except his youngest son, who is 26 years old and lived with Sajan until he married Sapari. After that, the youngest son moved out of the home and is presently living on his own.

Sajan compared his present relationship with his first wife and mentioned that his first wife was very pleasant in nature and she was not jealous when he danced with other women at socials. Sajan did not share much of his personal relationship with his wife but he did mention once that his wife left him to stay with his daughter. He did not want to share information about his deceased wife and as a therapist knowing Asian culture it was immoral to discuss the dead person. Sajan has been blamed by his children, especially the older son and daughters, for killing their mother (Sajan's first wife). Sajan mentioned that his wife got very sick with some sort of blood infection and died in the hospital. He further stated that his wife was neither given adequate treatment nor was diagnosed properly. Therefore, he blamed the doctors for not taking care of her. He wanted to take legal action against the hospital and the doctors involved, but his children did not support him in this. After all this, Sajan seemed to loose his relationship with his children, especially his oldest son and daughter. This happened after their mother's death. He said that this bothered him in the beginning, but he does not care any more.

Family of Origin – Wife

Sapari was born and raised in Trinidad. Her grandparents raised her by because her mother was very young – thirteen years old when she was born. Because her mother was unable to look after Sapari on her own, she left her with her parents until she got married. The grandparents owned a grocery store. Sapari was never taken back by her mother who had seven more children. However, she spoke very highly of her grandfather who provided her with 'good values and discipline'. She mentioned that she was disciplined by her grandfather who used a very thin stick when she did something wrong or misbehaved.

Sapari had an arranged marriage with her first husband. It lasted 28 years, at which time he died. She was 15 years old when she got married and had her first child at the age of 16 years. At the beginning of her marriage, she lived with her in-laws and was expected to be a traditional wife whose main duty was to serve her husband and family.

Sapari mentioned that her deceased husband was very controlling and believed in the male-dominated patriarchal family/societal structure and female subservience. Early in her marriage, Sapari accepted this role and never disobeyed her husband or his family because, if she did, she was disciplined. Since her husband lived with his parents and siblings, Sapari had a very difficult time because she was expected to do everything in the house just like a "maid". She was not allowed to show affection to her husband and, even at night-time "they had to leave their bedroom door open." She mentioned that, whenever she tried to get closer to her partner, her mother-in-law pushed them further apart. Even her husband was very scared of his mother. He tried to please his mother and did not take care of Sapari. Sapari mentioned that her husband did not want her to talk to men, as he believed that men seduce women. Therefore, she was not allowed to have a conversation with men or entertain them in any way. She further added, that, if she might mistakenly look at a man, her husband would be very angry. Her husband, who was almost double her age, was very strict and kept his family under his power and control. When Sapari was pregnant with her first child, her mother-in-law was also pregnant and they both delivered babies at almost the same time. Sapari was expected to give attention and care to her mother-in-law's child before her own. Sapari got very sad when she explained all of this during an individual therapy session.

Although Sapari had a very demanding life, she held to the belief that her first husband was the head of the household. It was her duty to serve him and her family. Sapari accepted her conditions and raised her seven children in a very loving and affectionate manner. They all loved their mother and took care of her when she was in Trinidad. When her husband died, all her children were married except for her youngest son who was eight years old. She did not have an intimate relationship for ten years after her first husband died and then her physician introduced her to Sajan. She mentioned that she loves her husband but does not like it when he criticizes her and starts fights with her. Sapari appears to be very positive and recognizes her strengths as being a caring, loving and affectionate mother and wife. She mentioned that she likes to help older people and loves children. She was living with her youngest child when her husband proposed to her. She came to Canada, sponsored by her husband, who at the time was her fiancé. Later

on, when her son was twenty-one years old, he was sponsored by Sajan and is presently living in Toronto with his girlfriend.

ASSESSMENT

Sajan and Sapari had thirteen sessions with this therapist. Eight sessions were delivered to both partners together as a couple and then each partner had four individual therapy sessions. a couple of sessions were used to make a phone follow up in order to make sure that they are connected with other orgaizations for further services. Since both were married before and have grandchildren, they both had established patterns in their lives. Individual and couple therapy sessions were necessary to address their marital conflict. However, prior to this, developing trust and joining with them was essential due their lack of knowledge about therapy. Also, both partners were at different stages in their levels of adjustment and adaptation to Canadian culture. Sajan had been in the country for 30 years and Sapari had arrived only four years ago. This was considered as an important factor during the initial assessment phase. In the spite of the fact that they both signed the consent forms for videotaping the session, this was not done during Session one because Sapari did not look comfortable. Since she has been in Canada for a short time and did not have experience in sharing her personal information beyond her close family and friends, she consequently was feeling a little insecure. The second session was taped because Sapari mentioned that she was very pleased to come for therapy and "considered the therapist to be a part of their family". This was interpreted as an approval of the therapist and indicative that an adequate level of trust had been established.

Four individual therapy sessions focused more on gathering information about family of origin, domestic violence issues, family patterns and family structure, as well as alignment. Since both partners had issues attached to previous marriages, individuals sessions provided them with the opportunity to explore these. For example, when Sajan grieved about his first wife, he became very emotional and mentioned that "this was the first time he was sharing information with somebody after the death of his wife because during her funeral, he was hospitalized and was not present to grieve."

The Dyadic Adjustment Scale and the Index of Marital Satisfaction Scales

Two clinical instruments were used as pre and post tests to assess the couples needs and also to evaluate the intervention. Both partners felt that it was not easy to complete the two clinical scales because of their limited understanding of the English language and limited comprehension skills. However, it was helpful for them when the therapist read the information to them. By using this method, they were able to answer both scales.

The Index of Marital Satisfaction (IMS) assesses severity and magnitude of problems. On the pre-test Sajan scored 62 and 66 on the post-test, while Sapari scored 60 on the pre-test and 67 on the post-test. According to the IMS, scores of 30 and above are indicative of clinical problems. Therefore, both partners' scores were indicative of clinical problems.

The Second Clinical Scale used was the Dyadic Adjustment Scale (DAS). The pre-test on this scale indicated that both partners were quite close to each other in the areas of Dyadic Satisfaction; Dyadic Affectional expression. However, Dyadic Consent and Dyadic Cohesion appear to be problem areas. Overall dyadic adjustment for Sajan in pre-test was 124 and for Sapari, 132. Sajan's post-test overall dyadic adjustment is 125 and Sapari's overall score was 107. According to this scale, higher scores indicate more satisfaction in the relationship. Both partners scored as follows in each area:

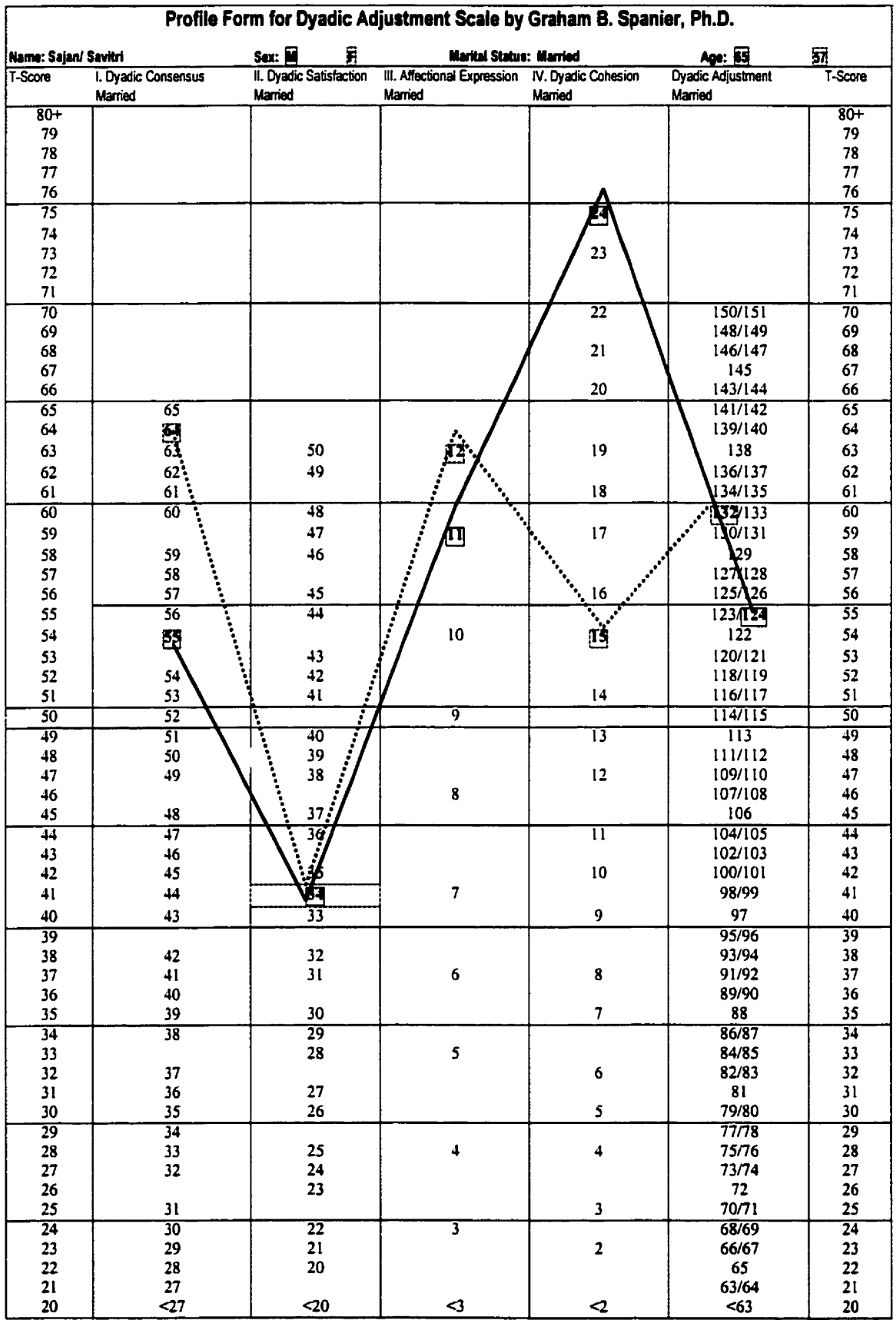
DAS - Pre And Post Test Scores(Sajan)

Dyadic Area	Pre-Test	Post-Test
	55	61
	34	29
	11	11
	24	24

DAS - Pre And Post Test Scores(Sapari)

Dyadic Area	Pre-test	Post-Test
	64	61
	34	28
	12	12
	15	6

COUPLE C PRE TEST



Profile Form for Dyadic Adjustment Scale by Graham B. Spanier, Ph.D.

Name: Sajan/ Savitri **Sex: M F** **Marital Status: Married** **Age: 65 57**

T-Score	I. Dyadic Consensus Married	II. Dyadic Satisfaction Married	III. Affectional Expression Married	IV. Dyadic Cohesion Married	Dyadic Adjustment Married	T-Score
80+						80+
79						79
78						78
77						77
76						76
75				24		75
74						74
73				23		73
72						72
71						71
70				22	150/151	70
69					148/149	69
68				21	146/147	68
67					145	67
66				20	143/144	66
65	65				141/142	65
64	64				139/140	64
63	63	50	12	19	138	63
62	62	49			136/137	62
61	61			18	134/135	61
60	60	48			132/133	60
59		47	11	17	130/131	59
58	59	46			129	58
57	58				127/128	57
56	57	45		16	125/126	56
55	56	44			123/124	55
54	55		10	15	122	54
53		43			120/121	53
52	54	42			118/119	52
51	53	41		14	116/117	51
50	52		9		114/115	50
49	51	40		13	113	49
48	50	39			111/112	48
47	49	38		12	109/110	47
46			8		107/108	46
45	48	37			106	45
44	47	36		11	104/105	44
43	46				102/103	43
42	45	35		10	100/101	42
41	44	34	7		98/99	41
40	43	33		9	97	40
39					95/96	39
38	42	32			93/94	38
37	41	31	6	8	91/92	37
36	40				89/90	36
35	39	30		7	88	35
34	38	29			86/87	34
33		28	5		84/85	33
32	37			6	82/83	32
31	36	27			81	31
30	35	26		5	79/80	30
29	34				77/78	29
28	33	25	4	4	75/76	28
27	32	24			73/74	27
26		23			72	26
25	31			3	70/71	25
24	30	22	3		68/69	24
23	29	21		2	66/67	23
22	28	20			65	22
21	27				63/64	21
20	<27	<20	<3	<2	<63	20

COUPLE C POST TEST

Profile Form for Dyadic Adjustment Scale by Graham B. Spanier, Ph.D.

Name: Sajan/ Savitri **Sex: M F** **Marital Status: Married** **Age: 65 57**

T-Score	I. Dyadic Consensus Married	II. Dyadic Satisfaction Married	III. Affectional Expression Married	IV. Dyadic Cohesion Married	Dyadic Adjustment Married	T-Score
80+						80+
79						79
78						78
77						77
76						76
75				24		75
74						74
73				23		73
72						72
71						71
70				22	150/151	70
69					148/149	69
68				21	146/147	68
67					145	67
66				20	143/144	66
65	65				141/142	65
64	64				139/140	64
63	63	50	12	19	138	63
62	62	49			136/137	62
61	61			18	134/135	61
60	60	48			132/133	60
59		47	11	17	130/131	59
58	59	46			129	58
57	58				127/128	57
56	57	45		16	125/126	56
55	56	44			123/124	55
54	55		10	15	122	54
53		43			120/121	53
52	54	42			118/119	52
51	53	41		14	116/117	51
50	52		9		114/115	50
49	51	40		13	113	49
48	50	39			111/112	48
47	49	38		12	109/110	47
46			8		107/108	46
45	48	37			106	45
44	47	36		11	104/105	44
43	46				102/103	43
42	45	35		10	100/101	42
41	44	34	7		98/99	41
40	43	33		9	97	40
39					95/96	39
38	42	32			93/94	38
37	41	31	6	8	91/92	37
36	40				89/90	36
35	39	30		7	88	35
34	38	29			86/87	34
33		28	5		84/85	33
32	37			6	82/83	32
31	36	27			81	31
30	35	26		5	79/80	30
29	34				77/78	29
28	33	25	4	4	75/76	28
27	32	24			73/74	27
26		23			72	26
25	31			3	70/71	25
24	30	22	3		68/69	24
23	29	21		2	66/67	23
22	28	20			65	22
21	27				63/64	21
20	<27	<20	<3	<2	<63	20

Intervention

Sajan and Sapari were very comfortable throughout the therapy sessions. However, due to their age, previous marital relationship and various other issues in their lives, it was not easy for both partners to accommodate each other's needs, they showed commitment to the counselling program. The following themes were discussed in the therapy sessions;

Trust

Trust was not an issue for Sajan because he believed that he was not hiding anything from his partner and he had not done anything wrong to his wife. Therefore, he was not afraid that his partner might find something that would cause her to lose trust. He also believed that he trusted his wife because he mentioned that she had been the best thing that had happened to him and "could not ask God for more than this". However, he felt that his wife did not trust him when he told her that he "never had any intimate relationship with anyone else." Also, he mentioned that his wife checked his personal diary and one particular name of his male friend was written in short, appearing to be a female name. She got suspicious and phoned the number. Sajan responded to this by being very upset.

However, Sapari mentioned in couple and individual sessions that she had complete trust in her partner and believed that he was a good man. Yet, it appeared that she did have some doubts in her mind about her partner's honesty due to the fact that he made her sign some papers and did not explain what they were. She was also not sure about her immigration status, entitlement to the house and her financial wellbeing if something happened to Sajan. Therefore, she was feeling insecure about her financial status in Canada. During one individual session, after seeing her immigration papers, the therapist let her know that she was a Landed Immigrant and had the right to live in Canada even if she was divorced or separated from her husband. She was also

encouraged to ask her husband about the nature of the papers she had signed. She mentioned that she would not ask her husband because he might think she did not trust him. She also mentioned that she knew that her husband's deceased wife had wanted the home to be put in his son's name. Sapari said that this did not bother her.

As described previously Sapari suffered physical, emotional and psychological abuse during her first marriage to a man who was dominant, demanding and jealous. For example, when a male visitor visited Sapari's home, her main role was to prepare food, set the table, and leave without saying 'hello' or any other type of greeting. She accepted her role and never questioned her husband because she feared punishment. Therefore, Sapari never learned to communicate effectively and express her thoughts. She was very careful about expressing her emotions during both couple and individual counselling sessions.

Sapari indicated respecting her partner because he was the husband and as a Hindu woman she had to respect him and he has to take care of her financially. Sapari did not speak negatively about her partner during the therapy sessions. Sapari was also respectful towards his family. In fact, she had been an instrument in bringing his children close to him again. Sajan's attitudes and behaviour were similar. He was not disrespectful towards his partner, although he mentioned that he wished his wife would stop being jealous of other women, especially when, at social gatherings, he dances or speaks with other women.

In regard to the issue of safety, both partners appeared to have different concepts. Although Sapari felt safe living with her partner, she did not like to be left alone in the house. She seemed to feel very scared, lonely and almost panicked when left alone, especially at night. Sajan expressed concern about Sapari's safety when she was left alone. He related an incident when he came home late one winter night, found all the lights on, and Sapari was sitting on the corner of the deck outside almost frozen. Sapari did not want Sajan to continue discussing this incident and said that she was scared to stay inside the home by herself as Sajan had often come home very late. Sajan also

mentioned a couple of additional incidents where Sapari left the house in winter months without a winter jacket. He mentioned that he did not understand why she wanted to hurt herself. Sapari was referred to the Immigrant Women's Association to participate in a domestic violence support group, which she attended only for two sessions. She was also encouraged to discuss her personal issues during an individual session. She indicated that she was not prepared yet.

Communication and Intimacy

Sapari and Sajan had some difficulty in communicating to each other, and this was discussed in the couple sessions. Sapari complained about Sajan trying to push her during an argument and she fell down and bruised herself. Although Sajan tried to minimize what had happened, the therapist worked with him and he finally said that it was wrong on his part to push his wife. Sapari seemed to be very pleased at this outcome because she felt secure when she saw that her husband had admitted that it was his fault. She also mentioned that she did not want any harm to come to her partner. By disclosing this incident, she had indirectly communicated to her husband that she was not alone and he would be in trouble if he did not stop hurting her.

Sapari wanted more attention from her husband and was not able to communicate with him in a more direct manner. She told him that she would like to go back to her country because it appeared that he did not like her and there were always problems in their relationship. Sapari was surprised when Sajan said that he would buy her an air ticket to go back. She had clearly not expected this answer, anticipating that he would beg her to stay. In the ninth couple session, she said Sajan wanted her to leave but she is an Indian woman and once she is married, she will live with her husband until she dies. This information was relayed to Sajan. Sapari wanted his attention and did not have any plan to leave.

Sajan also found it very hard to accept Sapari as his intimate partner, although he mentioned that she was "the best thing that happened to him". It appeared that he was still close to his deceased partner. For example, he had kept her belongings in his closet, as well as a picture of her that sat on their night table in the bedroom. Although individual therapy helped Sajan to grieve about his partner's death and bury her and get on with his life, it did appear that Sajan might require more time to deal with this issue. Both partners, Sajan and Sapari, continued to think about their deceased partners and, at times their communication got blocked because of these issues.

With the explanation of relationship issues and assistance in changing behaviours and some beliefs, Sajan began to treat his wife differently. He gave Sapari more autonomy and freedom which she found overwhelming, given the physical emotional and psychological abuse in her past. Even sensitive changes in Sajan created stress for Sapari, requiring adaptation and the confidence that she deserved to be treated with respect.

Anger and Aggression

Sapari and Sajan dealt with anger and aggression quite differently. When Sapari is angry with Sajan, she does not want to speak to him for days. This makes Sajan more frustrated because he does not know what has happened. He wants his wife to talk to him when she is angry with him or his relatives. Generally, Sapari is a very calm person who does not show her anger. This may be learned cultural behaviour and/or a survival mechanism. According to the traditional culture, a married woman is supposed to be humble, passive and not expected to speak out in front of her husband and his family as this is considered disrespectful. Sapari herself learned good values and to "respect men as being the head of the household and controller of their partners." Therefore, Sapari seemed to have learned to harm herself rather than complaining about others. This may be one of the reasons she started to drink. Sapari was not accustomed to alcoholic drinks before because her deceased husband never allowed her to drink. Also, it is not common in Asian culture for women to drink. Therefore, Sapari started to enjoy drinking alcohol

because it helped her to escape from her past as well as unpleasant events in the present. Sapari knew that she should not be taking more than two or three alcohol drinks but in order to disturb her partner she drank more. In contrast to Sapari, when Sajan gets angry, he verbalizes. Although Sapari phoned the police twice, she was so intoxicated that the police did not lay charges and warned both of them about drinking to excess and that next time both would be charged.

Power, Control and Identity

Sajan used power to control his deceased partner and has been continuing to do this within his present relationship. He mentioned in an individual therapy session that he did not allow his ex-wife to work and when she left him to live with her daughter he told her to return immediately or never come back. Although he is not using physical force, he has been very manipulative and controlling. He mentioned in the tenth couple session "my wife would not work outside the house because I want her to stay home and do household duties". He also believes in traditional values and that a "man's role is to earn money, make family decisions, with women only having control over the household chores." Sajan has never accepted that he hit his deceased partner, but his children blamed him for their mother's death. In an individual therapy session, Sajan stated that his children had blamed him because he had made a decision to stop his wife's life support system, because she was already brain dead.

For the most part, Sajan grew up without a father and had to work to provide basic necessities at a very young age (13 years). Therefore, he had a very difficult life and learned to survive using his own resources. He has created a fixed value structure in his life, which may not be flexible in accommodating others with different sets of values. Sapari has accepted her traditional position as a female child, mother and wife. This role has precluded her questioning anyone in authority – usually men – and their treatment of her. Although she might not have liked being treated in an inhumane way by her husband she was forced to accept it, through punishment, love, fate or force. Therefore,

Sapari's upbringing has made her passive, self-blaming, powerless, guilty and vigilant. Sapari was rejected by her own birth mother, which she accepted as her 'fate'. She did not show any anger towards her mother. In fact, she considered her grandparents as her biological parents. She mentioned that she grew up in a traditional household where she was told what a woman's role is as a daughter, mother, sister and wife, and she accepted it while her first husband was alive. Since then, she has experienced freedom, autonomy and protection by the legal system. She seems overwhelmed by the choices she has.

Cultural Values and Physical Abuse

Sapari was physically, emotionally, and psychologically abused by her grandfather who raised her from birth to 15 years, then by her first husband during their 28 year marriage, and now by her present husband. Sajan has been charged with domestic violence, although Sapari did not lay the charges. Rather, she complained to her daughter on the phone in Trinidad about emotional, mental and psychological abuse. She was also fearful of her safety because she heard a rumor from other people about how one East Indian man bought insurance and then killed his partner. The use of physical abuse in disciplining a wife is accepted in traditional Asian cultures. Men who have been exposed to these cultural values are socialized to use power to maintain their control over their families. For example, Sajan is a very traditional husband who believes in the rigid traditional roles of a husband and wife. His social circle is also comprised of men with similar to his own values. They are all "drinking buddies". The circle he moves in reinforces women's traditional role. Therefore, to expect any change would require challenging long held personal values and belief systems. This is possible if a person is ready to change. To assist towards these objectives, Sajan was provided individual counselling on domestic violence and anger management. He was also referred to a Domestic Violence Group program run by Probation Services.

Adjustment/Adaptation and Acculturation Issues

Adjustment in a new country depends on the number of years lived in the host country, and the individual's support system. Sapari came to Canada in 1995, whereas her husband has been in Canada since 1969. Sapari does not get her own network of friends to share her feelings with. In contrast, Sajan has a very good network of friends, including his children and his relatives. Although Sajan was not very close to his children before his marriage to Sapari, it appears that even though they are very angry with their father, they are more loyal to him than their stepmother. However, at times, they have shared their father's secrets with her, which has caused relationship problems for both Sajan and Sapari. Therefore, it has become difficult for Sapari to trust anyone around her, other than her own children whom she phones quite regularly. Sajan appeared upset about his phone bills being so high because of Sapari's regular long distance phone calls to her children. Sapari misses her home country, her children, close friends and her relatives, and sometimes gets depressed.

Although she has prepared herself to live with her partner as his wife on a permanent basis, she is not at peace and feels lonely. Nevertheless, when Sapari compares her life in Canada to that back home in economic terms, she seems quite satisfied, as she has a better life here, with her basic need well satisfied. However, emotionally and psychologically, she seems to miss her home country tremendously. Therefore, adjustment to her new country has been quite stressful. Sajan appears to find it hard to understand why Sapari feels depressed or does not mix with his friends. Sapari mentioned that she tries to talk to Guyani women in social gatherings, but they are different than the women friends she had in Guyana, so she does not enjoy their company as much as her husband does. This may be due to these women being at a different stage of acculturation, and having moved away from Sapari's traditional values or certain ways of saying, doing, and perceiving things. This is another important factor which in a therapy session, both partners have to consider.

STRUCTURAL/ECOLOGICAL TECHNIQUES

Boundary Setting

Both partners, Sajan and Sapari, were provided with information about boundaries, by the use of a therapy contract stating their individual right to participate in therapy and drop out of it at any time. Also, they were informed that this student, as a therapist, is bound by the ethics of Social Work to keep information confidential. The provision of this information appears to be not well understood by immigrant people who are not familiar with the helping professions, and the context that helping professionals work in.

Although Sapari and Sajan generally worked as a strong couple sub-system, they had allowed Sajan's children to get involved by keeping boundaries flexible. This is also reflective of their culture where including extended family members as part of the nuclear family is viewed as essential for the growth of the family. At times Sapari has been put down because she was wearing Sajan's deceased wife's jewellery and her stepchildren did not like it. Sajan taught Sapari how to protect her individual boundaries and this has made Sapari strong, as she felt protected by her partner. Sapari was also able to protect her boundaries through a contract made with Sajan to not interfere with her cooking.

Sapari was also coached in an individual therapy session to protect her couple sub-system boundaries, particularly with regard to allowing Sajan to include his deceased partner's memories to be kept alive even to the extent of keeping her pictures in their bedroom. She did this to please her husband, knowing he wanted to know that she was comfortable with this being Sajan's deceased wife's home and her pictures and possessions are displayed everywhere in this home and that this does not bother her. In fact, it did affect her and disturbed her that her husband would force her to wear his deceased wife's clothes, shoes, purse or jewellery. Sajan also kept all his deceased wife's

items in a closet that was being shared by Sapari.

In an individual therapy session, Sajan was provided with an opportunity to grieve about his wife's death, which he had been unable to do at her funeral, because of being hospitalized for a month or two at that time. He was coached to let go of his deceased wife's memories and live with his present wife, who needs his love, care and attention. Sajan promised to remove his wife's pictures from his bedroom. Sapari was also coached to resolve her conflict within the couple sub-system by not involving her children from Guyana, who did not know the complete circumstances around conflicts.

Assigning Tasks and Learning Conflict Resolution

Sapari and Sajan were taught conflict resolution skills through video and home assignments. Sajan was provided with information about psychological, emotional, sexual and financial abuse. He was also provided with information about the Cycle of Violence. Through Probation Services, Sajan was also given individual counselling and had the basic knowledge of domestic violence and was helped to develop his personal plan.

With regards to his personal plan, Sajan said he found it hard to leave the household whenever there was a conflict and he was getting angry. He said in an individual therapy session "I am 65 years old, understand about my anger and emotions and I find it very hard to leave my home". He explained how one time he left home because of anger and went to the bar. His partner reported the matter to the police and three police cars blocked him when he was coming home. They gave him a breathalyzer test. He knew he was not drunk, but felt very embarrassed about the whole situation. This therapist explained to Sajan that he should not be going to the bar during his "time out". However, it appears that Sajan socializes only at the bar or his mechanic friend's garage, where drinking is always involved. Therefore, given the obvious limitations of coping

resources, he prefers to stay home during "time out" and either listen to music, work on his car or stay in his basement.

Sapari was feeling very lonely in the beginning and after the second session confided in her next door neighbour who is Canadian, as Sapari seemed to find it hard to trust her own ethnic friends because they have all been friends of her husband. This next door neighbour phoned the police when Sapari was feeling lonely and was left by her husband who went to the bar and she was fearful that he might have a car accident. In the fourth couple session, she was asked to visit the Immigrant Women's Association and find out what programs the organization offered. By the ninth couple session, she was referred to the Immigrant Women's Association to participate in a support group of women who have experienced domestic violence. Although Sapari did not continue with the group, she was provided with an opportunity to break her isolation. By the end of therapy, Sapari seemed to have a lessened fear of being lonely and isolated and had gained confidence about staying at home by herself.

Sajan was also encouraged to stop his drinking and was asked to write down how much and at what time. Though this might not directly help Sajan, who is very used to drinking alcohol, it did facilitate a discussion of his drinking patterns and what else he might do to avoid drinking. Both partners were encouraged to visit the YWCA for recreational program information.

Enactment and Reframing

The therapist coached both partners to change in their conversation when it became hurtful. For example, Sapari likes Sajan to taste her cooking and to give her a compliment. Sajan mentioned that if he told her that it needed more salt or she had put in too much curry powder, she would get upset. Therefore, he was coached to give her a compliment (i.e. that it was good, he liked it, but maybe next time she could put less salt or make it less hot because his stomach gets upset). Sajan was also coached to tell Sapari

he would like to remove his wife's pictures from the bedroom because there are enough pictures hanging elsewhere in the home.

It was also suggested that he tell his wife that she did not have to wear his deceased wife's jewellery if she did not want to, and that he gave it to her because he loves her, and that he would buy new jewellery for her. Sapari was coached to tell Sajan: "When you criticize my cooking, I get hurt". She further added, "I cook to please you, to get closer to you and when you criticize, I feel you are pushing me away from you". Sapari was also coached to tell Sajan that he should phone when he is coming home late because she gets worried and fears that something bad may have happened to him. It was a challenging task to assist both partners to open up to each other, clarify issues and changing their conversations. However, it was very rewarding because this therapist did see them changing and modifying their conversation during therapy sessions.

Mobilizing Resources

Sapari and Sajan were encouraged to expand their network beyond their friends and family circle. Sajan joined the "Tobago Cultural Society" and he became very busy in organizing activities for the community. Sapari was helping Sajan with that and participated in a cultural show. Sapari has also helped Sajan in improving his relationship with his children by phoning, visiting, and also inviting them to their home for dinner.

Sapari was also referred to the Immigrant Women's Association and the YWCA for support and recreational programs/groups. She has been encouraged to make new friends and develop her own network. She was also encouraged to join a craft class, as she is good at knitting and sewing. Sapari was also referred for a free computer lab, which she may attend in the future. This therapist believes that by encouraging this couple to participate in therapy and to come to a mainstream organization such as the (Elizabeth Hill Counselling Centre), their future chances of accessing help and resources

would noticeably improved. Not only could they benefit from the therapy itself, but they learned about other resources also.

Education & Empowerment

Sapari was feeling very lonely and isolated when she joined therapy with her partner. During therapy, she gained confidence, acquired new knowledge and techniques which were essential for her self-esteem. The therapy process exposed her to various other organizations that will enhance her safety plan.

Sajan, while he has been in Canada for 30 years, is locked up in his own perception of how a man and woman from his culture should behave. Therapy provided him with a broader understanding of how to build a nurturing relationship between a husband and wife. Finally, Sajan was referred to a cross-cultural domestic violence group. It is a course attended by ethnic minority offenders who have been convicted of domestic violence.

Conclusion and Post Therapy Follow up

Sajan and Sapari completed thirteen sessions of individual and couple therapy. They were also provided with phone follow-up for a couple of sessions. Sapari's drinking behaviour is under control and she was occupied with her son's wedding in Toronto. Sajan seemed quite busy with volunteer work that he does in his community organization and was participating in a domestic violence cross-cultural group at the Community and Youth Correctional Services.

Sajan and Sapari were very comfortable throughout the therapy sessions. However, Sapari was hopeful at the beginning of the sessions that therapy would completely change Sajan's drinking, and his nagging nature. Since Sajan is 65 years old

and has been drinking alcohol all his life, six months of sessions did not help him stop drinking alcohol. But, due to his physical health problems (high blood pressure and heart problems), he has been advised by his doctor to reduce his drinking. Regarding his nagging nature, it appeared that the therapy was effective as, according to Sapari, Sajan seemed to be "less critical" of his wife's cooking.

Sajan and Sapari's pre and post test of Dyadic Adjustment scale score were quite close except that Sapari scored very low on the Dyadic Chesion difference of nine points between her pre test and post test. She was nine points lower on dyadic cohesion than her husband in pre-test and eighteen points lower in the post test scores. Dyadic Consensus assesses the extent of agreement between partners on matters important in relationship such as money, religion, recreation, friends, household tasks, and time spent together. Since Sajan seemed to be very dominating and purposefully got married to a woman who is very traditional and is a subservient wife to him. Therefore, he had been the major decision-maker on all-important family matters such as friends, social life and leisure activities. Dyadic cohesion scores indicated that Sapari did not feel that she had been participating in an equal level with her husband on important family matters.

With counselling, Sajan was observed to somewhat help Sapari to be more independent and autonomous. Even though both partners still have some differences, they both were quite close to each other in the index of marital scale. The difference between pre and post-test for Sajan was four and Sapari, the difference between pre and post-test was seven. Hence they appeared very compatible to each other. Presently, both of them are living together and were committed to the relationship.

WHAT I LEARNED

The main advisor and two committee members facilitated learning. I was fortunate in that my practicum supervisor was not only one of the committee members, but was selected by my main advisor due to his clinical skills and leadership position at Elizabeth Hill Counselling Centre. This is where my practicum took place. The field supervisor through bi-weekly sessions and ongoing consultation assisted this student as the need arose. The main supervisor and other committee members guided and advised this student whenever required to. Without these resources, the student believes she would have been unable to complete the practicum and/or gained such an enormous amount of knowledge and skill building in this area.

Clinically, this student has learned to apply Structural and Ecological techniques with cross-cultural sensitivity. It was not easy to apply these techniques with couples who have not only linguistic and cultural barriers (all three), but also being elderly and involved in second marriages with issues remaining from deceased partners (one couple). These additional challenges enriched this student's experience in working with minority couples. For example, some of the structural techniques, such as boundary marking and rephrasing were very useful with couples who have teenagers and young children. However, enactment was very intimidating for most of the clients, particularly early on in therapy (i.e. the first three sessions). This was likely due to a lack of knowledge about therapy, and a culturally based history of avoiding direct communication with each other, especially in front of an outsider. Therefore, when they were encouraged to make a conversation among themselves, they were shy and self-conscious. But, as therapy progressed, they became more comfortable.

The student used clinical scales and pre- and post-test measures and was a little discouraged to see that only one couple showed progress in their post-test scores. Of the other two couples, only the men's post-test scores showed an improvement. Although discouraged by this, after a discussion with the clients, the student found through verbal

feed back that the therapy was somewhat helpful for the female partners. They were able to extend their community resource and had also gained knowledge and techniques that were beneficial for conflict resolution. This in turn releases their pressure and help them focus more in facing their real situation and providing them with the strength to continue working on their relationship issues as they all intended to continue living with their husbands. The female clients also indicated in their therapist feed back questionnaire that they were satisfied with the therapy and there was a noticeable change in their relationship. Some of the female clients also indicated that the therapy was useful because they were able to discuss their personal problems with the therapist (See Appendex A, Summary of the Therapist Feedback Questionaire). Even though these scales were not culturally sensitive, the student used them as an assessment and intervention tool and found that clients appreciated this and did manage to complete the scales, with some assistance from the therapist. It was a form of empowerment rather than "success Index"

I found working with violent couples is hard, particularly in the presence of strong cultural values and belief systems that reinforce a patriarchal family structure, gender differences and rigid family member roles. I had an opportunity to compare these couples – between and among themselves as couples and also as individuals. I found more similarities than differences, although the couples were representative of various ethic groups, different religions and immigration status. They all came from societies with a patriarchal structure where the man is considered to be the head of the family. The couples also had a present orientation of time, although the individual from Bosnia had some commitment in keeping appointments, etc. All couples had to be reminded prior to their session about their scheduled appointments. They were all from lower socio-economic backgrounds, and most of their fathers had not been available for regular support and nurturing. Physical abuse was used as a means to control the family, and was generally accepted and endorsed by cultural beliefs and values.

Therefore, while some of the men who participated in couple therapy had not been victims of domestic violence, they had learned the behaviour indirectly through observation and socialization processes. They seemed to be trying hard to 'unlearn' these

patterns of behaviour. The women who participated in couple therapy were very submissive, hurt, confused, but loyal and protective of their partners. They felt guilty about sharing information against their families. It was quite overwhelming to notice that these wives, despite their distressing lives with their partners and families, were not considering separating from them.

I also learned that, among immigrant couples, preserving family honour, pride and reputation was very significant. Therefore, some couples were ready and willing to make personal sacrifices and continue to live together as a couple, ignoring their mental and emotional wellbeing. While both partners expressed this commitment, the women felt more guilt about breaking their marriage, because of their traditional cultural teaching of family faithfulness and the sentimental bond with families of origin, and extended family members. It did not appear to matter if their extended family members were living in Canada or not. The women had been strongly socialized about loyalty. Therefore, in order to bring about positive changes in the structure of the family, the therapist had to immerse herself in the family's traditional culture in order to find direction.

Many times during the process of therapy sessions, this student felt disheartened, because of the overwhelming situations presented by the couples. There were advantages and disadvantages to being the sole therapist. For example, one of the benefits of having a male co-therapist is the creation of balance, so that couples can observe a good role model. But the disadvantages include the female taking a longer time to trust the therapists because generally the perpetrators of violence in their lives have been men. Also, having a male co-therapist could put the female at risk if her partner imagines that she is getting too much attention from the male therapist.

Furthermore, women who participated in couple therapy were generally raised in a traditional culture where relationships and associations with men other than their partners, siblings or closed relatives, have been limited. Out of the three couples, only one man raised a concern about the therapist being female. He said he felt he was being "pushed" by the woman therapist and wanted to talk to a male therapist. However, when

he was provided with this opportunity, he declined.

Finally, being an ethnic minority therapist, and providing counselling to immigrant couples was a unique experience. It was an experience that could have been further developed through comparison and contrast, had there been an opportunity to work with mainstream, white Anglo-Saxon couples as well. Both were provided with couple counselling, which, according to them, was helpful.

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INTERVIEWS

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APPENDIX A

Summary of the Therapist Feedback Questionnaire

The questionnaires were developed by the student in order to receive feedback from the clients and also to ensure that they had met their objectives. This questionnaire was given to the clients at the last session of therapy in this students presence to overcome linguistic barriers. In total, the couples were given 20 questions each. The first 10 questions had only yes, no or not sure answer. The second part of the questionnaire had 10 questions, which required short answers. Due to the linguistic barrier the clients were not able to describe much in writing, but they were able to share their feelings verbally.

All the men (husbands) indicated that they were quite happy with the services. They felt that they were treated with respect and that the counsellor cared for them and counselling was very helpful as it helped to resolve some of their problems. All the men indicated that this was the first time they received counselling for their personal issues. They also mentioned that counselling helped them to improve their communication, which in turn improved their relationship.

The second part of the questionnaire also indicated that all the men were satisfied with counselling and mentioned that they would seek further counselling if required. They also mentioned that they felt safe in the counselling process and stated that the counsellor was quite culturally sensitive to their needs. Finally they mentioned that their relationship appeared to have improved after receiving counselling.

All the women (wives) indicated that the service they received was a big help. The counsellor was very caring and it appeared that there was a positive change in their relationships. They also mentioned that this was the first time they received external intervention for their personal issues. They also stated that they felt safer in dealing with the conflicting issues in the presence of the therapist because outside the therapy sessions, their husband would not listen to them or allow them with an opportunity to express them.

Regarding the second part of the questionnaire where they had to write short answers, it appeared that, due to the language barrier, they were not able to explain themselves. But most of them also shared their feelings verbally as well.

All the women stated that they were very satisfied with the counselling. They felt safe and were able to discuss their issues in confidence with the therapist. They also mentioned that they felt that their relationship with their husbands had improved. Out of three women (wives), one said that she would like to continue seeking counselling while others said that they would not hesitate to seek counselling if required. All of them appreciated help and seemed to feel quite safe and confident about the counselling process. All of them felt that the therapist was caring and understanding of their culture.

Finally, the student noted improvements made by the couples in using techniques and skills learned during therapy sessions to manage their conflicts. Some of them had made good progress on individual levels in order to deal with the issues that emerged from their past which were having negative impact on their relationships. Finally, all the couples were able to work through their personal issues as couples and as individuals and planned to continue working on it.

APPENDIX B

THERAPISTS FEED BACK SCALE

The following questionnaire is designed to measure the way you feel about the services provided. Please answer either yes, no or not sure.

1.The services I received are a big help to me.
- ❑ Yes
- ❑ No
- ❑ Not sure

1. Counsellor seems to care for me.
- ❑ Yes
- ❑ No
- ❑ Not sure

2. I was treated like a person.
- ❑ Yes
- ❑ No
- ❑ Not sure

3. I learnt a lot about how to deal with my own problems.
- ❑ Yes
- ❑ No
- ❑ Not sure

4. I got the help that I really needed.
- ❑ Yes
- ❑ No
- ❑ Not sure

5. I feel much better now than when I came the first time.
- ❑ Yes
- ❑ No
- ❑ Not sure

6. Counselling has made positive changes in my life.
- ❑ Yes
- ❑ No
- ❑ Not sure

7. Counselling has helped me in improving communication with my partner, which has improved my relationship.
- ❑ Yes
- ❑ No
- ❑ Not sure

8. I am quite satisfied with my counsellor as he/she was able to guide/help me.
- ❑ Yes
- ❑ No
- ❑ Not sure

9. I was able to trust my counselor, knowing that my information will be confidential.
- ❑ Yes
- ❑ No
- ❑ Not sure

Please write the short answer to the following questionnaires:

1. Did you have any problem in getting/receiving services?

2. Were there any services you felt you should have received but you did not?

3. How satisfied were you with the services you received?

4. Would you return to Elizabeth Hill Counselling Centre or approach this counsellor if you need further services?

5. Is this the first time you received counseling?

6. Did you feel safe and comfortable in receiving services?

7. Do you feel there is a change in your relationship after receiving counselling?

8. Do you think counselling has made some difference in your life? Please explain.

9. Do you think the counsellor was sensitive to your culture and your needs?

10. Do you think the counsellor was able to help you? Please explain.

APPENDIX C

COUNSELLING CONTRACT

The purpose of this clinical intervention is to provide marital counselling in a culturally sensitive manner to couples who experience family conflicts that result in domestic violence and family breakdown. The marital therapy is to be delivered by Manjeet Kent, a social work student who is completing her Masters Program in Social Work. Mrs. Manjeet Kent is being assisted by two qualified and experienced professors at the University of Manitoba: Dr. Denis Bracken, and David Charabin; and Ken Martin, the Director of Youth and Corrections Services.

You will be expected to participate in counselling sessions, which will be discussed with you in the initial meeting. The sessions will be conducted at the Elizabeth Hill Counselling Centre, located at 321 McDermot. However, if you don't feel comfortable there, another location of your choice could be made available.

Each counselling session will be one and half hours and the information discussed during the session will be kept confidential. If you have difficulty in making conversation in English or writing in English, an interpreter will assist you.

- If you plan to drop out of the counselling session because either you did not feel comfortable or for any other reason, you may do so.

- Information gathered as part of this practicum will only be reported in a manner that does not reveal your identity. Your name and personal information will not be used or reported in the practicum report.

- Observation and/or audiotaping or videotaping of a therapy session may be required.

- There is a limitation to the full protection of your identity. Where information involves a threat or harm to self or others, this information – along with your name – will be disclosed.

- Any information obtained from the psychological tests, interviews, counselling session and questionnaires may be used as a part of published evaluation of this practicum. Your identity will be kept confidential and we assure you that it would not be released.

Your participation is completely voluntary. You can share any concerns you have with Manjeet Kent. You will be able to obtain a summary of study results by contacting Manjeet Kent.

I agree to participate in couple counselling.

_____ _____

Husband's Signature/ Date Wife's Signature/ Date

APPENDIX D

DAS by Graham B. Spanier, Ph.D.

Name:_____ Sex: M F Marital Status:_____ Age: _____

Most persons have disagreements in their relationships. Please indicate below the appropriate extent of agreement or disagreement between you and your partner for each item on the following list. Circle the star under one answer for each item.

	Always Agree	Almost Always Agree	Occassionally Disagree	Frequently Disagree	Almost Always Disagree	Almost Always Disagree
1. Handling family finances						
2. Matters of recreation						
3. Religious matters						
4. Demonstrations of affection						
5. Friends						
6. Sex relations						
7. Conventionality (correct or proper behaviour)						
8. Philosophy of life						
9. Ways of dealing with parents or in-laws						
10. Aims, goals, and things believed important						
11. Amount of time spent together						
12. Making major decisions						
13. Household tasks						
14. Leisure time interests and activities						
15. Career decisions						

	All the Time	Most of the Time	More Often Than Not	Occassionally	Rarely	Never
16. How often do you discuss or have you considered divorce, separation, or termination of you relationship?						
17. How often do you or your mate leave the house after a fight?						
18. In general, how often do you think that things between you and your partner are going well?						
19. Do you confide in your mate?						
20. Do you ever regret that you married (or lived together)?						
21. How often do you and your partner quarrel?						
22. How often do you and your mate get on each others nerves?						

	Every day	Almost Everyday	Occassionally	Rarely	Never
23. Do you kiss your mate?					

	All Of Them	Most Of Them	Some Of Them	Very Few of Them	None Of
24. Do you and your mate engage in outside interests together?					

How often do the following occur between you and your mate?

	Never	Less Than Once A Month	Once or Twice A Month	Once Or Twice A Week	Once A Day	More Often
25. Have a stimulating exchange of ideas						
26. Laugh together						
27. Calmly discuss something						
28 Work together on a project						

These are some things about which couples sometimes agree or disagree. Indicate if either item has caused differences of opinions or were problems in the past few weeks.

29. Being too tired for sex		
30. Not showing love		

31. The stars on the following line represent different degrees of happiness in your relationship. The middle point, "happy", represents the degree of happiness of most relationships. Circle the star above the phrase which best describes the degree of happiness, all things considered of your relationship.

Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect

32. Which of the following statements best describes how you feel about the future of your relationship? Circle the letter for one statement.

A	I want desperately for my relationship to succeed, and would go to almost any length to see that it does.
B	I want very much for my relationship to succeed, and will do all I can to see that it does.
C	I want very much for my relationship to succeed, and will do my fair share to see that it does.
D	It would be nice if my relationship succeeded, but I can't do more than I am doing now to keep the relationship going.
E	It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.
F	My relationship can never succeed, and there is no more that I can do to keep the relationship going.