

**CONJOINT THERAPY FOR COUPLES  
WITH A HISTORY OF DOMESTIC VIOLENCE**

**BY**

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**A Practicum Report  
Submitted to the Faculty of Graduate Studies  
in partial fulfilment of the requirements  
for the degree of**

**MASTER OF SOCIAL WORK**

**Faculty of Social Work  
University of Manitoba  
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**Conjoint Therapy for Couples with a History of Domestic Violence**

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**Noel Leigh Larocque**

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University  
of Manitoba in partial fulfillment of the requirements of the degree  
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## **ABSTRACT**

The focus of the practicum was to provide conjoint therapy from a pro-feminist approach to couples with a history of domestic violence in their relationships. The pro-feminist approach addresses systemic issues in relationships and prioritizes the safety of women by providing therapy to couples where the risk for violence is minimal (Trute, 1998). A male/female co-therapy team was used to deliver the conjoint counselling to highlight the influence of gender in abusive relationships. Couples participated in individual and conjoint sessions. The purpose of the individual sessions was to assess safety concerns and to determine the feasibility of providing conjoint therapy. The total number of sessions that the clients attended ranged from eight to sixteen. One of the outcomes of the conjoint therapy was the identification of power, trust and closeness as universal themes for the couples who participated in the practicum. The experience of the couples in their family of origin appeared to be a variable that strongly shaped the dynamics of the relationships. Interventions that addressed issues related to safety planning, emotional abuse and relationship patterns were implemented with the couples.

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## **CHAPTER I. INTRODUCTION**

The provision of conjoint therapy is a relatively new approach to working with couples who have a history of domestic violence in their relationships. The use of couple counselling in situations of domestic violence began to appear in the literature during the 1980's. The traditional approach to conjoint therapy addresses the communication and the conflict resolution skills of the couple to improve the overall functioning of their relationship (Nichols & Schwartz, 1998). The focus on the interactive process between the couple in traditional marital therapy often resulted in the minimization of the role that gender plays in shaping the dynamics of power and control in the relationship (Bograd, 1984). Consequently, the traditional models used in couple therapy have been criticized by the feminist perspective for ineffectively dealing with power differences based on gender (Trute, 1998). Feminist theory supports the belief that conjoint therapy can potentially re-victimize the women because the fear and domination that characterize abusive relationships can be replicated in the therapeutic environment (Aldarondo & Straus, 1994; Bograd, 1984). The feminist position advocates that women should be empowered to leave their abusive relationships. However, many abused women remain with their partners and attempt to obtain treatment services to help stop the occurrence of violence in their relationships (Magill & Werk, 1984). The pro-feminist approach to conjoint therapy evolved in response to the limitations identified with the family systems and feminist theories. The pro-feminist approach (Trute, 1998) provides interventions that are systemically based and that highlight the influence of gender in marital relationships.

The safety of the woman is prioritized in treatment and the initiation of conjoint therapy only occurs when the risks of physical abuse to the women appear to be minimal.

The delivery of conjoint therapy through a co-therapy team at the Elizabeth Hill Counselling Centre offered me an excellent learning opportunity to advance my understanding of relationship issues for couples who have a history of domestic violence. Also, I wanted to develop greater insight into the gender issues that seem to be inherent in relationships characterized by domestic violence as one key aspect of the learning experience.

### **Learning Goals**

- 1) To develop an effective and complementary working relationship with a co-therapist.
- 2) To enhance this therapist's understanding of a feminist based approach to conjoint therapy for couples with a history of domestic violence.
- 3) To learn more about the role that gender plays in the relationship dynamics that characterize couples with a history of domestic violence.
- 4) To develop the clinical skills required to comprehensively assess the safety risks to abused women and to, simultaneously, address systemic issues to help couples consolidate changes that support a non-violent relationship.
- 5) To identify areas of resistance presented by couples and to address this resistance in a way that helps them progress through therapy.
- 6) To examine this therapist's emotional reaction to working with couples who have a history of domestic violence in their relationship.
- 7) To identify the emergence of this therapist's personal biases that may be triggered

during the provision of therapy.

### **Overview**

This paper is the presentation of the practicum experience that involved the implementation of conjoint therapy from a pro-feminist perspective for couples with a history of domestic violence. Chapter two consists of a literature review that delineates the theoretical and clinical issues that are critical to understanding couple counselling and domestic violence. The first part of chapter two describes a historical perspective of wife assault followed by the socio-economic and psychological theories that highlight the dynamics of the abused woman's situation. The second part defines the theoretical assumptions and intervention strategies characteristic of systemic family therapy and feminist approaches to domestic violence. The third part discusses the issues and criteria that are relevant to assessing the suitability of couples for the receipt of conjoint therapy from a pro-feminist perspective. Three pro-feminist models that support the provision of conjoint therapy are then presented. The last part identifies the therapeutic issues that are commonly addressed in counselling couples with a history of domestic violence. Chapter three identifies the protocols and procedures required for the implementation of the practicum. A key component of this chapter is the discussion of the intake process for the selection of couples who would participate in the practicum. The case studies of the three couples selected for presentation in this paper are discussed in chapters four to six. The first part provides the demographic information and the history violence for each of the couples. The second part identifies the issues relevant to the primary systemic themes of family of origin, power, trust and closeness for each couple. The assessments of the



relationship dynamics central to the couple's functioning are also presented. The third part is a discussion involving the implementation and the outcomes of the intervention process. The fourth part compares and discusses the pre-and post-measurement scales that were completed by the couples. The fifth part identifies the changes that were experienced by the couples from participating in therapy. Chapter seven summarizes my development of theoretical knowledge and clinical skills from participating in the practicum.

## **CHAPTER 2. LITERATURE REVIEW**

### **Historical Perspective on Wife Assault**

One of the inherent difficulties with documenting a comprehensive history of wife assault is the paucity of adequate information which is primarily attributable to the privacy of family life (Dutton, 1995). Although the historical research is sparse, wife abuse appeared to be predominantly accepted as a cultural norm that was difficult to change.

Dutton (1995) identifies that the earliest documentation of wife assault began in the Middle Ages when the abuse of women appeared to be socially and legally sanctioned by theological writing. The first institutionalization of theological writings was the “Decretum” which stated that men were entitled to allegiance from their wives and any acts of disobedience must be punished. Punishment was required because women were believed to be naturally inferior to men and, subsequently, vulnerable to the power of devils. The alleged vulnerability of women to diabolical forces was used to justify the murder of women in the Middle Ages as a method to eradicate witchcraft. The Church appeared to rationalize violence against women as a behaviour that was in their best interest.

Dutton (1995) reveals that the systemisation of religious law followed by the Napoleonic Civil Code influenced conjugal laws throughout Europe in the eighteenth century. The spirit of influence on European law was shown through legislative changes that concentrated the power in the family with the man. Women could only use violence

as the basis for a divorce if the courts determined that the intent of the assault was attempted murder. Consequently, the amendments to the European domestic law granted men the legal right to physically assault their wives for the purpose of guarding the position of male power in the family.

Dobash and Dobash (1979) assert that wife abuse was socially accepted and was only challenged three times in history when there was intense pressure for social reform. The first challenge occurred in the late 1800's when the relationship between conjugal laws and wife assault became an issue that generated public debate. The public debate was initiated by social activists who wrote political critiques on the injustices to women inherent in the domestic laws that governed wife abuse. John Stuart Mill, a prominent activist during this period, wrote an essay entitled "The Subjection of Women" (1889) which critiqued the laws by stating:

The vilest malefactor has some wretched woman tied to him, against whom he can commit any atrocity except killing her, and, if tolerably cautious, can do that without much danger of the legal penalty. The law, which till lately left even these atrocious extremes of domestic oppression practically punished, has within these few years made some feeble attempts to repress them. (Mill, 1889, p. 152).

In the preceding passage, John Stuart Mill suggests that attempts to control the abusive behaviour by men were virtually impossible because the domestic laws were rarely enforced and the institution of marriage was founded on the premise of male domination. Dutton (1995) suggests that Mill's efforts to advocate for women contributed to the idea that legal reform was an integral part of addressing the problem of wife abuse.

The government in England responded to the social pressure that called for changes to the conjugal law by examining the evidence that supported the brutal nature of wife assaults in Parliament and the opposition against legal reform was based on the belief that change would violate the sanctity of marriage (Dobash & Dobash, 1979). In spite of these objections, domestic laws were passed that provided women with marginal protection against violence by allowing them to use a narrow definition of cruelty as grounds for divorce.

After the legislative passing of the new domestic laws in England, the problem of wife assault faded from public view. Violence against women emerged as a social problem for the second time in the early 1900's when the British Suffragettes made wife assault part of their political agenda (Dobash & Dobash, 1979). However, wife assault quickly disappeared from the public sphere, again, because the suffragettes decided to focus their efforts on obtaining the vote for women as they believed that the vote would give women the political power necessary to solve key women's issues, like wife assault.

The third and most contemporary challenge came in the 1970's when wife assault was re-discovered as a social issue by the feminist movement (Dobash & Dobash, 1979). Scream Quietly or the Neighbours Will Hear by Erin Pizzey marked the contemporary re-appearance of wife abuse as a social problem (Walker, G., 1990). According to G. Walker, Pizzey's book chronicled the establishment of the first shelter for battered women in Britain and her description of abused women produced a vivid illustration of the horrific lives that these women were forced to experience. This information was considered invaluable by feminist organizations because the history of silence that

characterized wife abuse had resulted in an inadequate understanding of this issue by the public (Dobash & Dobash, 1979).

Walker (1990) indicates that Pizzey's book provided the impetus for the feminist movement in Canada to advance its work beyond consciousness raising about wife assault to political action that focussed on changing the social structures that perpetuated violence. Consciousness raising by women generated an abundance of information to support the reality that institutional responses to wife abuse were minimized and punished the victim. The systems' response to abused women was inadequate and the provincial and federal levels of government were lobbied to provide funding for research into the area of wife abuse. In 1979, the Canadian Advisory Council on the Status of Women was created and the outcome of their research was the publication of the first Canadian book on wife abuse called Wife Battering in Canada: The Vicious Circle. The Advisory Council also generated public awareness of wife abuse as a social problem and advocated that the government should implement changes in organizations to produce a more sensitive response to abused women.

### **Dynamics of the Abused Women's Situation**

The ability of the feminist movement in the mid 1970's to sustain wife abuse as a social problem was instrumental in revealing the perspective of abused women. The feminist movement pioneered the development of socio-economic and psychological theories that helped explain the dynamics involved in domestic violence. The significance of these theories was the emphasis on the interconnection between socio-economic conditions and psychological factors that operate to keep women in abusive situations. A

careful examination of the victim's position indicated that it was far more realistic to remain in, rather than leave, an abusive relationship.

### **Socio-Economic Conditions**

Many abused women remain in the relationship because of economic dependence on their partner. Women in abusive relationships tend to be less educated, possess fewer job skills and are more likely to be unemployed outside the home than other women (Star, Clark, Goetz, & O'Malia, 1979). This finding suggests that women in abusive situations appear to have less access to financial resources and fewer opportunities to find employment than other women (Gelles & Strauss, 1988). Furthermore, even if women are employed outside the home, the perpetrators are usually in control of the finances and their partners are denied access to money, chequing and charge accounts (Walker, L., 1984).

Magill and Werk (1985) indicate that the financial situation of abused women is also controlled by the patriarchal organization of our society to the extent that women often encounter obstacles which can limit their ability to achieve economic independence. The labour market discriminates against women by limiting their opportunities to low paying menial jobs and women in occupations are paid less than their male counterparts. The bleak employment situation is compounded by the lack of affordable child care alternatives for single working mothers which often means that they live in poverty if they leave an abusive situation.

Abused women tend to be socially isolated which greatly restricts their capacity to receive help and to explore alternatives to living in a violent relationship. There is

evidence to suggest that women who become involved in abusive relationships rarely participate in community events and have limited social contacts (Star et. al., 1979). Many women report that this pattern of isolation continues after the marriage and their activities are restricted to events within the family because of their husband's intense jealousy. It appears that abusive men systematically isolate their partners from social networks and that women retreat to prevent further embarrassment resulting from their husband's behaviour and to protect others from the possibility of harm (Walker, L., 1984).

The socialization of women contributes to the perpetuation of abusive relationships by promoting beliefs that women should be subservient to men in relationships. Women are traditionally socialized to assume the primary responsibility for domestic work and to ensure that the physical and emotional needs of their partners and children are met (Myers-Avis, 1985). In contrast, men are socialized to assume control for decision-making and economic functions in the family. Subsequently, domestic exploitation requires systemic socialization which psychologically conditions women to accept sole responsibility of unpaid domestic labour, a marginalized status in the work force and the relinquishment of personal development in order to promote the well being of others.

### **Psychological Theories**

The salient psychological theories that demonstrate the process of victimization of abused women are based on the cycle theory of violence. The theories presented are learned helplessness, traumatic bonding and post traumatic stress disorder.

The cycle theory of violence was formulated by Lenore Walker (1984) and this concept consists of three distinct phases which delineate a pattern of abusive behaviour. The three phases are known as the tension building stage, the acute battering incident and the reconciliation stage. The tension building stage is characterized by an incremental rise in the level of tension which is generated by discrete abusive behaviours, like pinching, slapping, mind games and restrained verbal abuse. The man will display hostility, but not in an intense or explosive manner. The woman tends to respond to her partner's hostility by attempting to placate him as a way to prevent a further escalation of his aggressive behaviour. The woman is often successful in appeasing her partner for brief periods of time which only serves to reinforce the erroneous assumption that she is capable of controlling his behaviour. In spite of her efforts, the tension continues to build and, at some point, she can no longer control his hostility. The woman will often withdraw from her partner because she is exhausted from trying to cope with the rising tension and she is frightened that she will accidentally ignite an explosion of his anger. The tension between the couple becomes intolerable because he typically responds to her efforts at distancing by trying to get psychologically closer.

The atmosphere of unbearable tension marks the transition into the second stage of the cycle known as the acute battering incident. The distinguishing feature of this phase is the uncontrollable release of tension which has escalated during the first stage. The man characteristically explodes with a tirade of verbal outbursts and acts of physical assault that result in the woman being emotionally abused and physically injured. Sometimes, the woman will precipitate the explosive incident in an attempt to exert some



control over the situation. The second phase ends when the man stops his overt abusive behaviour and he then experiences an acute reduction in psychological tension. This reduction in tension is a factor that strongly reinforces the man's motivation to repeatedly use violence against his partner. The third phase is the period of reconciliation. The primary characteristic of this phase is the attempts that the man makes to apologize to his partner for his assaultive behaviour which occurred in the preceding phase. The man convinces himself that he will never behave violently again. He also attempts to convince her that he has changed by demonstrating remorse, indulging her with gifts and promising never to hurt her again. The woman wants the promises to be true and she re-affirms her hope in the belief that he will change. Many abused women can often empathize with their partner's sense of isolation and assume responsibility for their emotional well being.

The reconciliation phase represents the positive reinforcement for the woman to stay in the relationship. At this point, the illusion of absolute emotional interdependency is solidified in the woman's mind because she is dependent on him for caring behaviour and he is dependent on her for forgiveness. Consequently, underneath the grim cycle of tension, violence and forgiveness, each partner may truly believe that he/she is incapable of functioning as an independent person.

The theory of learned helplessness applied to situations of domestic violence implies that abused women learn to believe that they are powerless to change their situation (Geffner & Pagelow, 1990; Karpel, 1994; Magill & Werk, 1985). This sense of helplessness prevents abused women from recognizing that there are alternatives to staying with their partner and, subsequently, they feel they are trapped in an abusive

relationship (Magill & Werk, 1985).

Traumatic bonding described by Lenore Walker (1989) is the development of an intense emotional relationship between two people when one of the two intermittently threatens, abuses or intimidates the other. In an abusive relationship, the perpetrator's main source of power is his apparent random use of intimidation and violence. An abused woman can never be certain of how her partner will behave; there are times when her partner is kind and there are periods when he is cruel and abusive. The kindness provides the positive reinforcement for the woman to hope her partner's behaviour will change. The cycle of kindness and cruelty strengthens the woman's bond to her abuser because intermittently rewarded behaviour is the most difficult to change.

The traumatic bonding that occurs between the partners in an abusive relationship is often referred to as the Stockholm Syndrome because the emotional process is remarkably similar to the attachment that can develop between a hostage and a captor (Geffner & Pagelow, 1990; Herman, 1992; Karpel, 1994; Magill & Werk, 1985). Herman (1992) describes the dynamics between the captor and hostage that are characteristic of the Stockholm Syndrome. The victim is abused and isolated, and the ultimate goal of the captor is to engender a fear of death in his victim along with a sense of gratitude for being permitted to live. Political prisoners frequently describe situations where they believed they were going to be killed and, at the last moment, they were allowed to live. Ironically, the experience of being repeatedly saved from potential death can eventually result in the victim believing that the captor is her saviour. The dynamics of the Stockholm Syndrome can develop between a woman and her abusive partner. The repeated cycle of violence,

which occurs in the context of an intimate relationship, can lead to the woman having an intense dependency on her partner who she sees as omnipotent. The woman may live in fear of his abusive behaviour, but she might also believe that he has superior qualities, like strength and wisdom. Some abused women share the idealized belief system of their partners and suppress any doubts about them as signs of loyalty and submission .

More recently, it has been suggested by Herman (1992) and L.Walker (1989) that battered women suffer from post traumatic stress disorder. This disorder develops in individuals, like abused women and war veterans, who have been subjected to unexpected trauma or chronic abuse. These victims often develop particular psychological symptoms that affect their capacity to function long after the occurrence of the initial traumatic event. Women who have been chronically abused may suffer from psychological conditions like psychic numbing, self-hypnosis and dissociation.

### **Family Systems Approach to Domestic Violence**

#### **Theoretical Assumptions**

The family systems model emphasizes that the violence is a relationship issue and that moral judgement should not be passed on the occurrence of violence. A discussion of the three primary theoretical assumptions and areas of intervention reflect these values.

The first assumption of family systems theory is that significant meaning is attributed to the dynamics and functioning of the family as a cohesive unit (Gelles & Maynard, 1987). Domestic violence is seen as the outcome of a couple's repetitive pattern of behaviour which occurs in the context of the family and each member plays a role in maintaining this cyclical pattern (Cook & Cook, 1984; Geffner & Maynard, 1987). If the

equilibrium of the family is threatened, then violence can erupt to serve the function of re-establishing the homeostasis of the family system (Gelles & Maynard, 1987). Newton (1981) suggests that violence can regulate the degree of closeness and distance between partners who have inadequate personal boundaries. For example, couples coping with domestic violence tend to be enmeshed with their partner and often struggle with issues related to autonomy or separateness. Subsequently, each partner tends to assume responsibility for the other and can be intimidated if his/her partner does not express opinions or interests that are identical to his/her own. Violence can erupt when one or both partners become overwhelmed with a sense of enmeshment and experience a temporary loss of individuality. Therefore, violence has the potential to serve a homeostatic function by regulating the intensity of closeness and distance between the couple when separateness or intimacy becomes threatening. Violence could be avoided if the marital system remains unchallenged, but any attempts to create a more symmetrical relationship may threaten the equilibrium of the relationship and violence could erupt to re-establish the balance (Cook & Frantz-Cook, 1984).

The second assumption of family systems theory is that the hidden or subtle rules that govern the patterns of interaction between the couple are a contributing factor to violence in the relationship (Gelles & Maynard, 1987). Violent couples tend to be unable to cooperatively negotiate issues and the relationship becomes characterized by “rigid unilateral control” (Cook & Frantz-Cook, 1984; Geffner & Maynard, 1987). The violence in the relationship is viewed as an interactive pattern between the couple characterized by one partner attempting to exert unilateral control which compromises the flexibility

required for negotiation (Cook & Frantz-Cook, 1984; Geffner, Mantooth, Franks, & Rao, 1989). Violence in a relationship is a likely outcome when the couple lacks the capacity for negotiation and the man has learned to be violent in response to tension (Geffner et al., 1989).

The third assumption of family systems theory is that the behaviour of a couple is influenced, to some degree, by the patterns of behaviour that each of them witnessed in their family of origin (Cook & Frantz-Cook, 1984; Geffner & Pagelow, 1990). The family systems theorists believe that an individual's exposure to violence during childhood is a reliable predictor for the severity and duration of abuse in adult relationships (Geffner & Pagelow, 1990). It has been observed that children who witnessed their parents fighting and/or were physically assaulted often become involved in relationships that are violent (Newton, 1981). For many of these children, violence is normalized and they repeat the same patterns in their relationships as adults. The man will be abusive to his partner and the woman expects that violence is acceptable in relationships.

### **Interventions**

There are three primary areas that the traditional family systems theorists focus on when intervening with couples. The basis of the interventions appear neutral in the sense that they are designed to address the behaviours of both partners in the relationship and the aggressive behaviour of the man is not isolated in treatment. The interventions are based on the assumption that blaming the man for the violence and identifying the woman as the victim lacks clinical merit because the cause of the violence is the couple's inadequate relationship and communication skills (Geffner & Pagelow, 1990; Gelles &

Maynard, 1987; Hansen & Goldenberg, 1993). Violence occurs because the couple is unable generate solutions to problems in the relationship and neither partner is aware of how to behave differently (Geffner & Pagelow, 1990; Gelles & Maynard, 1987).

The first area of intervention is to challenge the interactive pattern of behaviour between the couple and encourage them to recognize that violence is a symptom of a dysfunction in the relationship (Geffner & Pagelow, 1990; Gelles & Maynard, 1987). The assumption is that the violence will stop once the hidden rules that regulate the interactional patterns of the family are changed.

The second area of intervention attempts to facilitate a re-structuring of boundaries and hierarchies between subsystems in the family (Gelles & Maynard, 1987). As stated earlier, couples coping with domestic violence tend to develop boundaries that are either rigid or enmeshed. Interventions attempt to help the couple re-evaluate their ability to negotiate issues and to strengthen their personal boundaries to prevent mutual over dependency.

The third area of intervention is to enable the couple to examine the relationships that they have with their families of origin. The spouses may be susceptible to pressure from extended family members, like parents or in-laws, who play a role in sabotaging the couple's relationship (Cook & Frantz-Cook, 1984). A contributing factor to the couple's pattern of violence may involve intense interference by extended family members and this dynamic may be perpetuated by the inability of the couple to emotionally separate from their families of origin.

## **Feminist Approach to Domestic Violence**

### **Theoretical Assumptions**

The feminist model is founded on the belief that patriarchy is an ideology that encourages the subordination of women for the social and economic benefit of men (Goldner, 1992). The feminist model is designed to make the relationship between gender and power explicit. Four theoretical assumptions and three areas of intervention characteristic of the feminist approach are discussed.

The first assumption of feminist theory is that patriarchy promotes the ideology of male supremacy and the subordination of women in social institutions (Walker, G., 1990). The feminist perspective supports the belief that marital relationships are structured according to an inequitable allocation of power based on gender. That is, men have greater access to resources and, subsequently, they form the dominant social and economic class; women are perceived to be inferior and to occupy a subordinate position to men. This division based on gender in a patriarchal society serves as a justification for the physical assault of women in the sense that a husband has property rights over his wife and, subsequently owns her.

Feminist theory states that the concept of male ownership and economic control has been used by men throughout history to justify the physical assault of their wives. In exchange for economic dependence, women are expected to comply with the demands made by their husbands. Fredrich Engels illustrates the relationship between power and economics that characterizes the marriage: "The husband is obliged to earn a living and support his family and that in itself gives a position of supremacy. Within the family, he

is the bourgeois and the wife represents the proletariat” (Engels, 1984, p. 105). According to the feminist perspective, the ideological belief that men are entitled to own property, which includes women, is so strongly ingrained in our culture that wife assault is a socially acceptable method for men to control women.

The second assumption of feminist theory is that power is a primary issue in wife assault and the systemic use of male violence against women must be addressed (Walker, G., 1990). Male violence against women is seen as an inequitable distribution of power between gender and that this power imbalance is reflected in the unequal social organization of society. Social institutions like the labour market, justice system and social services are designed to discriminate and oppress women.

The third assumption of feminist theory is that mainstream models of mental health developed theories which reflect patriarchal ideology to explain domestic violence (Bograd, 1984). The problem of male violence has been minimized and primarily attributed to female pathology (Thorne-Finch, 1992). Prior to the 1970's, most of the psychological literature supported the belief that an analysis of the personality characteristics of abused women could reveal indicators of mental illness (Walker L., 1989). This belief facilitated women being blamed for their own abuse because they had psychiatric problems that caused men to be physically aggressive (Giles & Sims, 1983; Walker, L., 1990). Women who stayed with their abusive partners were thought to have serious pathology characterized by a masochistic desire to be physically harmed and punished (Dobash & Dobash, 1979 ; Geffner & Pagelow; Walker L., 1984). A major study on battered women completed by Snell determined that women were sexually



frigid, aggressive, masculine and that these characteristics made them unsuitable wives (Dobash & Dobash, 1979; Walker L., 1989). Women were not only blamed for male violence, but led to believe that if they possessed traditional female traits, like passivity and nurturance, they would not be assaulted (Bograd, 1984).

The fourth assumption of feminist theory is that the socialization of women and men contributes to domestic violence because the promotion of traditional gender roles creates a power imbalance between men and women. Women are traditionally socialized to assume the primary responsibility for domestic work and the maintenance of relationships; men are socialized to be in control of the family (Myers-Avis, 1985). The dichotomy of gender roles and expectations appears to establish a context for relationships where women are unequal, and subsequently more vulnerable, to men.

Furthermore, Goldner, Penn, Sheinberg and Walker, G., (1990) assert that the dichotomy between women and men is superficial because gender differences are emphasized and any similarities are suppressed. The fear related to the division between gender dissolving and the shame associated with gender similarities are two powerful forces that influence the use of physical force in heterosexual relationships. That is, patriarchy grants men power and privilege on the basis of gender and they are conditioned to experience embarrassment when gender similarities with women emerge. Women expect punishment if they attempt to claim traditional male power and privilege. Therefore, the feminist perspective suggests that one possible explanation for wife abuse is that the man's use of violence represents an attempt to re-construct gender differences when the perception of not being different enough from his spouse becomes unbearable.

Interventions based on the feminist model imply that wife abuse should be conceptualized as both a social and individual problem. The patriarchal structure of society oppresses women which sanctions wife assault and men can potentially choose to use violence as a way to control their partners (McKeel & Sporkowski, 1993). Feminists believe men should be held solely accountable for their violent behaviour because women are not responsible for being abused and they do not play a role in initiating the abuse (Bograd, 1984). That is, a man who assaults his wife is the perpetrator of a criminal act and therefore, he is entirely responsible for the abusive behaviour (McKeel & Sporkowski, 1993). For a relationship to become non-violent, the couple must believe that he is solely responsible for ending his abusive behaviour and altering her behaviour is not connected to stopping the violence. Feminist counselling incorporates components that involve healing, education and a political awareness of how patriarchy impacts women (Levine, 1983). The “traditional” feminist approach advocates separate interventions for the man and the woman and couple counselling is not considered a viable treatment option. This position is based on the belief that women would be unable to speak openly in therapy because of the fear of retaliation from their abusive partners (Leeder, 1994; Trute, 1998).

### **Interventions**

The first area of intervention promoted by the feminist model is the provision of pragmatic assistance and emotional support to women who are seeking safety from their abusive partners (Dobash & Dobash, 1979). The feminist movement provided a unique response to domestic violence by offering abused women and their children temporary

accommodation in shelter (Dobash & Dobash, 1979; Geffner & Pagelow, 1990). In addition to temporary housing, the shelter system provides women with individual counselling for the purpose of empowering them to separate from their abusive partners (Geffner & Pagelow, 1990; Hansen & Goldenberg, 1993). Empowerment is an integral process in feminist counselling because it enables women to identify their personal needs and to develop characteristics like assertiveness, positive self image, self sufficiency, personal strength and independence (Thorne-Finch, 1992). The feminist approach to counselling further empowered women by validating their experiences. The traditional view that therapists are the experts was challenged through promoting the belief that women best understand their own situation and that this knowledge should be respected by the therapist (Levine, 1983; Thorne-Finch, 1992). Also, feminist counsellors often use self disclosure to highlight the common experiences that women share as a result of gender. It is thought that women will be less likely to tolerate an abusive relationship if they had greater control of their lives.

The second area of intervention is group therapy and peer support to help raise the women's awareness about the socio-political nature of domestic violence (Geffner & Pagelow, 1990). The feminist movement supports the participation of women in groups to promote individual and collective power because women can be empowered through sharing their experiences of victimization to discover that they are not isolated (Thorne-Finch, 1992). Also, the participation of women in groups provides reciprocal support and enables the resolution of problems cooperatively (Levine, 1983). Women in groups learn how gender socialization and the patriarchal family contribute to the perpetuation of male

violence towards women (Thorne-Finch, 1992). The ability to link personal struggles to the systemic discrimination of women constitutes consciousness raising which helps women redefine their personal experiences in a political context (Levine, 1983). The integration of the personal and the political enables women to be less likely to blame themselves and to advocate for systemic change to the structures that promote the exploitation of women.

The third area of intervention provides group treatment for the purpose of helping men learn to control their anger as a way to prevent the re-victimization of subsequent partners (Geffner & Pagelow, 1990). Also, the feminist approach advocates that wife abuse is a criminal act and abusive men should be charged with assault. The presence of criminal charges implies that men are individually responsible for the violence which could result in them having to be more accountable for their abusive behaviour. Furthermore, legal sanctions reinforce the message that domestic violence is unacceptable which may help change the patriarchal values that promote the domination of women by men (Dobash & Dobash, 1979; Mcleod, 1987).

### **Feminist Critique of the Family Systems Model**

Conjoint couple therapy has emerged as a controversial topic in the treatment of domestic violence as a result of the opposing ideological views advocated by the family systems model and the feminist perspective. Part of the controversy involves a feminist critique of the family systems model for inadequately addressing issues related to gender, power and coercion in domestic violence (Aldarondo & Straus, 1994; Bograd, 1984; Thorne-Finch, 1992; Willbach, 1989). Bograd (1984) suggests that there is a gender bias

towards men inherent in the family systems model which inadvertently sanctions violence against women by supporting theory based on patriarchal ideology. She also asserts that systems theory does not address the social conditions that perpetuate wife abuse and subsequently the therapeutic interventions based on this theory could potentially replicate the conditions that contributed to the abusive behaviour in the first place. Six primary criticisms of the family systems model which constitute the feminist critique are discussed.

The first criticism is that family systems theory obscures the emotional and physical impact that domestic violence has on women by defining violence as a problem that is just as significant as the other problems in the relationship (Bograd, 1984; Thorne-Finch, 1992). The violence is typically viewed as a symptom which indicates that there are more fundamental problems in the relationship and that the violence will stop once the more fundamental problems like the husband's alcoholism or poor communication skills are resolved (Bograd, 1984; Thorne-Finch, 1992). The implication of not treating the violence as the central issue, which requires immediate attention, may result in the abusive behaviour of the man being overlooked (Bograd, 1984). The minimization of the violence could compromise the effectiveness of therapy. The abusive behaviour may not be treated as a problem that is independent of relationship issues, which in turn, devalues the emotional harm and physical danger to the woman.

The second criticism is that the family systems model can lead to the implication of women in their own victimization by defining the family as a closed homeostatic system. Bograd (1984) indicates that this model conceptualizes each partner in the

relationship as interdependent components which constitute the whole system; each component interacts in a reciprocal and repetitive pattern which can escalate into a violent outburst. The presence of these patterns between spouses suggests that both individuals are equally responsible for the violence given that the definition of family functioning highlights the mechanics of interaction and avoids the issue of determining who is ethically responsible for the violence. The diversion from the issue of responsibility enables the man to avoid accountability for the violence and likely results in the woman feeling increasingly at fault for his abusive behaviour (Thorne-Finch, 1992). Willbach (1989) believes that blaming women for their partner's abusive behaviour is further exemplified by the failure of systems theory to explain coercion. The inability to explain the motivation of the man to use physical force against his partner insinuates that the woman must be responsible, to some extent, for his abusive behaviour. Family systems theorists tend to overlook the differences in the physical size between men and women and the differences in attitudes about using physical force for self defence (Thorne-Finch, 1992). That is, men are socialized to use physical aggression and women are taught to depend upon men for physical protection. Many family therapists have difficulty recognizing that women may not have done anything to initiate the abuse and be genuinely innocent (Bograd, 1984; Thorne-Finch, 1992).

The third criticism is that family systems therapists inadvertently support stereotyped gender roles by attempting to facilitate change with the individual who is the least resistant in the relationship (Bograd, 1984; Myers-Avis, 1985; Thorne-Finch, 1992). In situations of domestic violence, it is usually the woman who is the most cooperative

person in the relationship because she has been socialized to assume the primary responsibility for the well being of the family (Bograd, 1984; Edleson & Tolman, 1992). Consequently, the therapist may primarily intervene with the woman to make changes that might impact on her reluctant partner (Edleson & Tolman, 1992). The woman is then placed in a precarious position of erroneously believing that if she did something different, then the abuse would stop (Thorne-Finch, 1992). Bograd (1984) points out that the motivation for men to participate in therapy is often spurious because they attend to appease their partners or to control the information presented in counselling. Targeting the behaviour of the wife in therapy may have the effect of consolidating the traditional belief that a primary function of women is to ensure harmony in the home.

The fourth criticism of the family systems approach identified by Edleson and Tolman (1992) is aimed at the therapists assuming a neutral position when dealing with conflict presented by the couple. A basic principle of neutrality is that change occurs when individuals are permitted to describe their personal experiences in a non judgmental therapeutic setting. Therapeutic neutrality is desired because it enhances the ability of the therapist to establish an alliance with each person in the relationship. The counter argument to neutrality is that it may be clinically helpful with some issues but not in situations of domestic violence because this implies an acceptance of the abuse which further victimizes the woman (Bograd, 1992; Goldner, 1992). Also, therapeutic neutrality implies that the abuser and the victim share the responsibility for the violent episodes (Bograd, 1992; Edleson & Tolman, 1992). If the therapist has taken a neutral stance, then it becomes virtually impossible for the man to assume full responsibility for the violent

behaviour which could jeopardize the woman's safety (Bograd, 1992; Goldner, 1992).

Men should assume full responsibility for their violent behaviour if their partners are to be safe from further physical assaults and psychological intimidation or, more covertly, being seen as contributing to the violence (Goldner, 1992). There is evidence to suggest that the seriousness of abusive behaviour escalates in the absence of interventions and the therapist's position of neutrality fails to acknowledge that the risk of violence may escalate into more severe episodes (Aldarondo & Straus, 1994; Bograd, 1984; Gelles & Maynard, 1987; Willbach, 1989).

The fifth criticism of couple counselling is that it potentially endangers the safety of the woman when she discusses her partner's abusive behaviour because he may retaliate with the use of physical force against her for speaking out about the violence (Aldarondo & Strauss, 1994; Bograd, 1992; Geffner & Pagelow, 1990; Hansen, Harway, & Cervantes, 1991; Karpel, 1994). It is unrealistic to believe that a woman in a relationship that was dominated by fear could speak honestly about relationship issues in front of her abusive partner (Trute, 1998). An additional risk in couples counselling is that the man could become physically abusive because painful relationship issues are highlighted and discussed between the partners (Trute, 1998). Also, both the man and the woman will typically deny and minimize the seriousness of the abusive behaviour and safety for the woman can be compromised if the couple's perception of the violence is accepted without exploration (Geffner & Pagelow, 1990; Trute, 1998). Most abusive men will start therapy with a denial of responsibility for their violent behaviour and they will attempt to blame their partners for their loss of control (Willbach, 1989). There will



always be a risk to the woman's safety until the man can accept full responsibility for his abusive behaviour. Abused women may minimize the seriousness of the abuse because perpetrators use power, violence, control, intimidation and social isolation to erode the women's sense of reality (Bograd, 1992). Also, abused women tend to feel empathy for their partners which could result in them excusing their partners violent behaviour (Star et al., 1979). Given that the woman's perception of the violence may be distorted, it follows that her ability to accurately determine the extent and seriousness of her partner's abusive behaviour is restricted.

The sixth criticism identified by Bograd (1984) and Thorne-Finch (1992) is that one of the goals of conjoint therapy may be the preservation of the relationship in spite of the physical abuse. Men or women will often request counselling to help them restore their relationship and family therapists may emphasize strengthening the marriage at the expense of efforts required to stop the violence. Abusive men are frequently motivated to participate in couple therapy because they fear the loss of their partner and they will attend counselling for the purpose of saving the relationship. This agenda, in combination with the therapist's motivation to preserve marriages, could limit the freedom of the woman to consider other alternatives like establishing economic independence or leaving the relationship. Family therapists need to be aware of their own biases and acknowledge that ending a relationship could be interpreted as a clinical success if a separation is required to end the violence.

### **Pro-Feminist Approach to Couple Counselling**

The feminist critique of traditional marital therapy contributed to the modification

of systemic based treatment approaches designed for couples with a history of domestic violence (Trute, 1998). The influence of feminist values on systemic treatment practices resulted in the creation of a “pro-feminist” approach to marital therapy which recognized the impact of power and control in relationships (Trute, 1998). The pro-feminist approach described by Trute (1998) parallels the feminist based treatment approach that is used to treat abusive men by promoting the implementation of systems based interventions with couples and by highlighting the role that gender plays in relationships. A pro-feminist approach emphasizes the safety of the women and the children (Bograd & Mederos, 1999; Leeder, 1994; Perez & Rasmussen, 1997; Trute, 1998). Conjoint therapy does not begin until the physical abuse has stopped and the couple is prepared, in the absence of violence, to address issues relevant to their relationship. The cessation of violence is key to averting the issue of therapeutic neutrality because stopping the violence is not a goal of therapy and, subsequently the therapist can support each of the individuals in the relationship (Trute, 1998).

The current knowledge about domestic violence suggests that conjoint counselling, in certain situations, can be an appropriate choice of treatment for several reasons (Trute, 1998). The initial interventions designed to help battered women achieved limited results because many of the women were not ready to leave their partner (Lipchik, Sirles, & Kubicki, 1985; Magill & Werk, 1984). Evaluations of the effectiveness of mandatory arrest and education groups revealed that the outcomes were less than satisfactory (Lipchik et al., 1995). It is believed that approximately fifty percent of women who stayed in shelters returned to their abusive spouse and women tended to stay

in abusive relationships even though they were advised by their therapist to leave (Geffner & Pagelow, 1990; Hansen & Goldenberg, 1993). Many reports from abused women indicate that they wanted to remain in the relationship, but that they wanted the abusive behaviour to stop (Geffner & Pagelow, 1990; Leeder, 1994). Advocates of conjoint therapy support the decision made by the woman to remain in the relationship and believe that treatment services should be extended to the women and their abusive partners (Bograd & Mederos, 1999; Magill & Werk, 1985). Therefore, helping women separate from their abusive partners appears to be a marginally successful intervention; safe and effective therapy should be offered to couples who want to remain in the relationship (Lipchuk et al., 1995; Trute, 1998).

Edleson and Tolman (1992) suggest that conjoint counselling can help the couple repair aspects of the relationship that were damaged by the violence. Couple therapy provides men with the opportunity to integrate positive changes in their behaviour that could enable them to become more supportive partners. Also, the context of couple therapy can provide a safe setting for helping women articulate their negative feelings and thoughts that resulted from the abuse. Another key relationship issue that could be addressed is the emotional abuse that perpetrators often use after the violence has stopped. Emotional abuse can be an effective method of intimidation, even though, it does not pose a threat to the physical safety of the woman (Leeder, 1994; Trute, 1998).

Couple therapy could also enable parents to provide a more positive environment for their children if the marital relationship was non-violent. Children who witness violence often experience difficulties with their health, psychosocial development and

personal relationships (Carlson, 1984). The impact on the development of these children is profound considering that the research demonstrates that children who witness domestic violence often have similar emotional and behavioural difficulties exhibited by children who have been abused (Carlson, 1984; Geffner et al., 1989; Geffner & Pagelow, 1990; Karpel, 1994). Furthermore, children who witness violence tend to exhibit behaviour that is characteristic of traditional gender role stereotypes (Carlson, 1984). For example, girls are at high risk for exhibiting passive behaviours and somatic symptoms whereas boys often engage in aggressive behaviours, like tantrums and fighting with peers (Carlson, 1984). Subsequently, these children are at greater risk for becoming involved in abusive relationships as adults (Geffner & Pagelow, 1990; Trute, 1998). Boys who witness domestic violence are much more likely to be physically abusive in an intimate relationship than boys who did not see violence (Karpel, 1994). Also, girls who see their mothers being chronically assaulted may learn to believe that physical abuse is an inevitable part of living in a family (Trute, 1998).

Trute (1998) indicates that the prospect of couple counselling may motivate abusive men to participate in treatment services. Abusive men are usually reluctant to attend treatment because they fail to perceive that they have any personal problems. In spite of this, abusive men tend to fear the loss of their partner and this fear can potentially be used to elicit the participation of men in treatment, when it is appropriate to do so.

Finally, conjoint therapy can provide support to the couple by facilitating a safe separation if a decision is made to end the relationship (Bograd & Mederos, 1999; Edleson & Tolman, 1992; Trute, 1998). It is advantageous to help couples separate safely,

if this decision transpires during the course of couple therapy. Separating from an abusive partner can place the woman in an extremely vulnerable position because the statistics indicate that women are at the greatest risk for violence when they attempt to leave an abusive relationship. If emotional support is offered to the man, then the woman may be able to safely leave the relationship. In fact, it has been recommended that couple counselling can provide a setting that is conducive for the partners to conciliate issues like visitation and the division of marital property.

### **Issues in Couple Counselling**

Several critical issues have been identified by Trute (1988) that should be examined before couple therapy is initiated. To begin, it is important to clarify that clinicians practicing in the area of domestic violence should be able to enact the role as an agent of “social control” and to engage clients to facilitate therapeutic change. Therapists can perform both roles concomitantly when intervening in situations of domestic violence. The safety of the women and the children must be the predominant concern for the therapist and couple therapy should not begin until the safety of the victims can be assured. Group treatment interventions for men and women should be used to the point where there is sufficient evidence to suggest that there are no threats to the woman’s physical safety. Couple counselling should be suspended if violence occurs or if the therapist believes that the woman will be physically assaulted during treatment.

Another issue identified by Trute is when couple counselling should be introduced into the treatment process. A comprehensive approach to domestic violence involves sequencing the implementation of group, individual and couple interventions throughout

two phases of treatment. The type of intervention selected is determined by safety considerations. The goals of the first phase of treatment are to help men assume responsibility for their abusive behaviour and to encourage the women take the initiative for their own safety. These goals are usually achieved through individual treatment and/or separate treatment groups for men and women. The treatment objectives for men should be the examination of their personal beliefs which are often based on patriarchal values and the development of individual plans to assist with the expression of anger in non violent ways. The treatment services for women should help build their sense of self worth and encourage the creation of safety plans for themselves and their children. The first phase of treatment services should continue until there is evidence to suggest that the physical assaults have stopped and that fear does not dominate the relationship.

The second stage of treatment is marked by the beginning of conjoint therapy. Conjoint therapy should be pursued after the violence has ended and when the woman perceives she is safe. Also, both individuals should express an interest in improving the relationship. Couples should address issues related to communication and conflict resolution. If couples decided that they want to end the relationship, then the therapists can provide support to both partners to facilitate a safe separation.

The use of a female-male co-therapy team in the provision of conjoint therapy is another critical issue to explore because there are many advantages to using this approach with heterosexual couples (Harris, 1986). A female-male co-therapy team can collect data when individual interviews are needed with each partner. This approach also enables the assessment of gender patterns in the couple's interpersonal style of communication and

their interaction with the therapists. The opportunity for the couple to communicate with both female and male therapists can be a significant factor in the development of trust and harmony when both spouses think their perspective will be understood. Clients can also gain support from “same-sexed” therapists to help them comfortably articulate their emotional reactions and thoughts (Trute, 1998). Clients appear to be more accepting of challenges to their values and behaviours that are raised by same sex therapists. It has been suggested that male-female co-therapists provide the couple with a model for how to positively resolve conflict because they are sensitive to the manner in which the members of the therapy team interact (Keith & Whitaker, 1983; Napier & Whitaker, 1978; Papp, 1983). The style of conflict resolution demonstrated by the co-therapists will be carefully observed by the family and this provides an opportunity for modelling respect and mutual problem solving (Napier & Whitaker, 1978).

### **Assessment Criteria**

The implementation of a pro-feminist approaches requires a comprehensive assessment of at least six criteria to help determine if conjoint therapy is an appropriate form of intervention (Trute, 1998).

The first criterion that should be examined is the risks to the physical safety of the woman during the therapeutic process. The purpose of couple therapy is not to stop the perpetrator’s current use of violence and couple therapy should only be considered as an option when the woman is reasonably safe from physical danger (Trute, 1998). Individual interviews should be conducted with the man and the woman to help determine the viability of couple work (Bograd & Mederos, 1999; Leeder, 1994; Perez & Rasmussen,

1997; Trute, 1998). Some of the key issues to explore with the man are the minimization of the seriousness of his abusive acts, deflection of the responsibility of his behaviour onto others and the existence of any current physically abusive behaviour. A protection or non violence plan should be established and reinforced with the couple (Bograd & Mederos, 1999; Edleson & Tolman, 1992; Geffner & Pagelow, 1990; Karpel, 1994; Leeder, 1994; Magill & Werk, 1985; McGregor, 1990; Perez & Rasmussen, 1997; Trute, 1998; Weidman, 1986). The establishment of protection plans with couples is a technique designed to prevent the re-occurrence of violence by helping them recognize the warning signs that could lead to the escalation of an argument. If both partners can recognize the warning signs of violence, then they can potentially avoid an escalation of anger by committing themselves to a non violence plan. Part of this plan is a time out technique that involves the man physically removing himself from a situation when his anger is escalating and subsequently, the woman's safety is reasonably assured. The time out procedure is essential given that there is frequently a honeymoon period after starting therapy (Geffner & Pagelow, 1990; Karpel, 1994). Conversely, the woman needs to plan for safety if she recognizes that her partner decides not to take a time out during an escalation. A protection plan should include an agreement by the couple that police involvement would be initiated for the purpose of laying charges if violence re-occurred (Trute, 1998).

Trute (1998) suggests that an adequate period of time elapse between the last incident of physical abuse and the beginning of conjoint therapy because the "cycle of violence" is prevalent among couples with a history of domestic violence. A satisfactory



time interval is difficult to gauge because the amount of time required to attain non-violence in the relationship will be different for each couple. However, a three to six month period of non violence serves as an adequate guideline to establish safety. A critical question with respect to safety is to assess if the perpetrator is attending therapy to learn new behaviour or if his motivation is to keep the woman in the relationship.

The second criterion to be assessed is the seriousness of the abuse that occurred in the past. Perpetrators who are mild to moderately abusive are appropriate candidates for couple therapy and perpetrators who use severe violence would usually not be considered (Bograd & Mederos, 1999; Geffner et al., 1989; Gelles & Maynard, 1987; Goldner, 1992; Taylor, 1984; Trute; 1998). Men who inflict severe physical damage to victims and/or exhibit extreme behaviours, like killing pets, are generally not suitable for couple therapy. These perpetrators could be provided with supports to help promote a safe separation, if the decision to leave is made by the woman. The fear in the victims and the motivation for the man to commit abusive acts should be carefully examined when attempting to determine the seriousness of the abusive behaviour in the relationship (Trute, 1998).

The third criterion that requires exploration is the degree of fear that dominates the relationship and restricts the ability of the woman to make choices (Bograd & Mederos, 1999; DeMaris & Swinford, 1996; Trute, 1998). The success of couple treatment is contingent upon the ability of the couple to genuinely discuss matters related to the relationship (Trute, 1998). Attempts to strengthen the relationship would be ineffective if the woman was fearful of her partner and, subsequently, her ability to raise relevant issues in therapy would be restricted (Bograd & Mederos, 1999; Geffner &

Pagelow, 1990; Star, et al., 1979; Trute, 1998). The fear that abused woman have of their partners should not be minimized. Abused women often report that they remain with the perpetrator because they are afraid for their safety and the safety of their children. The woman's perception of fear should be thoroughly assessed to help determine if she is ready to participate in conjoint therapy.

The fourth criterion identified by Trute (1998) is the man's motivation for committing abusive acts. It is essential to ascertain if the perpetrator has examined his beliefs regarding women and gender roles because techniques that emphasize anger control are insufficient to prepare men for couple counselling. Abusive men's self-examination of their value system is important because the opportunity to be introspective allows men to identify sexist beliefs and help them claim personal responsibility for their attempts to control women.

Also, it is important to provide abusive men with education that reinforces the concept that they are still at risk for being violent, even though they may not be currently physically abusive (Trute, 1998). Education can help abusive men recognize how their patriarchal value system guides their behaviour and how to start assuming personal responsibility for their abusive actions. These are essential steps for abusive men to take if they wish to overcome their tendency to blame others, in particular the victims, for their violent behaviour (Edleson & Tolman, 1992; Hansen & Goldenberg, 1993). The risk for violence is greater for men who have failed to internalize respect for their partner and the advantages of mutual problem solving (Trute, 1998). Therefore, the determination of eligibility for couple counselling is demonstrated by the recognition of the perpetrator that

violence is unacceptable and he can assume responsibility for his abusive behaviour.

The fifth criterion that requires assessment is the nature of the couple's relationship (Bograd & Mederos, 1999; Trute, 1998). The positive aspects of the couple's relationship should be identified to help determine the extent of healthy bonding and mutual caring. The couple should be able to articulate their commitment to improving their relationship. In some cases, the couple may have children and are no longer invested in maintaining their marriage, but as parents, they may have a strong emotional connection to the children (Trute, 1998). After the physical abuse has stopped, it is appropriate to provide conjoint therapy to these families for the purpose of improving parenting and addressing relationship issues between the parents as a second therapeutic objective.

The sixth criterion should be an exploration of mental health issues and substance abuse by the couple (Taylor, 1994). People who demonstrate signs of serious personality disorders and psychosis are not appropriate referrals for couple therapy (Hansen & Goldenberg, 1993; Trute, 1998). Furthermore, it has been documented that the abuse of alcohol is a relatively common factor in situations of domestic violence (Bograd & Mederos, 1999; Hansen & Goldenberg, 1993; Karpel, 1994; Leeder, 1994). The use of alcohol is not a justification for violence, however it is a mitigating factor that increases the risk for violence and the consumption of alcohol should be stopped before couple therapy proceeds.

### **Pro-Feminist Models**

Three pro-feminist models designed for the provision of couple counselling are

discussed. All of the approaches prioritize the safety of the victims and describe the optimal conditions under which couple counselling should be initiated.

The pro-feminist model proposed by Leeder (1994) provides treatment to the abused woman, the perpetrator, the couple and the family through a three stage process. The sequencing of treatment for each part of the family is determined by the circumstances of the individual and the therapist's assessment of the level of risk to the victim. This approach is not appropriate if there is a high probability that the victim could be injured during therapy and if the perpetrator refuses to engage in treatment.

The first stage of treatment is marked by the engagement process which involves individual counselling for the perpetrator and the abused woman. The objectives of individual work with the man are to explore family of origin issues, promote individual responsibility for his violent behaviour and develop anger management strategies, like time outs.

Individual counselling with the woman centers on developing a safety plan and teaching the skills necessary to implement her plan. The message that the woman does not deserve the abuse and that her partner's use of violence is a choice is reinforced. The woman must have a safety plan in place at this point or individual therapy with the abusive man cannot begin.

The focus of the second stage of treatment illustrates how traditional role values influence abusive dynamics in the relationship by educating the man and the woman on the process of gender socialization. The man is taught that gender socialization sanctions the use of male violence as a means of control. This is designed to broaden his

understanding that the use violence is a choice and to reinforce that he can learn non violent ways of expressing anger. The man learns assertive communication skills and explores the consequences of his physically abusive behaviour. He is advised of the legal consequences of using physically abusive behaviour to help reiterate that violence is unacceptable and a criminal act.

It is explained to the woman that gender socialization has taught her to assume the role of the primary caregiver in the relationship. The extent to which these values have influenced her decision to remain with her partner are explored. The woman is encouraged to stop assuming responsibility for her partner's abusive behaviour and to fulfill some of her individual needs in the relationship.

The third stage in the treatment process involves conjoint therapy if the man has successfully achieved the objectives in the preceding stages and there are no overt safety risks to the woman. The interventions at this stage include improving the couple's communication patterns and reinforcing safety and protection plans. The children are often included in therapy at this stage to help them cope with the impact of the violence. The family is seen together and safety plans are negotiated with each family member that stipulate what action should be taken if violence occurs again. Safety is further reinforced by the participation of the couple's extended family members and friends in sessions to help set limits on the abusive man's behaviour. Strategies are developed that allow for the couple's family and friends to intervene before any abusive behaviour occurs. The presence of a supportive network can decrease the social isolation of the woman and strengthen her ability to enact her safety plan.

Perez and Rasmussen (1997) discuss a prevention program designed for couples who have engaged in minor incidents of physical aggression, like pushing and are at risk for escalating to more severe forms of violence. The philosophy of this program is based on the belief that inequality stemming from gender differences contributes to power discrepancies in relationships. Relationship issues are not addressed until the safety of the woman can be reasonably assured. Couple therapy is stopped if the abusive behaviour does not decrease or if an incident of violence occurs during treatment. Individual counselling is provided to each partner until they begin separate treatment groups. The prevention model consists of three phases.

The first phase involves an assessment of the nature and frequency of aggressive behaviours in the relationship. The women and men are interviewed separately in order to obtain a more accurate assessment of the abusive dynamics in the relationship. Separate interviews also enhance the ability of the therapist to formulate safety and protection plans with the couple.

The objective of the second phase is to develop a treatment plan with the couple to address signs of ambivalence related to changing abusive behaviours. It is common for the women to minimize the risks to their safety and for the men to rationalize their abusive behaviours at the beginning of treatment. The minimization of the abuse suggests that the couple is ambivalent about changing their behaviour in the sense that the women may not execute their safety plans and the men are not assuming full responsibility for their abusive actions. The process of negotiating a treatment plan not only clarifies the expectations for therapy, but also helps demonstrate that interventions that address abuse

can ameliorate their presenting problems.

The third phase is the implementation of interventions based on a Bowenian approach which implies that enhancing the couples' capacity for autonomous functioning will reduce the risk of violence. A key objective of treatment is to promote self differentiation to increase the couples' ability to think rationally and to decrease the emotional reactivity in their relationship. The other objectives focus on helping the couple internalize the belief that violent behaviour is unacceptable and developing non abusive strategies to resolve conflict.

The pro-feminist approach to couple counselling described by Bograd and Mederos (1999) provides an assessment framework to detect domestic violence and to determine the feasibility of couple work. The authors assert that couples do not always disclose violence and that therapists should determine if there is abuse in the relationship before couple work is initiated. Part of the assessment process involves sequencing interviews to minimize the escalation of violence and to promote the safety of the women.

The assessment process begins by interviewing the couple to identify the affective qualities of the relationship that reflect areas of positive functioning, reciprocal empathy and commitment to each other. Inquiries about domestic violence should not be pursued because the disclosure of physical abuse places the woman at risk for a retaliatory assault. After the conjoint interview, individual meetings with the man and the woman should be conducted to assess for domestic violence. A primary objective of the individual meetings is to determine the extent of danger to the woman and to evaluate the potential for life

threatening violence. The following factors indicate life threatening violence: substance abuse, a history of spousal abuse and/or violence to others, extreme acts of violence, threats to harm or kill the woman and stalking behaviours. If the man reveals that he has been violent, then the therapist needs to explore his motivation to change his abusive behaviour. Safety planning should be completed with the woman and her social support network should be assessed. The woman should also be informed of legal options, like restraining orders.

Once violence has been identified, couple counselling should only be considered if certain conditions are met. The woman must chose to enter therapy and not be pressured by her partner to attend. The man should voluntarily participate in therapy because his motivation to change is doubtful if he is mandated to attend. The man must assume responsibility for his abusive behaviour and the woman cannot blame herself or believe that she deserved the abuse. Couple therapy is unadvisable if the man blames his partner for his abusive behaviour and the woman feels that she deserves the abuse. The violence should not be an entrenched pattern and consist of minor incidents that have not resulted in injury to the woman. Couple work would be suspended if any violence occurred during therapy. Furthermore, the identification of one of the preceding risk factors indicative of life threatening violence would result in the elimination of couple counselling as an option, even if the history of physical abuse has been absent or minor.

### **Therapeutic Issues**

Couples with a history of domestic violence typically struggle with four issues. One issue relates to the propensity of couples, who have experienced violence, to be



overwhelmed with emotion and these emotions are often expressed intensely during therapy. The perpetrator may have powerful feelings of anger and the victim may be overcome with fear (Hansen & Goldenberg, 1993). The couple may be unable to accurately perceive their emotional states and patterns of interaction if the emotional intensity between them is overwhelming. The primary task of the therapist is to create a safe environment to enable the expression of feelings while minimizing the potential for an escalation of emotional tension (Hansen & Goldenberg, 1993; Walker L., 1986). Venting anger or any other inappropriate expression of emotional is counterproductive with couples who have a history of domestic violence (Hansen & Goldenberg, 1993).

The discussion of two topics has the potential to generate emotional intensity between the couple. The first is the discussion between each partner to help identify their personal triggers for anger and their perception of what sets off their partner's anger (Weidman, 1986). The intent of this discussion is to create awareness of the patterns of behaviour that led to violence. The therapist needs to intervene by de-escalating emotions if the couple starts to re-enact old fights (Hansen & Goldenberg, 1993; Weidman, 1986). The second is the treatment of family of origin issues (Edleson & Tolman, 1992). It is highly likely that the men have experienced domestic violence as children in their families and, subsequently, family of origin issues may need to be addressed. This tends to be a highly sensitive area for couples to discuss because each partner may reveal vulnerabilities that makes them feel emotionally exposed. Family of origin work should be undertaken when a supportive therapeutic context for the couple has been established.

Also, therapeutic efforts should be directed towards helping the couple establish

healthy boundaries. Couples in abusive relationships seem to struggle with separateness and tend to be enmeshed with each other (Newton, 1981). The presence of enmeshed boundaries often results in each partner reacting emotionally to the other which limits their ability to rationally resolve conflict (Perez & Rasumussen, 1997). Couples should be encouraged to decrease their emotional reactivity and to assume more personal responsibility for their behaviour.

Furthermore, treatment should expand the alternatives of behaviour for the couple (Hansen & Goldenberg, 1993). The man should learn that he has other ways to behave rather than just abusively; the woman should realize that she has alternatives to participating in an abusive pattern and that she can choose roles other than the victim.

The enhancement of “interpersonal relations” and “gender equality” should be promoted in treatment (Trute, 1998). This could involve each partner developing assertive communication skills and examining the detrimental impact violence has on their relationship (Trute, 1998; Weidman, 1986). Also, treatment should promote the ability of the couple to engage in mutual problem solving techniques that focus on collaborative efforts.

### **CHAPTER 3. THE PRACTICUM SITE AND PROCEDURES**

#### **History**

The Elizabeth Hill Counselling Centre (EHCC) is a mental health training clinic operated by the University of Manitoba and located in the core area of downtown Winnipeg. The mandate of the EHCC is to provide accessible treatment services that are sensitive to the cultural and socio-economic conditions of the families living in the core area. The EHCC also provides opportunities for students in the mental health professions, like social work and psychology, to develop a culturally sensitive approach to clinical practice. Most academic programs for mental health professionals does not involve training for intervention with core area families. Clinicians should be sensitive to the systemic problems, like poverty, discrimination and inadequate housing, that core area families tend to experience. Clinical treatment for these families should involve a multi-disciplinary approach and accessible service. Consequently, the EHCC was created to help address the problems associated with the provision of service to core area families and student training in mental health. The funding for the EHCC is provided by the Manitoba Department of Family Services.

#### **Setting**

This practicum was part of the Couple's Counselling Project offered at the EHCC. The Couple's Project is a specialized program that provides "second stage therapy" (Trute, 1998) to couples who have a history of domestic violence in their relationships.

The clinical sessions with clients were conducted at the EHCC. Written consent

to video tape sessions was obtained from each client before therapy began. In addition, a verbal explanation about the video taping procedure was given to each client for further clarification of the consent forms. Conjoint therapy was the primary intervention of the practicum. Individual sessions with female and male clients were also conducted to assess the appropriateness of initiating conjoint therapy. Individual sessions were also provided to augment couple therapy. The goal of intervention was to see each couple for a one hour session per week for a minimum of five to six weeks.

The members of the advisory committee were Dr. Barry Trute, Dr. Diane Hiebert-Murphy and David Charabin. All of the members of the advisory committee are affiliated with the Faculty of Social Work. Dr. Trute was the primary clinical supervisor. Dr. Hiebert-Murphy is a faculty member and David Charabin is the Director of the EHCC. The advisory committee approved the practicum proposal in October 1996. The committee members provided support and direction throughout the practicum experience.

### **Supervision**

Clinical supervision was provided by Dr. Trute. The amount of supervision provided depended on the size of the client caseload and the need for clinical direction. In general, the amount of supervision ranged from one to four hours per week. Three types of supervision were provided. Individual supervision involved case discussion and the review of sessions with individual clients. Live supervision occurred when Dr. Trute observed the session from behind a one way mirror. The primary advantage of live supervision was that the non-verbal expression, like body language and voice tone, of the therapists and the emotional process of the session seemed more apparent live than on the

video tapes. Also, Dr. Trute provided supervision by participating in some sessions as a co-therapist which allowed this therapist the opportunity to observe his clinical skills (e.g., formulating systemic questions and re-framing presenting problems). Joint supervision consisted of case discussion and the review of video taped sessions with the co-therapist and me. Segments of the tape were reviewed and discussion focussed on clinical themes, interventions and practice issues. Similar discussions also occurred about couples without reviewing the video tapes. Dr. Trute also assessed the skills and style of interaction of the co-therapists and provided many suggestions to improve the effectiveness of the team.

### **Co-therapy Team**

The co-therapy team consisted of myself and a fellow social work student, Lorne Sirota. One advantage to a co-therapy approach was that we could provide each other with support and collaborate efforts to develop comprehensive assessments and intervention strategies. We attempted to equally share the workload by dividing the intake and administrative tasks. We met prior to each session to discuss the dynamics of the cases and to plan intervention strategies for the session. Video tapes of each session were reviewed to assess the couple's body language, emotional expression and communication patterns. We were also cognizant of our functioning as a co-therapy team and efforts were made to track our intervention style and non-verbal communication. Any issues related to the couples and the development of the co-therapy team were raised for discussion during supervision.

One of the reasons conjoint therapy was delivered by a female-male team was to

enhance our ability to establish an alliance with the same gender clients (Trute, 1998). This was achieved through meeting with the same gender client prior to the start of couple work to assess safety issues and to develop protection plans. We also supported, validated, confronted and sat across from the same gender client to further strengthen the alliance.

### **Pre and Post Measurement**

Pre-and post-test measures were administered to the couples who participated in therapy to enhance the assessment process and to help determine the success of the interventions. The measures improved my understanding of the couple's perception of the problems and the strengths in their relationships. The Marital Satisfaction Inventory (MSI) and the Hudson scales that measure physical and non-physical aspects of abuse were the two scales that were administered to each couple when appropriate. Pre-test measures were obtained for all of the couples in the practicum. However, it was not possible to collect measures from all of the couples at the end of treatment. Some couples did not attend their last scheduled appointments and the post-test measures could not be administered.

The MSI is a self report measure that delineates the nature and intensity of the marital problems for each individual in critical areas of their relationship (Synder, 1981). Each partner identifies their perception of the relationship by responding to each of the 280 MSI questions with a true or false answer. The 280 questions are separated into 11 independent measures. These measures are identified as the conventionalization, global distress, affective communication, problem-solving communication, time together,

disagreement about finances, sexual dissatisfaction, role orientation, family history of distress, dissatisfaction with children and conflict over child rearing scales (Synder, 1981). With the exception of the conventionalization and role orientation scales, high scores on the 9 other scales suggest proportional levels of discontent with the specific attribute of the relationship measured.

The psychometric properties of the MSI are strong (Synder, 1981). Each of the 11 subscales have established strong internal consistency and test-retest reliability. Cronbach's alpha coefficients of internal consistency for the 11 scales have a mean coefficient of .88 which confirms a high level of internal consistency of the individual scales. The test-retest reliability coefficients suggest high temporal stability of the scales with a mean correlation of .89.

The Hudson scales were used to measure each individual's perception of the physical and non-physical abuse that she/he received and delivered in a relationship (Fischer & Corcoran, 1994). The Physical Abuse of Partner Scale (PAPS), the Partner Abuse Scale: Physical (PASPH), Partner Abuse Scale: Non-Physical (PASNP) and the Non-Physical Abuse of Partner Scale (NPAPS) were the Hudson scales administered to the couples. Each of these scales consist of twenty-five items and each item is rated on a 7 point scale (Bloom, Fischer, & Orme, 1995). The numerical values for an item can range from 1 to 7 with a value of 1 indicating that the item never occurs and 7 means that the item occurs all of the time (Bloom et al., 1995). Each Hudson scale can generate scores from 0 to 100 (Hudson, 1992). There is a positive relationship between the scores and the magnitude of the problem. More specifically, higher scores suggest a greater

severity of the problem measured (Bloom et al., 1995). The Hudson scales have shown excellent psychometric characteristics (Bloom et al., 1995). In the Walmer Assessment Scales Scoring Manual (1992), it is reported that these scales consistently attained an Alpha coefficient of .90 or greater for reliability and validity coefficients of .60 or higher for content, construct and factorial validity.

### **Intake Process**

It was a slow and often frustrating process to find couples that were appropriate candidates for the practicum. Many attempts were made to elicit referrals from community agencies like Ma Mawi Wi Chi Itata, Child and Family Services, the Parole Board and Community Youth and Correctional Services. Community Youth and Correctional Services was targeted for referrals. They provide educational group programs for men who have been convicted of domestic assault and this intervention should prepare men for the next stage of treatment which is conjoint therapy. Informational meetings that explained the philosophy and intake criteria for this practicum were held with staff representatives from Community Youth and Correctional Services as a way to generate referrals.

Unfortunately, the response from the community agencies was poor and the main source of referrals for this practicum was direct contact by the clients. The other referrals were initiated from lawyers and social workers in the child welfare system. The primary consideration in determining the eligibility of couples for conjoint therapy was the safety of the women and children. Four criteria served as a guideline to help determine the extent of the safety risks involved with the couples' relationships before conjoint therapy



was initiated (Trute, 1998). The first criterion was that a sufficient period of time must have elapsed between the last incident of violence and the beginning of conjoint therapy. It was difficult to standardize a satisfactory interval that measured the time between the last violent incident and the initiation of conjoint therapy because each couple is different. Subsequently, a three to six month period of non-violence was generally accepted as an appropriate time frame. The second criterion was that the perpetrator was expected to assume responsibility for his violent behaviour by not blaming others and to acknowledge the seriousness of his abusive behaviour. The man also needed to demonstrate that he could control his anger by using techniques like time outs or positive self talk. The third criterion was that the women were expected to complete a safety plan to help minimize any risks that could result from their partners failing to adhere to their control plans. The fourth criterion involved an exploration of the women's motivation to participate in conjoint therapy to help assess the extent to which she was committed to remaining in the relationship. The safety of the woman could be jeopardized if she was coerced by the perpetrator to attend therapy with the intent of saving the relationship. Furthermore, the woman could not speak honestly in therapy if she feared retaliation from her partner for discussing the relationship in session.

The intake process involved the application of the preceding four criteria to determine the suitability of the couples for conjoint therapy. Telephone contact was first initiated with the couple to identify their history of violence, the potential risks to the woman's safety and their motivation for therapy. It was important to determine if there were outstanding assault charges because the couple may have been interested in therapy

for the purpose of appeasing the courts. If the couple seemed genuinely motivated and the risks to the woman's safety appeared to be minimal, then separate individual meetings were set up for the couple. I conducted the meeting for the women and the co-therapist interviewed the men. The risks to the woman's safety were further explored and a safety plan was completed with her. The man's ability to take responsibility for his violent behaviour and his commitment to a control plan was assessed. Couples did not proceed to conjoint therapy unless it was determined that this was a safe and appropriate form of intervention. Before conjoint therapy began, a session was held with the couple to review their protection plans and to discuss treatment goals. Separate interviews were initiated during the course of conjoint treatment if the woman's safety appeared to be at risk.

The intake process was critical in helping to determine which couples seemed appropriate for conjoint therapy. The telephone screening eliminated most of the referrals. The reasons most frequently cited for not wanting service were the couple had separated, the situation that prompted the referral had been resolved or only one of the partners wanted treatment. Some of the couples were contacted by telephone several times and they did not return these calls. In some cases, intake meetings were set up for couples and they did not attend. The reasons for not attending the intake meeting were similar to those given by the clients who refused service over the telephone. All of the clients who were contacted by telephone were informed of options such as individual counselling, obtaining marital therapy at a later time and accessing other community resources.

The outcome of the intake process was the participation of five couples in the practicum. All of the couples had a history of domestic violence, but the case studies of

only three couples were chosen for presentation in this paper. These couples were selected because the dynamics of their relationships were the best representation of the population of domestic violence. One couple was not selected because the focus in therapy primarily addressed the conflict between them and their adolescent children. We speculated that the parents may have displaced the tension of their relationship through identifying the children as the problem in the family (Minuchin, 1974; Nichols & Schwartz, 1998). However, the conflict between the parents and children was intense and we did not progress beyond this issue. We were unable to explore the preceding hypothesis because we were limited by time. The other couple was not selected because their motivation to attend therapy appeared disingenuous. The husband was charged with domestic assault and he was prohibited from living with his wife. This couple wanted to attend therapy to determine the viability of a reconciliation. They attended only three conjoint sessions and then ended therapy because the woman decided to obtain a divorce. The couples presented in this paper each attended individual sessions for an assessment of safety risks and the completion of protection planning. One couple required more than one individual session prior to beginning couple therapy. The number of conjoint sessions that the couples attended ranged from five to twelve. Two couples terminated therapy before the practicum was completed. One of these couples terminated therapy because they were satisfied with the changes that they made in treatment. The other couple ended therapy because they seemed resistant to addressing issues that were relevant in couple work. Therapy for the third couple was terminated when the practicum was completed.

## **CHAPTER 4. LAURA AND JASON**

### **Demographic Profile**

Laura and Jason were involved in a common law relationship for six months. They went out for approximately nine months before they started to live together. They were in their early twenties. Laura was working part time and attending evening classes to complete grade twelve. Jason was participating in a job training program.

Laura contacted the EHCC to request couple counselling to address the domestic violence in her relationship with Jason. She was pregnant and they wanted to deal with issues related to the violence before the baby was born. This couple was living with Jason's family until they found their own place. Jason's family consisted of his mother, Jenny and two brothers. Laura and Jason each attended three individual sessions and five conjoint sessions.

We decided to provide therapy to this couple even though Jason appeared to be at risk for being physically abusive to Laura. They required immediate treatment because the pregnancy could contribute to the stress in their relationship and intensify the risks to Laura's safety. Laura and Jason needed to address individual issues related to abusive behaviour and substance abuse before couple therapy could begin. Consequently, we formulated a therapeutic contract with this couple that stipulated that we would provide individual therapy if they addressed their violent behaviour and their substance abuse problem. We agreed to provide Laura and Jason with conjoint therapy if they met the behavioural expectations identified in the contract.

Our involvement with Laura and Jason was limited to five conjoint sessions. Our focus was on helping this couple develop assertive communication skills to minimize the risk of abusive behaviour in the relationship. It seemed that if this couple could resolve conflict in positive ways, then their relationship may become more stable which would provide a safer environment for Laura and the baby.

This couple decided to end therapy before the practicum was completed. Their decision coincided with a number of positive changes related to them establishing a stronger identity as a couple. They chose not to continue to live Jason's mother and they found their own apartment. Jason also started a new job which provided them with more financial independence. They achieved some success in therapy by improving their communication skills. It seemed appropriate that they ended therapy because they required some time to internalize the changes that they made. We encouraged this couple to initiate contact with the EHCC if they wished to pursue counselling in the future.

### **History of Violence**

The first incident of violence occurred when Laura and Jason were drinking. They had an argument that escalated to the point where he pushed her onto the couch. Laura responded by slapping him in the face. Laura tried to leave the house, but Jason blocked her way by standing in front of the door. Jason's mother intervened and Laura left the house for a few hours. Jason claimed that Laura was always hitting him and he retaliated with force to defend himself. Laura said that Jason encouraged her to hit him and then he would justify his abusive behaviour by saying that he acted in self defence.

The second incident of violence occurred shortly after the first episode. Laura and

Jason were out drinking with a group of friends and he became angry with her. He called her derogatory names and pushed her face with his hand. Laura became angry and went to stay at her friend's place. She was worried that Jason was capable of seriously injuring her when he was drinking. She indicated that she would leave the relationship if Jason resumed drinking. Jason expressed frustration with their constant arguing and said he would not remain in the relationship if the arguing did not subside.

### **Family of Origin**

Laura was adopted at birth by a maternal aunt because her mother was too young to parent. Laura had conflicted feelings about her adoptive family. She had a distant relationship with her adoptive mother, but she was close to her adoptive siblings. She disliked her adoptive father. She described him as an alcoholic and emotionally abusive to her and to other family members. Laura's mother and grandmother visited her in her adoptive home, but she did not discover their true identities until she was twelve years old.

When Laura turned thirteen, she decided to live with her mother against the wishes of her maternal aunt. Laura thought that living with her mother would bring them closer together. However, she was extremely disappointed with the way their relationship evolved. Laura was left alone for days without food because her mother would be out drinking. They would argue when Laura asked her mother to stop drinking and to spend more time with her. These arguments sometimes escalated to the point where Laura would be physically assaulted by her mother. Laura left her mother and went to reside with an uncle and his wife. Laura enjoyed her new living arrangements, but her uncle

asked her to leave because she was regularly using drugs and missing school. Laura went to live with her oldest adoptive sister who did not oppose her use of drugs or her decision to quit school. Laura maintained contact with her adoptive family and biological mother. Laura's relationship with her biological mother appeared to be characterized by periods of conflict that involved Laura terminating contact and then initiating a reconciliation.

Jason grew up in an environment characterized by violence. Jason's father physically abused his mother, Jenny, and she divorced him when Jason was five years old. About six years later, Jenny remarried another man who was an alcoholic and physically abusive to her. Jenny abused alcohol during this time, but she no longer drinks. Jason's step-father also physically abused him and his brothers. He described a chaotic home environment after his mother divorced his step-father. Jason's brothers did not listen to his mother and there were often physical fights between him and his brothers. Jason's aggressive behaviour also occurred outside of the family. He had a history of initiating physical fights with peers in the community. Jason, who was the oldest child, tried to help his mother by telling his brothers to listen to her. Jason described his mother as caring and he frequently relied on her support to help him with his problems. He has no contact with his biological father or step-father.

Laura was introduced to Jason by one of her sister's friends. Laura and Jason went out for approximately nine months and they experienced four separations and reconciliations during this time. They decided to live together when Laura became pregnant, but due to financial problems, they resided with his mother and two brothers.

## **Assessment**

The exposure to alcoholism and emotional abuse in Laura's adoptive family likely contributed to her feeling helpless and developing a poor sense of self esteem. She may have tried to escape the emotional abuse in her adoptive home by moving in with her mother and developing a close bond with her. However, this relationship seemed to involve a reversal of the parent and child roles because Laura assumed responsibility for the welfare of her mother. The reversal of roles likely contributed to Laura and her mother developing an enmeshed relationship because this situation suggested that Laura's mother was emotionally dependent on her daughter (Minuchin, 1974). It appeared that the enmeshed boundary between Laura and her mother was perpetuated by Laura distancing when she was angry and by pursuing when she wanted closeness.

Jason was also raised in a chaotic environment where he likely felt extremely angry and powerless most of the time. He likely learned to be violent from being physically abused and from witnessing his mother being assaulted. Issues of co-dependency between Jason and Jenny seemed to exist. There appeared to be an unspoken expectation held by Jenny that Jason, as her oldest son, should act as a disciplinarian because there was no father in the family. Jason would have lacked the developmental capacity and authority to execute the role of disciplinarian with his siblings. He may have internalized frustration and anger from being unable to fulfill the role of the father figure. The blurring of familial roles between Jason and his mother was further revealed by his dependence on her to solve his personal problems. This dynamic suggested that Jenny and Jason related to each other as peers instead of parent and child.



Subsequently, Jason and Laura appeared to have an enmeshed relationship that was characterized by chronic conflict over their struggle to control each other (Minuchin, 1974). The emotional reactivity between Jason and Laura was high and this seemed to trigger either distancing or pursuing behaviours (Nichols & Schwartz, 1998). They also experienced difficulty with establishing their relationship as a couple because of the conflict that Jason's loyalty to his family created.

### **Power**

There appeared to be a pattern of events that lead to an escalation of violence. Laura and Jason would argue and he would then go to the bar. He would return home intoxicated and try to resume the argument with Laura by calling her derogatory names and insulting her. She would attempt to ignore him by going into another room. He would follow her and continue his verbal attack. Jason had the potential to escalate and physically assault Laura in these situations.

Also, Laura used violence against Jason in two situations. In some circumstances, she would initiate violence by hitting or spitting at Jason. He would respond by retaliating with a physical assault or he would tell her to stop. In other situations, Jason would antagonize Laura by repeatedly telling her to hit him. When she did assault him, he would hit back and justify his behaviour by stating that she hit him first.

Laura would stop speaking to Jason after he physically assaulted her. He would apologize and promise not to hit her again; she would forgive him. If Laura initiated the violence, she would stop speaking to Jason and he would apologize by trying to be affectionate with her.

Once Jason stopped being physically abusive, he tried to control Laura by demanding that she listen to him and follow his orders. Laura refused to comply and he found this frustrating because he thought that he was acting in her best interests. For example, Jason wanted Laura to attend school to improve herself and he created a rule which stipulated that she had to attend or she could not go out. Laura disagreed with him and they argued over the preceding rule. Jason told Laura that he was going to leave her if she did not comply with this rule. He also told her that if she was not pregnant, he would leave her for another woman because he could not tolerate their constant arguing.

Laura, in turn, would attempt to control Jason by expecting him to follow the demands that she issued. For example, Laura often wanted to borrow money from Jenny, but she felt uncomfortable asking her directly. Laura would insist that Jason ask Jenny for the money. Jason would refuse and tell Laura that she should ask his mother for the money. Laura would get angry and stop talking to him. Laura's reaction made Jason very uncomfortable and he would often give in and ask his mother for the money to avoid dealing with her anger.

Laura and Jason often involved his family in their arguments. Jason would tell one of his brothers that he was angry at Laura. Jason's brother would side with him and the two of them would proceed to argue with Laura. Laura would often get Jenny to help her argue her point of view to Jason.

At the beginning of therapy, this couple often argued in sessions which revealed the dynamics of their interaction when they were angry. Laura would not speak and she often looked at the floor. Jason reacted by raising his voice and demanding that Laura

talk. Laura would maintain her silence and he would then express his frustration with her “stubborn” behaviour. When Laura did speak, the discussion between her and Jason usually resulted in an exchange of insults. A similar pattern occurred when they were not angry. Jason tended to verbally dominate Laura in sessions and he frequently answered questions that were directed to her. Laura spoke reluctantly and rarely interrupted when Jason was speaking.

### **Assessment**

The prevalence of violence between Laura and Jason implied that their relationship was highly volatile. The risk to Laura’s safety appeared imminent because Jason’s ability to control his anger was limited which implied that he could quickly escalate to the point of being physically abusive. He also perpetrated third party assaults which further revealed that he had inadequate control of his anger. Also, his rationalization of violence as self defence against Laura suggested that his motivation to control his anger was minimal. The use of alcohol by Jason further minimized his ability to contain his anger. Laura’s fear that Jason could seriously harm her if he was drinking reinforced the helplessness that she probably experienced when she saw him escalating. Laura’s physically abusive behaviour to Jason was inappropriate, but she was much smaller than him and the possibility of her harming him was minimal. The tendency of this couple to physically abuse each other may have been a consequence of violence being normalized from their exposure to domestic violence, alcoholism and physical abuse in their family of origins.

Although Jason stopped physically assaulting Laura, he attempted to dominate her

through emotionally abusive behaviour. He was verbally abusive to her and threatened to leave her when he was angry. Jason telling Laura that he only stayed with her because she was pregnant implied that he blamed her for not having any choices which minimized his contribution to the problems in the relationship. Laura attempted to control Jason's behaviour by not speaking to him. This seemed effective to the extent that he would often apologize, even if he was not at fault, because he could not tolerate her silence. In fact, one of the unwritten rules in their relationship seemed to be that Jason was always responsible for apologizing because there appeared to a pattern where Laura distanced after an argument and Jason pursued her forgiveness. This couple's struggle to dominate each other emotionally may have been one way for them to gain some control over their feelings of powerlessness that originated in their chaotic families.

Laura and Jason demonstrated poor self differentiation and a high degree of emotional fusion by their persistent efforts to control each other (Nichols & Schwartz, 1998). The fusion in their relationship was further exemplified by the triangulation of his family into their arguments (Nichols & Schwartz, 1998). The triangulation of his family into this couple's relationship indicated that Jason and Laura felt relatively powerless and they required the support of an ally to help them assert their opinions. The interference by Jason's family likely weakened the ability of this couple to resolve their differences together which, in turn, may have sustained their pattern of seeking control through power.

### **Trust**

The trust in this couple's relationship seemed to be compromised by their history

of substance abuse and Jason's strong sense of loyalty to his family. Laura and Jason admitted that they both had extensive histories of abusing substances which contributed to the tension between them. They suspected each other of relapsing, even though they had maintained sobriety for a few months. Jason found it difficult to believe that Laura would stay sober because she had lied to him about quitting in the past. Laura thought that Jason would relapse and she believed that her safety was in greater jeopardy when he was intoxicated. Jason claimed that Laura tried to stop him from socializing with friends to prevent him from drinking. For example, she did not want Jason to play sports because she thought his team members would convince him to drink with them after the games.

Jason was very loyal to his family and this created tension between him and Laura. One example of this tension was illustrated by their struggle to determine if Jason's younger brother, Stan, could live with them. Jason and Laura were looking for their own place and Jenny wanted Stan to live with them because of their conflictual relationship. Laura was opposed to this arrangement because Stan refused to follow the rules set by Jenny and she thought that his defiant behaviour would be an additional source of stress on her relationship with Jason. Jason, as the oldest child, felt obligated to assume responsibility for his brother. He was angry at Laura because he thought that she was forcing him to choose between her and his brother. Jason wanted Stan to live with them for a trial period to determine if he could follow the rules, and if he failed to comply, then Jason would ask him to leave.

Jason's loyalty to his family was further revealed by his sense of betrayal whenever Laura and his brothers teamed up against him. Jason's feelings were hurt when

Laura and his brothers “ganged up” on him for the purpose of insulting and laughing at him. Laura did not believe that this behaviour hurt his feelings because Jason and his brothers were often verbally abusive to her.

### **Assessment**

The lack of trust resulting from their history of substance abuse seemed to affect Laura more than it did Jason. Laura appeared to be very fearful of Jason drinking which implied that his potential to seriously injure her was greater when he was intoxicated. Subsequently, one of the ways that Laura tried to protect herself was to control Jason by minimizing the opportunities that he had to drink. Also, her sense of security in the relationship may have been further compromised by his constant threats to leave the relationship. Jason did not trust that Laura could maintain sobriety either. Unlike Laura, Jason did not fear for his physical safety if she relapsed.

The trust in this couple’s relationship was further compromised by Jason’s struggle to separate emotionally from his family and to establish an intimate relationship with Laura (Mc Goldrick & Carter, 1982). Jason’s effort to negotiate the conditions of tenancy for his brother with Laura reinforced that he was emotionally stuck between his family and her. He seemed to be struggling with assuming responsibility for his brother and making a commitment to prioritizing his relationship with Laura. Jason’s strong sense of loyalty to his mother was likely attributable to him being the oldest son who tried to assume an authoritarian role in the family that would have been traditionally enacted by the father. Therefore, Jason may have felt anxious about abandoning his responsibility to his brother given the elevated status that he appeared to have in his family. Laura did

not seem to struggle with making a commitment to the relationship. She may have been motivated to solidify her relationship with Jason and begin her own family to compensate for the tenuous relationship that she had with her extended family.

The boundary defining the trust in this couple's relationship appeared enmeshed (Minuchin, 1974). Laura thought that Jason was not capable of placing limits on his behaviour and she attempted to act as his external control by regulating his activity. The enmeshment between Jason and his mother also seemed to characterize the inter-personal boundary between he and Laura (Nichols & Schwartz, 1998). That is, Jason's attempts to accommodate Jenny's request that Stan live with him and Laura resulted in this couple becoming triangulated in a situation that should have been resolved by his mother and brother (Nichols & Schwartz, 1998).

### **Closeness**

Laura and Jason appeared to struggle with establishing closeness in their relationship. Laura wanted to participate in more activities with Jason, but he perceived this request as unreasonable. He believed that she was constantly seeking attention from him and he could not even watch television without being interrupted by her. Furthermore, Laura wished that Jason would not make so many sexual demands on her because she lost interest in sex since her pregnancy. Laura also wanted more privacy in their relationship. She thought that this could be achieved if Jason was more discreet with the information that he shared about her with Jenny. Jason defended his actions by stating that he discussed personal matters with his mother because she helped him solve relationship problems.

This couple demonstrated a lack of respect for each other when they took turns siding with Jason's brothers to insult one another. Jason and his brothers would make fun of Laura and laugh at her; Laura and Jason's brothers would insult Jason. Jason and Laura expressed that this behaviour hurt their feelings. Jason, in particular, wanted Laura to stop participating in this insolent behaviour and to tell his brothers to stop making fun of him.

The closeness in this couple's relationship was further damaged by Jason informing Laura that he would leave her for another woman if she was not pregnant. The implication of this comment was that he would remain in the relationship if their arguing decreased. Laura presented as being committed to the relationship. She wanted to address the issues that were creating conflict between them. The only condition that could cause her to leave the relationship was Jason resuming drinking.

Jason's ambivalent attitude to the relationship appeared to change after Laura had a miscarriage. Although this event was traumatic, they reported feeling closer to each other because they coped with their sadness by talking to each other rather than using substances. They also said that Jenny supported both of them by encouraging them to discuss the miscarriage. After this, Jason stated that he was committed to staying with Laura and to addressing the issues that could improve their relationship.

### **Assessment**

A pattern of pursuing and distancing was apparent with this couple (Nichols & Schwartz, 1998). Laura pursued closeness from Jason by wanting to spend more time alone with him. She may have been motivated to pursue him because she was threatened by his close relationship to his family and thought that she had to compete with them for



his attention. Furthermore, she may have pursued him as a way to control his drinking which helped her feel more safe in the relationship. Jason pursued closeness by making sexual demands on Laura. He appeared to be uncomfortable with establishing emotional closeness with her by spending time together as a couple. He likely believed that intimacy in a relationship was achieved through sexual activity and, subsequently he expected her to comply with his demands for sex.

The miscarriage appeared to be a critical turning point which helped them strengthen their relationship as a couple. Jason re-examined his commitment to the relationship and decided to stay with Laura rather than act on his threats to leave her if she was not pregnant. Jason's change in attitude may have occurred because the miscarriage helped him realize that he did have strong feelings for Laura. The other possibility is that he may have not intended to leave her, but used the threat as a way to gain power and to control her.

Furthermore, the miscarriage represented an opportunity for this couple to learn how to deal a crisis. They were able to practice healthy coping skills which involved talking to each other and to Jenny about the impact of the miscarriage. Their ability to maintain sobriety during a crisis seemed to facilitate closeness and to promote trust in the relationship.

The boundary regulating the closeness in this couple's relationship was primarily enmeshed (Minuchin, 1974). The pattern of distancing and pursuing implied an over reliance on each other to meet their needs for closeness (Nichols & Schwartz, 1998). Laura and Jason's inability to achieve closeness as a couple contributed to the

enmeshment of their inter-personal boundaries which, in turn, facilitated the triangulation of his family into their relationship (Nichols & Schwartz, 1998). Jason's preference to share confidential information about Laura and to problem solve their issues with his mother restricted his ability to emotionally separate from his family and to develop an intimate relationship with Laura. The enmeshment of boundaries between this couple's relationship and his family were also promoted when Laura and Jason would verbally abuse each other with the assistance of his brothers. Jason revealed that his personal boundaries were poorly defined because he was unable to tell his brothers that their behaviour was unacceptable and he expected Laura to communicate this message (Nichols & Schwartz, 1998).

However, Laura and Jason appeared to strengthen the boundaries of their relationship after the miscarriage by coping positively with the crisis together. Jenny's involvement seemed appropriate because she offered support to them as a couple which suggested that she did not become triangulated with either of them.

### **Interventions**

#### **Safety Planning**

The initial assessment of the issues related to safety indicated that the risk of violence occurring in this couple's relationship was high and that conjoint therapy was not an appropriate form of intervention. Laura revealed in individual sessions that she was concerned that Jason may become angry if she identified issues in conjoint sessions before discussing these problems with him first. She also seemed fearful that he could seriously injure her if he started drinking. Jason's history of committing third party

assaults in the community and his minimization of responsibility for the incidents of violence against Laura placed him at high risk to be physically abusive during conjoint therapy. However, we realized that this couple required immediate intervention because the stress associated with the pregnancy heightened the risks to Laura's safety. Laura and Jason needed to develop a greater understanding of how his abusive behaviour impacted on their relationship. They also needed to address their substance abuse problem. We determined that we could see them for individual therapy if they agreed to attend gender specific groups in a family violence program and participate in a treatment program for substance abuse. We would assess their suitability for conjoint therapy if they participated in the preceding programs and demonstrated that Laura's safety could be reasonably assured in the relationship. We decided to present this therapeutic plan to the couple with the assistance of Jenny.

Jenny was invited to attend a planning session with Laura and Jason to act as a consultant to help us finalize the conditions of the therapeutic plan. Jenny's contribution seemed critical in facilitating this couple's commitment to a treatment plan. Laura and Jason respected Jenny's opinion because she was familiar with the dynamics of their relationship and she experienced similar problems with alcohol use and domestic violence.

Laura and Jason agreed to participate in a planning session with Jenny. They appeared comfortable during the session and acknowledged the concerns related to alcohol abuse and violence that were articulated by Jenny. She highlighted the importance of Laura and Jason maintaining sobriety and stopping the violence in their relationship.

Jenny pointed out that Jason's use of violence was destructive. She challenged him to change his behaviour by suggesting that he was at risk for physically harming his child if he continued to physically assault Laura. Jenny reinforced her points by illustrating the impact of alcoholism and violence on her life and how she overcame these problems through attending A.A. meetings and couple counselling with a former partner.

We proceeded to formulate a therapeutic plan that stipulated four conditions that Laura and Jason were expected to fulfill before conjoint counselling would be considered. The first condition was that they would no longer initiate violence in their relationship. The second condition was that they attend gender specific treatment groups once a week at a community based agency to provide them with education on domestic violence. The third condition was that they would attend A.A meetings at least once a week. The fourth condition was that Jason and Laura would participate in individual counselling once a week at the EHCC with us. The sessions with Laura would involve further assessing the potential risks to her safety and developing a plan for her safety. Jason would address the minimization of his violence and develop a control plan for his anger. Jenny supported the treatment plan and she agreed to report any incidents of violence to us.

This couple successfully met the conditions of the preceding plan and the decision to implement conjoint therapy was made three weeks after the planning meeting. They were attending A.A. meetings and participating in a family violence program. There were no incidents of violence reported by Jenny or disclosed by this couple during their individual sessions. Laura seemed less fearful of Jason because he was not drinking and she believed that he was serious about maintaining sobriety. She also indicated that the

escalation of their arguments were less intense and they were not hitting each other. She appeared to be committed to a safety plan that involved her staying at a friend's house when Jason was escalating. Laura felt safe enough to begin couple counselling with Jason. Jason appeared to make progress with assuming greater responsibility for his violent behaviour in individual sessions. He also seemed committed to stopping his physically abusive behaviour and he developed a control plan for his anger.

The focus of the first conjoint session was on the importance of safety and a discussion of their protection plans. Jason stated that he would either go for a walk or go swimming if his anger was escalating. Laura indicated that she would also leave the house if she saw his anger escalating and if her anger was escalating. They attempted to decide who would leave the house in certain circumstances. For example, Jason thought he should leave the house during the evening and that Laura could take a time out when it was light outside. This comment appeared to create some tension between them because Laura told Jason that she would leave the house whenever she was angry. Jason said that he would not stop her taking a time out which represented a shift in his attitude because he physically blocked her from leaving in the past. They agreed to tell each other when they were taking a time out.

Part of the tension that was prevalent between this couple in the session was partially attributable to how the agenda for the session was implemented. That is, we commented that Laura appeared to be more quiet than usual and Jason volunteered that they had an argument over money in the waiting room. We proceeded to discuss the protection plans rather than addressing the immediate problem that this couple was

experiencing. This process likely limited our ability to join with this couple because they did not feel like their perspective was acknowledged and validated in the session (Piercy et al., 1986). In subsequent sessions, we were cognizant about addressing the emotional presentation of this couple prior to implementing our planned strategies.

There was one incident of violence reported by this couple during treatment. Jason disclosed during the second last session that they attended that Laura had physically assaulted him. The incident began with Jason calling Laura abusive names. She responded by calling him names and kicking him. Their control plans were reviewed but neither Laura or Jason could identify any changes that would make the plans safer. It was reinforced with this couple that emotionally abusive behaviour and violence would damage their ability to develop trust and caring in their relationship. They were also advised that any subsequent acts of violence would result in conjoint therapy ending and that they both would return to individual counselling.

### **Emotional Abuse**

Laura and Jason both engaged in emotionally abusive behaviours that appeared to be primarily motivated by their need to control and hurt each other. Laura expected Jason to comply with her demands or she would become angry and stop speaking to him. Jason attempted to dominate with verbal aggression when Laura failed to comply with orders issued by him. He was also emotionally abusive when he called Laura names and threatened to leave her for another woman. The triangulation of Jason's family members into their relationship further contributed to the pattern of emotional abuse between Laura and Jason.

Several interventions were undertaken to help this couple change their emotionally abusive behaviour. We attempted to alter Jason's verbally aggressive behaviour by stopping him when he interrupted Laura or answered questions directed to her. Jason was told that Laura had the same opportunity as him to voice her opinions during the sessions. Jason appeared to acknowledge this because his verbal domination of Laura diminished during the course of treatment.

We also highlighted the importance of Laura and Jason assuming greater responsibility for their own behaviour to help minimize their need to control each other. Part of this intervention involved us de-fusing arguments between Laura and Jason during sessions by validating their anxiety related to attending therapy. They both acknowledged that they initially found it stressful to talk about their problems to strangers, but they felt more comfortable as therapy progressed. Laura thought that we put Jason "on the spot" by asking him several questions about his anger. She indicated that she understood this process after she spoke with Jenny, who said that men always are asked more questions than women at the beginning of couple therapy. Addressing their anxieties about counselling seemed to enhance the joining process because this couple presented as more open and relaxed in the subsequent sessions.

Enactments of situations where Laura or Jason were emotionally abusive to each other were used to help them learn assertive communication skills that would enable the resolution of conflict in positive ways. It was emphasized that the involvement of Jason's family members in their arguments usually escalated the situation and prevented them from learning to problem solve together. The incident where Laura kicked Jason was

highlighted to illustrate that it was imperative to stop the verbal abuse because this behaviour had the potential to escalate to violence. The enactment consisted of us highlighting the alternatives to expressing anger in an abusive way (Piercy et al., 1986). We also discussed the process of taking a time out. Furthermore, we pointed out that a long term benefit of learning to resolve conflict in non abusive ways would enable them to act as positive role models for their children. This couple seemed to identify with their potential role as parents and indicated that they did not want their children to witness yelling and violence. They made a commitment to tell each other when they were angry instead of calling each other derogatory names and to take time outs when their anger was escalating.

The effectiveness of the interventions aimed at changing this couple's pattern of emotionally abusive behaviour appeared to be marginal because of the highly enmeshed boundary between them (Minuchin, 1974). The strong need demonstrated by Laura and Jason to control each other restricted their ability to initiate a style of interaction that was based more on rational thought and less on emotional reactivity (Nichols & Schwartz, 1998). Also, the emotionally abusive pattern may have been difficult to change because this couple suffered many physically and emotionally abusive experiences in their families. Consequently, abusive behaviour was likely normalized for this couple which implied that their negative patterns of expressing anger would be difficult to change.

### **Relationship Patterns**

Two primary patterns appeared to characterize the interaction between this couple. The first pattern involved distancing and pursuing behaviours (Nichols & Schwartz,



1998). Jason pursued Laura when she was angry at him because he wanted to seek her forgiveness. Jason was uncomfortable with Laura expressing her anger through silence and he may have felt responsible for making her feel better. Laura, in turn, pursued attention from Jason by requesting that they spend more time together.

Interventions were focussed on Jason's role as the pursuer to reinforce that he could not control Laura's emotional reactions. Also, we wanted to promote emotional differentiation between Laura and Jason through increasing their tolerance to accept each others differences (Nichols & Schwartz, 1998). We reinforced that Jason was not responsible for Laura's anger and that it was her choice to demonstrate her anger through silence. Jason's motivation to assume responsibility for Laura's anger was explored. He revealed that he had a difficult time refusing Laura's requests, especially when she wanted money from Jenny, because she would become angry and give him "dirty looks" which made him feel "miserable". He feared that she would stay angry at him forever. We validated Jason's concern by pointing out that it was normal for couples to become angry with each other. Laura acknowledged that she chose to express her anger through silence and that she could only stay angry at Jason for about an hour. She also indicated that her requests that he ask Jenny for money were unfair.

The interventions designed to interrupt Jason's pursuing behaviour of Laura seemed to be helpful to the extent that she appeared to gain some understanding that she was responsible for the expression of her anger which may have strengthened her personal boundaries in the relationship (Nichols & Schwartz, 1998). An enhanced sense of self differentiation by Laura may have decreased her motivation to emotionally control

Jason (Nichols & Schwartz, 1998). However, there was no indication from Jason that he was prepared to stop reacting to her anger which suggested that he would continue to pursue Laura when she was angry.

The second pattern involved the conflict in the relationship that arose from Jason's struggle to emotionally separate from his family and to establish an intimate relationship with Laura. The situation that involved the request that Stan live with Jason and Laura was discussed to demonstrate the negative impact on their relationship that resulted from the loyalty to his family. We explored Jason's emotional reaction from being placed in a situation where he felt compelled to choose between his brother and Laura. Jason's belief that he had no choice but to allow his brother to live with him and Laura was re-framed in a developmental context. Jason was told that he could simultaneously be a son to his mother and a partner to Laura. It was pointed out that the decision of Stan's tenancy should be made together as a couple. We highlighted that prioritizing his relationship with Laura did not mean that he was being disrespectful to his family. Jason and Laura concluded that Stan should not live with them because they would have less privacy and more stress as a couple.

Our attempts to solidify this couple's relationship as a separate entity from Jason's family appeared to be relatively successful given that they were able to reach a decision regarding the living arrangements of his brother together. Jason also found employment towards the end of therapy which enabled he and Laura to achieve more economic independence from his family. These changes suggested that the boundary of Laura and Jason's relationship was becoming more defined which could minimize the triangulation

of his family into their relationship (Nichols & Schwartz, 1998). Their enhanced clarity as a couple also implied that they started to view their relationship as being unique and possessing certain qualities of trust and loyalty to each other.

### **Results of the Measures**

#### **Marital Satisfaction Inventory**

This couple completed the MSI at the beginning of treatment. A copy of this measure is located in Appendix A. They did not attend their final session and the second MSI was not administered. Laura and Jason scored low on the conventionalization scale which suggested that they were likely to describe their relationship in an open and realistic manner. Laura expressed a moderate amount of distress with the relationship in general. She felt somewhat positive about the relationship and she was not considering a separation. Jason, on the other hand, expressed extreme dissatisfaction with the relationship. He had a very pessimistic view of the relationship and he appeared to be considering a separation. Their scores on the affective communication scale implied that they felt isolated, misunderstood and that there was a lack of intimacy in the relationship. Aside from this similarity, Jason's scores on all of the subsequent scales were higher than Laura's scores. On the problem-solving communication scale, Jason identified that chronic arguing over the same issues caused him excessive distress. Arguments about finances also appeared to cause him extreme stress. He identified that their sexual relationship caused him extreme distress, but not to the same extent as arguments over money. These areas of extreme distress likely contributed to Jason feeling very alienated in the relationship. Laura did not share Jason's perceptions of problem-solving

communication, finances and sexual dissatisfaction. She indicated that all of the preceding areas caused her a moderate level of distress. Laura agreed with Jason that they argued repeatedly over the same issues, but she appeared not to find this as stressful as he did. They further agreed that the time they spent together was somewhat dissatisfactory. This couple had divergent views of role orientation. Laura perceived herself to be very traditional and Jason saw himself as somewhat non traditional. They scored in the moderate range on the family history of distress scale. Jason's score was slightly higher than Laura's.

The profile of this couple depicted by the MSI appeared consistent with their presentation in sessions. In general, Jason expressed more frustration and unhappiness with the relationship than Laura. Jason told Laura that the only reason he stayed with her was because she was pregnant, but he threatened to leave her because they were constantly arguing over the same issues. Laura clearly stated that she did not want to separate and she wanted to address the problems in the relationship. They presented in sessions as being frustrated and angry because they could not control each other's behaviour. Jason seemed to be sensitive to the issue of money because he and Laura frequently argued when she wanted him to ask his mother for money. Furthermore, Laura and Jason stated that they spent most of their time together. In session, Laura stated that she wanted to spend more time with Jason, but he felt that she monopolized his time and he wanted more time alone. Another major source of stress was their sexual relationship. Laura lost interest in sex after conceiving and Jason wanted to have sex more often. Laura and Jason were raised in environments characterized by alcoholism, domestic violence,

physical abuse, separation, neglect. The emotional damage from experiencing neglect and abuse as children could have exacerbated the conflict and stress in their relationship.

### **PASPH and PAPS**

This couple completed the Partner Abuse Scale: (PASPH), the Physical Abuse of Partner Scale (PAPS), the Partner Abuse Scale: Non-physical (PASNP) and the Non-Physical Abuse of Partner Scale (NPAPS). The scales were inadvertently not given to Jason at the onset of treatment. Laura scored 15.3 on the PASPH and 23.3 on the PAPS. The scores suggested that Laura perceived that she delivered more physical abuse than she received. Laura indicated that Jason pushed her violently and made her afraid for her life a good part of the time. She reported that she had very frequently beat Jason when she was drinking. She indicated that she pushed him around violently and punched his face and head a good part of the time. Also, she reported behaviours that occurred some of the time like slapping his face and head, choking him, and violently pinching his skin.

Laura's perception of the physical abuse implied that the use of violence in the relationship was prevalent. She believed that she delivered more physically abusive behaviours, but she revealed that she was extremely afraid of him. These perceptions were reinforced by Laura in individual sessions. Laura revealed that she was afraid that Jason could seriously injure her when he had been drinking. She also thought that he may become angry if she raised issues in sessions before discussing these matters with him first.

### **PASNP and NPAPS**

Laura scored 44.67 on the PASNP and 40 on the NPAPS. Laura believed that she

received slightly more non-physical abuse than she delivered. The high scores suggested that she thought the non-physical abuse was a more prominent feature of the relationship than was the physical violence. Laura perceived that Jason did not want her to socialize with her female friends, demanded sex whether she wanted it or not, yelled at her, shouted at her when he drank and frightened her all of the time. She indicated that he became surly when she said he was drinking too much, did not want her to have male friends and demanded she stay at home most of the time. She further described him as insulting her in front of others and becoming angry if she disagreed with his point of view a good part of the time. Laura believed that she made fun of Jason's ability to do things, did not want him to have male friends and demanded he stay at home all of the time. She expected him to obey, to hop to it when she gave him an order, became angry if he disagreed with her point of view and told him he was stupid very frequently.

Laura's belief that the emotional abuse was prominent in the relationship was evident in sessions. Jason frequently interrupted Laura when she spoke or he would answer questions directed to her. They both engaged in emotionally abusive behaviour by insulting each other. Jason often expected Laura to agree with his opinion and he would tell her that she was "stubborn" if she maintained her own perspective.

### **PASPH and PAPS**

Laura and Jason completed the same Hudson scales at the end of treatment three months later. Laura scored 0 and 4 on the PASPH and PAPS respectively. She thought that she did not receive any physical abuse from Jason and that she was physically abusive to him. She indicated that she would very rarely engage in behaviours like

slapping his face and head, biting or scratching him so he was injured and violently pinching his skin. Jason scored 0 and 1.33 on the PASPH and PAPS respectively. He perceived that he delivered more physical abuse than he received. He thought that Laura was not physically abusive to him. He indicated that he would very rarely physically force Laura to have sex and that he hurt her during sex.

A comparison of Laura's scores on the pre-and post-measures of physical abuse indicated that she thought that the occurrence of violence in the relationship had decreased during therapy. Laura claimed that Jason stopped using violence against her and that she was violent less often. Jason's scores seemed to reinforce Laura's perceptions that the use of violence was uncommon in their relationship since therapy began.

Laura's perception that the violence decreased was illustrated by Jason's reaction to the incident when Laura assaulted him. Jason did not retaliate with force against Laura which implied that he was changing his pattern of behaviour that involved him assaulting her on the grounds that she initiated the violence. Laura may have assaulted Jason to test his reaction. If this was her intent, then her need to use violence could diminish if Jason maintained his non violent behaviour.

### **PASNP and NPAPS**

Laura scored 11.33 on the PASNP and 16 on the NPAPS. She perceived that she delivered more non-physical abuse than she received. In contrast, she scored 44.67 and 40 on the pre-measure which suggested she received more non-physical abuse than she delivered. She did not identify some of the items, like Jason insulting her and demanding

she stay at home, that were originally identified. The behaviours she did report on both measures occurred less frequently. For example, Jason's demands for sex changed from happening all of the time to a little of the time. Overall, there was a sharp decrease in the scores between the pre-and post-measure.

Jason scored 16 on the PASNP and 12.67 on the NPAPS. He thought that he received more non-physical abuse than he delivered. Jason believed that Laura did not want him to have any male friends or to socialize with female friends and had no respect for his feelings all of the time. He reported that he did not want her having any male friends some of the time.

A comparison of Laura and Jason's responses revealed that their perceptions of the non-physically abusive behaviours were generally consistent. They agreed that she delivered slightly more non-physical abuse than she received. The non-physical abuse in this couple's relationship did appear less prominent in sessions. Jason stopped interrupting Laura and answering questions for her which suggested that he valued her opinions. They also were able to engage in discussions that did not involve an exchange of insults or Jason making derogatory comments to Laura. Laura's ability to speak more often in sessions implied that she was feeling safer and more respected in the relationship.

### **Summary**

This couple made gains in therapy that contributed to positive changes in their relationship. The primary change experienced by this couple during therapy appeared to be the development of a more intimate relationship. This was achieved by Laura and Jason learning assertive communication skills which promoted a more positive style of



conflict resolution which likely reduced the level of tension between them. The acquisition of these new communication skills seemed to help this couple minimize the triangulation of Jason's family members into their relationship which provided them with the opportunity to resolve issues as a couple. Although the miscarriage was an emotionally painful experience for Laura and Jason, it seemed to be a pivotal point in their relationship. They dealt with the crisis by using healthy coping skills and Jason was able to express his commitment to the relationship. These two events appeared to promote trust and closeness in their relationship which contributed to other positive changes. The decision to find their own apartment suggested that Jason was in the process of emotionally separating from his family which enabled him to further strengthen his relationship with Laura. Jason's ability to find employment also facilitated his separation from his family by providing him with economic independence.

## **CHAPTER 5. JENNIFER AND BRENDAN**

### **Demographic Profile**

This couple had been involved in a common law relationship for six years. Jennifer was twenty- two years old. Brendan was thirty-four years old. They had a six year old daughter named Clara. Jennifer was employed as waitress. However, when Clara was born, Jennifer quit her job to become a homemaker. Brendan worked in construction, but he was unable to find full time employment in his field. Consequently, this couple was receiving social assistance.

Jennifer and Brendan were referred by their social worker from the child welfare system. The social worker indicated that Jennifer and Brendan were struggling with issues related to domestic violence and alcohol. This couple was participating in a community based program for alcohol use. They had maintained sobriety for approximately six months at the time of the referral to the practicum. The social worker believed that the couple could strengthen their capacity to parent by addressing the violence in their relationship. They each attended one individual session and nine conjoint sessions.

This couple appeared highly motivated to initiate changes in their relationship because they successfully achieved sobriety and they were now in a position to address the issues that were creating conflict between them. They wanted to improve their communication and develop more intimacy in their relationship. These appeared to be viable treatment goals for short term therapy because they appeared to be committed to

addressing the difficulties in their relationship.

This couple made some progress in achieving their treatment goals. They reported improvements in their ability to communicate to each other without either of them becoming angry. They felt closer to each other, but they believed that intimacy would develop slowly over time. These changes seemed to help this couple establish more stability and safety in their relationship which likely enhanced their ability to parent.

Jennifer and Brendan were given the choice of continuing counselling when the practicum ended. They decided to end therapy because they were satisfied with the changes in their relationship. Also, they wanted to proceed with their plan for Jennifer to return to school while Brendan would assume primary responsibility for the domestic work and the parenting. They indicated that they would contact the EHCC if they wanted to resume counselling at a later time.

### **History of Violence**

Jennifer and Brendan stated that the physical abuse in their relationship began after his mother died and that the violent incidents occurred when they were drinking. The first incident of violence involved Brendan slapping Jennifer across the face during an argument. They indicated that other incidents of violence occurred on at least three more occasions. These incidents involved Brendan pushing Jennifer into walls and choking her. This couple stated there were likely more violent episodes, but their ability to remember was limited because they were using alcohol at the time. Brendan stated that he was responsible for physically abusing Jennifer and that he had learned to take time outs as a way to cope with his anger. Jennifer indicated that she would not tolerate

Brendan's physically abusive behaviour and she would leave him if he assaulted her again.

### **Family of Origin**

Jennifer's father was an alcoholic who was physically abusive to her mother. Jennifer witnessed this violence and claimed that she would never remain in an abusive situation like her mother did. Jennifer said that she received "nothing" from her parents. She recalled her father being constantly critical of her and calling her derogatory names. She does not have contact with her family.

Brendan's childhood experience appeared to be more positive than Jennifer's. His father was an alcoholic, but he was not physically abusive to his mother. Brendan described warmth, humor and affection between his parents. They had disagreements, but they did not argue in front of him. Brendan's mother died about four years ago. He described her death as the most difficult event that he had to cope with. Brendan did not maintain contact with his father after the death of this mother.

Brendan met Jennifer one month after her parents asked her to leave home. Jennifer was sixteen and Brendan was twenty-eight. Jennifer moved in with Brendan three weeks after they met because she was homeless. Jennifer discovered that she was pregnant a few months later.

### **Assessment**

The abusive environment that Jennifer grew up in contributed to her developing a poor sense of self and feelings of helplessness. The emotional cut off from her family likely resulted in Jennifer having unresolved attachment issues with her parents (Nichols

& Schwartz, 1998). She appeared to cope with the loss of her family by terminating contact with her parents and beginning a common law relationship with Brendan. Jennifer may have believed that her relationship with Brendan represented independence from her family, but it likely led her to be over dependent on him (Nichols & Schwartz, 1998). She may have expected him to meet some of her needs, like security, that should have been fulfilled by her parents. Consequently, Jennifer may have developed diffuse personal boundaries to the extent that she may have unresolved developmental and emotional needs that she expected others to meet (Minuchin, 1974; Nichols & Schwartz, 1998).

Brendan seemed to minimize the impact that his father's alcoholism had on the family by focussing on the positive aspects of his parent's relationship. Brendan may have struggled with issues of co-dependency from growing up in an alcoholic home. His decision to reside with Jennifer, within a month of meeting her, suggested that he had strong emotional needs that he attempted to meet through a relationship. Consequently, Brendan likely had diffuse boundaries if he expected another person to met his individual needs (Nichols & Schwartz, 1998). Also, he appeared to have difficulty coping with intense emotions because he chose to distance from his family after his mother's death. Her death likely changed the dynamics of the family and Brendan's reaction implied that it was emotionally easier to separate rather than re-negotiate a relationship with his father (Nichols & Schwartz, 1998). Brendan, like Jennifer, chose to emotionally cut off from his family when he experienced a significant loss.

Therefore, the boundaries in this couple's relationship appeared to be enmeshed because of their expectation that they should meet each other's individual needs (Nichols

& Schwartz, 1998). The emotional fusion in this couple's relationship appeared to begin when they first met and Jennifer expected Brendan to take care of her (Nichols & Schwartz, 1998). However, the boundaries shifted as she matured and the relationship evolved. She wanted more independence and she attempted to achieve this by maintaining an emotional distance from him. He responded to this change by pursuing Jennifer because he seemed more comfortable when she was dependent on him (Nichols & Schwartz, 1998). This couple's isolation from family and friends likely intensified the expectation that they meet each other's needs which may have contributed to the stress in the relationship.

### **Power**

The domestic violence in this couple's relationship began after the death of Brendan's mother and occurred when they were drinking. They did not discuss problems or difficulties in the relationship when they were sober. However, they would argue about unresolved issues when they were drinking and these arguments often escalated to the point where Brendan physically assaulted Jennifer. Jennifer thought that she was partially responsible for the violence because she could trigger Brendan's anger by disagreeing with him. Brendan appeared to assume responsibility for assaulting Jennifer. He acknowledged that he expressed anger resulting from the death of his mother by physically assaulting Jennifer. However, he indicated that he would become angry if Jennifer disagreed with him when he was right, even though she knew that she could "get a slap in the mouth".

After the use of alcohol and violence stopped, this couple maintained a pattern of

withholding different opinions until the tension escalated to the point where one would verbally explode and the other would react emotionally. Their arguments seemed to be triggered when Brendan made critical comments to Jennifer about her abilities to manage the domestic responsibilities. She would respond by “throwing it back in his face”. For example, Brendan came home one evening and yelled at Jennifer because supper was not ready. Jennifer yelled at Brendan and told him that he never had supper ready for her when she was busy. Brendan would not always respond to Jennifer’s comments because he knew that there was a chance that he could lose control and hit her. He also realized that his criticisms hurt her feelings which caused him to feel guilty. One of the conflictual issues that Jennifer avoided discussing with Brendan was the management of their finances. She had to ask Brendan for money to purchase household items and she wanted to make these decisions independently.

The interaction between this couple in sessions did not reveal overt attempts by Brendan to control Jennifer. They both asserted their opinions and appeared to listen to each other. Brendan sometimes disagreed with Jennifer, but he did not become verbally aggressive to attain her compliance with his perspective. On a few occasions, Brendan raised an issue that Jennifer felt uncomfortable discussing. He appeared to respect her request that they address these issues privately by not pursuing the matter in session. Brendan and Jennifer also showed each other respect by not interrupting each other when they spoke.

### **Assessment**

At the beginning of this couple’s relationship, Brendan demonstrated a need to be

dominant in the relationship by assuming that Jennifer should agree with him whenever he perceived that he was right. His need to control was further revealed in rationalizing his use of violence by insinuating that Jennifer deserved to be assaulted when she disagreed with him. Jennifer seemed to share Brendan's perspective by implying that she provoked violence because she could intentionally trigger his anger. The imbalance of power between them may have been a result of their differences in age and gender socialization. Jennifer was an adolescent and Brendan was an adult when they started their relationship and, subsequently, being older and male could have facilitated his ability to assume control in the relationship. Jennifer appeared to accept his dominant position in the relationship because she was young, naive and expected Brendan to take care of her. However, Jennifer's subservient position changed in the relationship as she matured and became a parent. The intense conflict in the relationship appeared to start when Jennifer began to assert her opinions and Brendan seemed unable to adjust to her expression of independence.

This couple demonstrated some understanding of the pattern of conflict in their relationship because they knew that attempts to express differences to each other could potentially lead to violence. Although they vented their anger by yelling and criticizing each other, they seemed to be able to limit the escalation of tension before violence occurred. Brendan appeared to be able to contain his anger by realizing that one of the consequences of arguing with Jennifer was that he could lose control and physically assault her. Also, he seemed motivated to control his anger because he experienced guilt when he criticized Jennifer and hurt her feelings.



This couple appeared to be threatened by the expression of differences in the relationship which suggested that the boundaries regulating conflict were enmeshed (Minuchin, 1974). Brendan did not seem to perceive Jennifer as an individual who was separate from him because he wanted her to comply with his opinions. Jennifer appeared unable to differentiate herself from Brendan in the sense that she reacted emotionally to his criticisms by expressing anger instead of responding more rationally to his perceptions of her (Nichols & Schwartz, 1998). Subsequently, the enmeshed boundaries between Jennifer and Brendan helped maintain their pattern of avoiding conflict and perpetuated their inability to find more positive ways of coping with differences (Nichols & Schwartz, 1998).

### **Trust**

The trust in this couple's relationship appeared to be damaged from a history of alcohol abuse and infidelity. They perceived themselves as moderate drinkers at the beginning of their relationship because they would drink at bars as a social activity. However, their use of alcohol intensified after Brendan's mother died and they began drinking for the sole purpose of becoming intoxicated. They completed an outpatient program for alcohol use and maintained sobriety for six months before they started couple therapy. They articulated a strong commitment to remain sober. However, Jennifer and Brendan believed that they each had the potential to resume drinking and that a relapse by one would invariably result in drinking by the other. They also identified situations that could be conducive to a relapse. Jennifer thought that Brendan could be out drinking whenever he returned home late. Brendan was concerned that Jennifer might start

drinking because she was attending only one A.A. meeting a week. Brendan believed that Jennifer should attend at least three meetings a week, like he was, in order to maintain sobriety. Jennifer reacted defensively to Brendan's suggestion. She indicated that she did not need to attend three meetings a week because she was different than him and capable of maintaining sobriety in her own way. She thought that she might start drinking in response to the pressure that he was placing on her to attend more meetings.

This couple's history of extra-marital affairs appeared to further damage the trust in their relationship. They were aware that their infidelities interfered with their ability to trust each other. They made a commitment to be faithful to each other about two years ago. Brendan wanted to discuss their infidelities in therapy, however Jennifer was uncomfortable with this. She wanted to discuss this issue with Brendan privately. Her reticence to reveal their infidelities seemed to be related to implications made by Brendan that he encouraged sexual activity between Jennifer and other men.

A manifestation of the lack of trust in this couple's relationship appeared to be demonstrated in their jealous behaviour. Jealousy did not emerge as a primary theme during treatment, but they were able to recall episodes where they felt insecure in the relationship. For example, Brendan would invite the woman who lived next door over for coffee when Jennifer was not at home. Brendan said his friendship with the neighbor was platonic. However, he would not invite the neighbor over when Jennifer was at home which made her suspicious and jealous. Brendan did not trust Jennifer either. They attended a meeting at a community club where Jennifer discussed the possibility of volunteering with the manager. Brendan accused Jennifer of staring at this man for the

duration of the meeting. She indicated that she was looking around the room and not staring at anyone in particular.

### **Assessment**

This couple's difficulty with trusting each other seemed to be related to an extensive history of substance abuse. The issues related to co-dependency were illustrated by their belief that they could control each other's behaviour. This distorted sense of power was further revealed in their perception that one of them was highly likely to resume drinking in response to a relapse by the other. An implication of this perception was that the individual choices that they made appeared to be strongly influenced by the behaviour of the other. Furthermore, Brendan seemed to experience anxiety when Jennifer behaved in ways that were different from him which likely motivated him to place expectations on her behaviour, like attending that same number of A.A. meetings as him. Jennifer appeared to reinforce the over dependency between them by rationalizing that her decisions were based on a reaction to his attempts to control her. That is, Jennifer's perception that pressure from Brendan could cause her to start drinking perpetuated her dependency on him and facilitated his belief that he could control her.

The trust in this couple's relationship appeared to be compromised by their history of infidelities. Jennifer appeared to feel more shame than Brendan about their infidelities because she did not want to discuss this issue in therapy and Brendan did. She may have felt more shame if Brendan encouraged her to have affairs that she did not want. It was likely that Jennifer may have felt compelled to comply with Brendan's expectation that she be sexually active with other men because of her dependency on him at the beginning

of their relationship. The social values that support the beliefs that women should not be sexually promiscuous and that men are encouraged to pursue sexual activity may have influenced their attitudes on discussing their sexual history.

The co-dependency and the high degree of emotional reactivity demonstrated between Jennifer and Brendan implied that their personal boundaries related to issues of trust were enmeshed (Minuchin, 1974; Nichols & Schwartz, 1998). Brendan's need to control Jennifer in order to regulate her behaviour indicated emotional fusion in the relationship because he did not perceive her as an individual (Nichols & Schwartz, 1998). Jennifer appeared to be enmeshed with Brendan and she was trapped in a pattern of reacting to his behaviour instead of making rational choices for herself (Nichols & Schwartz, 1998). The enmeshment between Jennifer and Brendan was further illustrated if she acted on his expectation that she have affairs instead of making her own decisions.

### **Closeness**

This couple described their relationship as "two roommates living together" because there was very little intimacy between them. They did not have any shared interests and found that parenting was the only issue that they discussed. The combination of attempting to parent before they had solidified their relationship as a couple and the occurrence of domestic violence seemed to create a dynamic that inhibited their ability to establish intimacy. They began parenting at a time in when then should have been solidifying the marital relationship (McGoldrick & Carter, 1982). Their daughter, Clara, was born shortly after they met and the demands of parenting appeared to create tension between this couple. Brendan was clearly dissatisfied with the marital relationship after

the birth of Clara because the focus of Jennifer's attention shifted from him to their daughter. He wanted to spend more time alone with Jennifer to develop an intimate relationship that was exclusive of parenting responsibilities. Jennifer identified that her primary role was a parent. She indicated that Clara depended on her and that Brendan was capable of looking after himself. She thought that if he participated more with the parenting and the household tasks, then she would have more time to spend with him.

However, Jennifer appeared conflicted about her role in the family. She later indicated that she wanted sole responsibility of the domestic work because this provided her with a sense of independence. Jennifer believed that asking Brendan for help would place her in a position of vulnerability by depending on him. She needed to protect herself from being emotionally vulnerable to Brendan because he betrayed her trust when he physically abused her. She was more fearful of being hurt emotionally than she was of being physically harmed by him. She decided to remain in the relationship and to protect herself emotionally by not showing him any physical affection. Brendan was aware that Jennifer physically withdrew from him when the violence started. He seemed to respond to this emotional distance by continually seeking affection and by making sexual demands on her. Jennifer was distressed by Brendan's sexual demands. She thought that her physical attraction would increase when she felt emotionally closer to him. He believed that more sexual activity would create intimacy.

The emotional distance in this couple's relationship was also maintained by Brendan perpetually treating Jennifer like she was a child. He attempted to control her behaviour by acting like a father who knew what was in her best interests. For example,

Brendan thought that it would be advantageous for Jennifer to establish some female friendships and she reacted with anger to this suggestion. Jennifer believed that she would develop friendships when she was ready. She told him that she was not his “little girl” and that she could return home if she wanted to live with her father. Brendan defended his paternalistic attitude by saying that he cared about Jennifer and he wanted what was best for her.

### **Assessment**

The difficulties related to the development of intimacy between Jennifer and Brendan likely began at the onset of their relationship. Jennifer was an adolescent when she met Brendan who was an adult. She struggled to achieve the developmental task of establishing independence from her family because her parents forced her to leave home (McGoldrick & Carter, 1982). Jennifer may have thought that establishing a relationship with Brendan was equivalent to attaining independence from her family. However, the dynamics of their relationship supported a pattern where Brendan was in control and she was dependent on him. This arrangement seemed acceptable until Jennifer began to mature and Brendan became physically abusive. Jennifer wanted some independence and she achieved this by controlling the domestic responsibilities. Brendan seemed to be threatened by Jennifer’s maturity and her need for independence because he continued to treat her like a child even though he knew that this was inappropriate. He may have resisted interacting with her as an equal because his personal needs may have been met by her being dependent on him. The birth of their child seemed to facilitate Jennifer’s ability to achieve some independence from Brendan by providing her with the role identity of a

mother. Her commitment to parenting resulted in the prioritization of Clara's needs over Brendan's. Consequently, Brendan may have been jealous of Clara because she received the majority of Jennifer's attention. Brendan may have felt that he needed to compete for Jennifer's attention by showing a lack of interest in parenting and by focussing only on improving the marital relationship. His focus on the marriage also seemed to reflect his need to have the type of closeness with Jennifer that his parents had in their marriage.

Jennifer appeared to shift into the parenting role relatively easily, but she distanced herself from the marital relationship. She rationalized that she did not have time for Brendan because of the demands of parenting required her full attention. Although her time was scarce, the motivation to isolate herself from him was likely intensified by her anger toward him. She was angry at him because he was physically abusive and she needed to protect herself from being emotionally vulnerable to him. Also, she was angry at him for treating her like a child. Consequently, Jennifer did not seem emotionally prepared to be intimate with Brendan. She was able to avoid dealing with her reluctance to develop closeness with him by exclusively focussing on her role as a parent.

In addition, the closeness between this couple was further compromised by Jennifer attempting to establish independence in the relationship. She was unable to achieve the developmental task of acquiring independence from her family and she seemed to be processing this task in the relationship with Brendan. The pattern of requesting his help with household responsibilities and, simultaneously, rejecting his support appeared to have some similarity with adolescents attempting to achieve autonomy (McGoldrick & Carter, 1982). That is, Jennifer tried to establish independence

by assuming sole control of the parenting and domestic responsibilities. However, this achievement created stress for her because she was Brendan's marital partner and, subsequently she expected some level of inter-dependency that is involved in intimate relationships (McGoldrick & Carter; Nichols & Schwartz, 1998). Her ambivalence in the marriage likely contributed to difficulties that Brendan and she were experiencing with intimacy.

Brendan reacted to Jennifer's attempts to distance by pursuing her sexually as a way to achieve closeness. His efforts seemed to achieve the opposite effect in the sense that she further isolated herself in the relationship. One of the outcomes of this pattern of distancing and pursuing appeared to be the emergence of power struggles that involved Brendan attempting to control Jennifer. Jennifer reacted by asserting her independence which meant that she either distanced herself from Brendan or she became angry.

The structure of the boundaries in this couple's relationship were characterized by enmeshment (Minuchin, 1974). The dynamics between Jennifer and Brendan suggested that they were emotionally immature because they attempted to meet their unresolved personal needs through the relationship (Nichols & Schwartz, 1998). This dynamic created conflict because the pursuit of their individual needs often superceded the ability of this couple to engage in more cooperative behaviour which could strengthen their relationship and parenting. The birth of their daughter appeared to alter the structure of this couple's inter-personal boundaries. This couple was still enmeshed, but an element of rigidity also seemed to define the boundary between them (Minuchin, 1974). This was likely the outcome of this couple's inability to simultaneously achieve the developmental



tasks of establishing a marital relationship and raising children (McGoldrick & Carter, 1982). Jennifer and Brendan focussed their attention on different developmental stages and the tension in the relationship probably interfered with their ability to adjust to the changes in their relationship (Nichols & Schwartz, 1998).

### **Interventions**

#### **Safety Planning**

Individual sessions were conducted with Jennifer and Brendan to formulate protection plans. Jennifer did not believe that she required a safety plan because they had stopped using alcohol. She thought that violence would only occur if Brendan was intoxicated and that the potential for him to physically assault her when he was sober was minimal. Also, she felt safe because she no longer intentionally made comments to Brendan that would escalate his anger to violence since she stopped drinking. Jennifer's perception that the violence had stopped was acknowledged, but the risks to the safety of women who were participating in couple counselling were presented. I explained that there was a risk of violence because the discussion of sensitive issues could trigger Brendan's anger. It was established that Jennifer did not have any concerns with attending conjoint therapy with Brendan. She reiterated her position that she would separate from Brendan if he physically assaulted her again. Jennifer agreed to a safety plan that involved her leaving the house and returning when Brendan had calmed down. She was given information about women's shelters because she did not have family or friends that she could stay with if she needed to leave home for an extensive period of time.

Brendan developed a control plan in an individual session. He indicated that the

violence was his fault even though he was drinking when he physically assaulted Jennifer. He said that he would not assault Jennifer again because he was able to control his anger by not expressing his frustration to her. He agreed to leave the house if he believed that his anger was escalating.

The protection planning was discussed further with this couple in a conjoint session. Brendan presented his control plan and Jennifer did not voice any objections to him taking a time out. They reiterated that the risk for violence was minimal because their communication had improved since they attained sobriety. They realized that, in the past, they did not discuss issues that appeared to be relatively unimportant. However, it was these issues that they would often argue about when they were drinking and this could lead to Brendan physically assaulting Jennifer. They both claimed that achieving sobriety has enabled them to discuss and resolve minor problems that used to lead to arguments and violence in the past.

Part of the safety planning involved the discussion of situations where each of them had the potential to resume drinking. Jennifer and Brendan identified how they thought they could trigger the other to start drinking. They also discussed how they would resist the temptation to drink if the other relapsed. Although this intervention was more related to relapse prevention, it was implemented to reduce this couple's anxiety about resuming drinking which may have enhanced a general sense of safety in the relationship. We were careful to give this couple the message that their concerns about a relapse were valid, but that the abuse of alcohol did not cause Brendan to be violent.

## **Emotional Abuse**

The emotional abuse in this couple's relationship appeared to be an outcome of their inability to express anger assertively. They vacillated between suppressing anger through silence and exploding verbally by insulting each other. Brendan was reluctant to express criticism to Jennifer because she would react with anger. However, his frustration escalated and he would then criticize her in a verbally abusive way. She would yell and be critical of him in return.

Consequently, interventions were designed to address the interaction between this couple that resulted in the emotionally abusive behaviour in their relationship. Initially, we pointed out that avoiding discussions of conflictual issues limited their ability to feel close because there was unresolved anger between them. Attempts were made to teach this couple positive communication skills that would facilitate their ability to express anger in ways that were assertive. This intervention occurred through us enacting situations with this couple where they avoided discussing an issue because one of them feared that an argument would ensue (Piercy et al., 1986). We attempted to encourage this couple to practice these communication skills by reinforcing that they were responsible for deciding how they reacted to each other. The issue of responsibility was highlighted to decrease the emotional fusion between them and increased self differentiation had the potential to strengthen their personal boundaries (Nichols & Schwartz, 1998).

This couple appeared to respond to the preceding interventions because they reported that they were talking to each other more in general and discussing a wider range of topics than just parenting. They were also attempting to discuss issues that had the

potential to lead to an argument. Jennifer was trying to listen to Brendan when he disagreed with her instead of reacting defensively to what he was saying. Therefore, it appeared that this couple made some degree of progress with improving their general communication and with decreasing the emotional fusion between them because they were able to exchange information that highlighted the differences between them (Nichols & Schwartz, 1998).

### **Relationship Patterns**

The pattern of distancing and pursuing appeared to be a prominent theme presented by this couple. Jennifer distanced from Brendan by not showing him affection because she wanted to protect herself from being vulnerable to him. She was angry at him because he physically assaulted her and treated her like a child. Brendan responded by pursuing sexual activity from Jennifer because he thought that this would create intimacy. This pattern seemed to be maintained because they did not trust each other enough to establish more emotional intimacy in the relationship. The repetition of this pattern appeared to contribute to the frustration that this couple experienced because the more that Brendan pursued sexual activity from Jennifer, the more distant she became in the relationship.

We attempted to interrupt the pattern of distancing and pursuing by helping this couple re-define intimacy. The creation of healthy intimacy seemed to involve Brendan decreasing his demands for sex and increasing his displays of affection to enable Jennifer to strengthen her emotional connection with him. Jennifer needed to initiate more gestures of affection to demonstrate that she was interested in developing intimacy with

Brendan. Consequently, we attempted to facilitate these changes by requesting that this couple refrain from sexual activity for a week. They were instructed to alternate the days on which they were responsible for initiating physical affection to each other.

This couple reported that they mutually decided to have sex three days after beginning the exercise. Jennifer reported that she felt comfortable showing Brendan affection. Brendan found the intervention difficult because he had to refrain from demonstrating affection to Jennifer. However, they still felt dissatisfied with their sexual relationship and realized that improvements would likely occur slowly.

The other pattern that appeared to characterize this couple's relationship was Brendan's tendency to treat Jennifer like a child by believing that he knew what was in her best interests. Jennifer responded to his paternalistic attitude with anger which likely enabled her to further distance herself in the relationship. This dynamic likely originated at the beginning of their relationship when Brendan was an adult and Jennifer was an adolescent. He appeared to be invested in maintaining the status quo of their relationship by continuing to treat her as a child, even though, she had matured and become a parent. Also, his resistance to acknowledge that she was an adult may have prevented him from assuming greater responsibility for the parenting of their daughter because sharing this responsibility implied that they were equal.

The interventions were framed in a developmental context to help this couple attain the flexibility required to more equally achieve the responsibilities of the marital and parental roles. Jennifer needed to participate more in the marital relationship and Brendan needed to assume greater responsibility with parenting in order to achieve a

more harmonious balance in the relationship. We pointed out that the relationship had changed from when they first met because Jennifer was a different person now. It was suggested to Brendan that it was in his best interests to treat Jennifer like an equal instead of a child because she had matured. We attempted to clarify individual boundaries with this couple by emphasizing that Jennifer was capable of making decisions and coping with the consequences of her actions. Discussion was focussed on how he could benefit if he began to relate to Jennifer as an adult. He acknowledged that genuine intimacy could be developed in their relationship if he could interact with her as an equal.

We also attempted to help Brendan shift more into the parenting role by encouraging him to assume more responsibility for the child care and household tasks. It was pointed out that helping Jennifer with the domestic work would indicate that he wanted to share responsibilities which could reinforce that he was her equal instead of a controlling father figure. The other benefits that Brendan could accrue from participating in his role as a father were also discussed. He identified that he could develop a stronger bond with Clara if he spent more time with her and that this would likely create more closeness as a family.

The interventions with Jennifer were aimed at promoting her ability to trust Brendan. We identified that Jennifer's anger was preventing her from establishing closeness with Brendan. Jennifer's reluctance to trust him was validated by highlighting that her need to emotionally protect herself was understandable given that she had witnessed her mother being physically abused. We explored the personal consequences that she paid by not allowing herself to be vulnerable with Brendan. She revealed that she

always alone and that she could not talk to Brendan when she was feeling sad. Brendan was asked how he could assure Jennifer that he would not hurt her if she showed vulnerability.

This couple appeared to attain greater flexibility in executing their marital and parenting roles which seemed to enhance the overall functioning of the family. The marital relationship seemed to be strengthened because they began to hire a babysitter which allowed them to spend more time together as a couple. Jennifer was asking Brendan for more help with the household duties. Brendan believed that he was more conscious of when he was treating Jennifer like a child and he was attempting to stop himself whenever he started to act like her father. The division of labour with parenting seemed to become more equitable as well. Jennifer planned on returning to school and Brendan was going to assume the role of primary parent.

One of the unintended outcomes of the preceding interventions was that this couple started to reduce their social isolation by becoming involved in community events. They were participating in school meetings and taking Clara to activities being offered at the community club in their neighborhood.

### **Results of the Measures**

#### **Marital Satisfaction Inventory**

This couple completed pre-and post-MSI measures which identified changes after three months of therapy. Results of these measures are located in Appendix B. Jennifer and Brendan scored low on the conventionalization scale on the first MSI which suggested that they were prepared to discuss their relationship in an open and realistic

way. They identified moderate dissatisfaction with their relationship, but they were not considering a separation or divorce. Their scores on the affective communication scale indicated a sharp contrast in how they perceived the affective quality of their relationship. Jennifer's score indicated that she was moderately dissatisfied with the affection and understanding she received from Brendan. Jennifer appeared to be somewhat distressed with the ability to resolve their differences and with the amount of time she spent with Brendan. Jennifer expressed extreme dissatisfaction with their sexual relationship. She appeared to view affection and sex as separate given that she was moderately satisfied with the affective nature of the relationship and extremely dissatisfied with the sexual relationship. Unlike Jennifer, Brendan expressed intense feelings of isolation and alienation in the marriage. He was extremely discontent with the level of affection and understanding he received from Jennifer. Also, he indicated that he was extremely dissatisfied with their sexual relationship. He seemed to view affection and sex as being more related than Jennifer did. Brendan's score on the time together scale suggested that he was moderately distressed with the amount of time he spent with Jennifer. His feelings of isolation and alienation may have been intensified by his unhappiness with their shared leisure time and with their sexual relationship. Like Jennifer, Brendan was moderately unhappy with their ability to resolve conflict. They did not report conflict over their financial situation, however Brendan wished that he was employed. Brendan and Jennifer saw themselves as adopting non traditional roles as marital partners and as parents. Brendan viewed himself as slightly more traditional than Jennifer. Jennifer reported an extreme amount of difficulty in her childhood whereas Brendan indicated a moderate



amount of distress. The sharpest contrast in their scores were identified on the parenting scales. Jennifer was satisfied with her relationship with their child. Brendan was moderately distressed with his relationship with their child. They had a moderate amount of conflict over child rearing and Brendan tended to view this as more problematic than Jennifer.

The results obtained on the MSI appeared to be consistent with the issues discussed during the therapy sessions. Jennifer and Brendan wanted to stay together and address issues related to anger and intimacy. They were interested in learning to resolve conflict assertively rather than avoiding their differences in order to improve their communication. They identified the lack of intimacy between them as the greatest problem in the relationship. Brendan thought that having more sexual activity with Jennifer would create closeness. He seemed frustrated with her rejection of his sexual demands. She thought that feeling closer to him emotionally would lead to an increased sexual attraction to him. She wanted him to be able to show her affection without this always leading to sex. They acknowledged that their history of alcohol use and the demands of parenting negatively impacted their ability to feel close to each other.

On the second MSI, Jennifer seemed to maintain her open approach to therapy because her score on the conventionalization scale did not change from the first measure. Brendan's score changed from low to moderate on the conventionalization scale which suggested that he was more defensive in his responses on the post measure. Their scores on the global distress scale indicated that this couple maintained their commitment to the marriage and, overall, they were somewhat content with the relationship. The changes

occurred on the scales that measured specific aspects of the relationship. Jennifer indicated that she no longer found affective communication and problem-solving communication to be distressful. Brendan's score on the affective communication scale went from extremely to moderately distressed. His perception of problem-solving communication remained somewhat of a problem between measures given that his score remained virtually unchanged. Their scores on the post measure revealed that they were still extremely dissatisfied with their sexual relationship. They indicated on the second measure that they were satisfied with the time they spent together. They maintained that conflict over finances was not a problem. There were not any changes reported on the family history of distress scale. Also, they maintained the belief that they were somewhat non-traditional in marital and parenting roles. Jennifer initially saw herself as less traditional than Brendan; however, on the second measure, he thought that he was less traditional than Jennifer. Unfortunately, the scales that measured parenting were incomplete.

The changes indicated on the post-measure were apparent in sessions. Brendan tended to become defensive when the impact that his physically abusive behaviour had on Jennifer was highlighted. He seemed uncomfortable discussing the negative consequences that the abuse had on her. He was also challenged to change his behaviour that involved him treating Jennifer like a child. He was encouraged to recognize that Jennifer had matured and needed to be treated like an adult. We enacted arguments with this couple to help them develop communication and positive conflict resolution skills. This couple was receptive to examining their beliefs that prevented them from becoming

closer and to implementing changes that could promote intimacy. Brendan reported that he was stopping himself whenever he started to treat Jennifer like a child. Jennifer said that she showing Brendan more affection. They also reported that they were spending more time together as a couple and participating in community events. Jennifer planned on attending school and Brendan was going to look after their child. Brendan's plan to assume the role as primary parent likely influenced his perception that he was less traditional than Jennifer. They still found their sexual relationship unsatisfactory and they realized that this would take time to change.

Overall, this couple appeared to benefit from therapy. The improvement of their affective communication suggested that the interventions had some impact on their behaviour because this scale measures the process of communication which reinforced their self reports of interacting differently with each other.

### **PASNP and PAPS**

This couple completed the Partner Abuse Scale: (PASPH), the Physical Abuse of Partner Scale (PAPS), the Partner Abuse Scale: Non-physical (PASNP) and the Non-Physical Abuse of Partner Scale (NPAPS) at the start of treatment. Jennifer scored 4 on the PASPH and 2 on the PAPS. These scores indicated that she thought that she received more physical abuse than she delivered. Jennifer identified that Brendan very rarely pushed, hit or slapped her face and head. Jennifer indicated that she very rarely pushed, hit and injured Brendan's genitals. Brendan scored 1.33 on the PASPH and 5.33 on the PAPS. These scores indicated that he perceived that he delivered more physical abuse than he received. Brendan identified that Jennifer very rarely hit his arms, body, face and

head. He claimed that he very rarely physically assaulted her. Some of the items he identified were slapping, choking and throwing her.

A comparison of Jennifer and Brendan's scores suggested that physical abuse in the relationship occurred infrequently and that they both thought Brendan was more physically abusive than Jennifer. In general, this couple identified similar abusive behaviours that they inflicted on each other. This couple identified at the beginning of therapy that the physical abuse ended in the relationship when they stopped drinking. Brendan assumed responsibility for his physically abusive behaviour and he took time outs when he started to feel angry.

### **PASNP and NPAPS**

On the PASNP and NPAPS, Jennifer scored 4.67 and 6 respectively. These scores suggested that Jennifer delivered more non-physical abuse than she received. Jennifer identified that Brendan screamed at her when he was drinking some of the time. Jennifer indicated that she screamed at Brendan when she was drinking some of the time. On the PASNP and NPAPS, Brendan scored 4.67 and 2.67 respectively. These scores suggested that Brendan thought that he delivered less non-physical abuse than Jennifer. He believed that she would very rarely engage in behaviours like demanding he stay at home, yelling at him, and showing no respect for his feelings. Brendan claimed that he rarely did not want her having any male friends, insulted her in front of others and yelled at her when he was drinking.

Jennifer and Brendan seemed to agree that she delivered more non-physical abuse in the relationship than him. The relatively low scores implied that they did not perceive

non physical abuse as a serious problem in their relationship. The items that they identified on these scales were generally the same which suggested some similarity in their interpretations of the non-physical abuse. Their perception that Jennifer delivered more non-physically abusive behaviours was not evident in sessions. They did not engage in any behaviours that reflected verbal or emotional abuse. They demonstrated mutually respectful behaviour to each other in sessions.

### **PASPH and NPAPS**

The PASNP and the NPAPS scales were administered to this couple when they completed therapy three months later. The scales that measured physical abuse were not administered because there was no indication that either of them were violent to each other during treatment. Jennifer scored 7.33 on the PASNP and 8.67 on the NPAPS. Jennifer maintained that she was slightly more non-physically abusive than Brendan. However, both of her scores were higher on the post measure as a result of identifying the occurrence of more physically abusive behaviours that were delivered and received. Some examples of what she included on the post-PASNP were items like Brendan very rarely yelled at her, was stingy in giving her money and demanded sex whether she wanted it or not. Some of the items that she added to the post-NPAPS were very rarely telling him he was stupid, ordering him around and making fun of his ability to do things.

Brendan scored 2.67 on the PASNP and 2.67 on the NPAPS. Brendan perceived that there was an equal exchange of non-physical abuse between he and Jennifer on the post-measure. He thought the amount of non-physical abuse he received from Jennifer decreased and the amount of non-physical abuse he delivered remained the same between

the pre-and post-test. On the post-PASNP, Brendan excluded some items, like yelling at him, that he reported on the pre-measure. Although Brendan's score on the NPAPS remained the same on the pre-and post-measure, the behaviours he identified changed. For example, he indicated that he expected her to obey and he demanded she perform sexual acts that she did not enjoy.

This couple perceived that, overall, Jennifer was more non-physically abusive than Brendan. She identified the occurrence of more abusive behaviours delivered by her and Brendan at the end of treatment. He thought that the abusive behaviours decreased

Jennifer's perception that the non-physical abuse increased during treatment was not apparent in sessions because their presentation remained relatively the same during therapy. However, Jennifer's perspective could be explained if the discussion of the emotional abuse in the relationship resulted in her identifying more of these behaviours at home. Brendan may have thought the non-physical behaviours decreased because he may have been more content with the relationship than Jennifer was and, subsequently he could have minimized the occurrence of emotional abuse. That is, Brendan expressed greater satisfaction with the relationship toward the end of therapy because he and Jennifer were spending more time together as a couple.

### **Summary**

This couple was highly motivated to participate in therapy and they appeared to alter their status from "two roommates living together" to a couple enjoying a more mutually satisfying relationship. This was achieved by Jennifer and Brendan developing more closeness together which enabled them to communicate about issues other than

parenting and to demonstrate more vulnerability. In fact, the ability of Jennifer to articulate the emotional impact of Brendan's physical abuse on her behaviour seemed facilitate the development of more trust and closeness in their relationship. That is, Brendan accepted responsibility for his physically abusive behaviour and this recognition seemed to help Jennifer resolve some painful issues associated with the abuse. In turn, Jennifer felt more comfortable spending time alone with Brendan and engaging in activities as a couple. They both realized that their sexual relationship would improve as they developed more emotional intimacy as a couple. Also, Jennifer was going to return to school and Brendan was going to assume additional parenting responsibilities which suggested that he was acting more like an equal partner and less like a controlling father.

## **CHAPTER 6. KATHERINE AND GARRY**

### **Demographic Profile**

Katherine and Garry had been involved in a common law relationship for about two years. They were both in their early twenties. Katherine was employed as a sales representative in the retail clothing business. Garry worked shifts as a security guard.

Garry contacted the EHCC because he was having difficulty controlling his anger and he was concerned that he might physically hurt Katherine. He wanted individual therapy to help him learn to express his anger in non violent ways. Garry and Katherine were also interested in obtaining couple counselling because they thought that therapy could strengthen their relationship. This couple received individual and conjoint therapy. Katherine attended four individual sessions. Garry attended six individual sessions. They participated in six conjoint sessions.

This couple presented as motivated to address the conflictual issues in their relationship. Garry requested individual sessions to help him learn to express his anger in non abusive ways. Katherine agreed to attend individual sessions to identify any personal issues that were contributing to the conflict in the relationship. Katherine and Garry wanted to learn how to resolve conflict without the discussion escalating to verbal or physical abuse. As conjoint therapy progressed, it became evident that Katherine believed that the problems in their relationship were Garry's fault. She was participating in therapy to help him change. Our position was that Garry was solely responsible for the violence, but that Katherine contributed to the conflict in the relationship.



This couple chose to terminate therapy when we started to explore Katherine's perceptions and behaviours in the relationship. This intervention resulted in Katherine reacting defensively in sessions. Katherine stated she was not prepared to change her behaviour and they stopped attending therapy. This decision seemed appropriate because couple therapy was not feasible given that Katherine was not ready to examine her contribution to the tension in the relationship.

### **History of Violence**

The violence in this couple's relationship began when they were dating. Initially, Katherine punched Garry during arguments and he would not hit her back. Katherine stopped hitting Garry a few months later because she realized that her behaviour was physically and emotionally abusive to him. Garry began to physically assault Katherine when she stopped behaving abusively. Garry would physically restrain Katherine from leaving the room when they were arguing. This happened on at least five occasions. The last incident occurred when Katherine tried to leave and Garry blocked her exit by grabbing her arm. She planned to leave the relationship, but she decided to stay because Garry was going to attend counselling to deal with his anger.

### **Family of Origin**

Katherine described her family as close and she wanted to have the type of relationship that her parents had. Her parents were married for twenty-two years and she believed that their relationship was based on trust and respect. Katherine stated that her father never physically assaulted her mother. Her parents had disagreements, but they never argued in front of Katherine or her older sister.

Katherine's mother taught her the most about relationships. Her mother believed that couples should give up their individual interests and only socialize together. For example, Katherine's mother told her that if any of her boyfriends wanted to go out to the bar alone, then they should be single because men went to bars to pick up women.

Also, Katherine learned about relationships from observing her sister, who was involved in a physically abusive relationship. She criticized her sister for staying with a violent partner and indicated that she would separate from Garry if he continued to behave abusively. Katherine observed that her sister would always apologize to her boyfriend after he physically assaulted her. Katherine did not want to repeat this dynamic in her relationship and she always expected the man to apologize after an argument.

Garry's father was an alcoholic and physically assaulted his mother. She left the marriage and raised Garry and his older brother as a single working parent. Garry described the relationship with his mother as positive. Garry thought that he was like his mother in the sense that he often refrained from telling people the truth as a way to avoid an argument with them. Garry's father terminated contact with him after he re-married. Garry's relationship with his brother seemed ambivalent because he liked spending time with his brother. However, he believed that he learned to be physically abusive from watching his brother assault his wife. Garry believed that his brother's physically and emotionally abusive behaviour was wrong and he did not want to repeat this behaviour with Katherine.

Katherine and Garry met through a mutual friend. Katherine was involved in a relationship at the time and she developed a friendship with Garry. A few months later,

Katherine separated from her boyfriend and began an intimate relationship with Garry.

### **Assessment**

Katherine was taught that couples should have only shared interests which involved spending all of their time together because the independence of one partner, especially the man, could lead to infidelity. She learned that couples should be the same which implied that differences should be avoided in order to preserve the relationship (Nichols & Schwartz, 1998). She also appeared to minimize the potential difficulties in her family by describing her parent's relationship in idealistic terms. The involvement of Katherine and her sister in abusive relationships suggested the presence of some dysfunctional patterns in their family. Consequently, Katherine appeared to be pre-disposed to developing enmeshed boundaries in relationships because she learned that minimizing differences, and ultimately avoiding conflict, was the basis for a successful relationship. Katherine's views on conflict in relationships seemed to be further influenced by witnessing her sister's behaviour in an abusive relationship. That is, Katherine believed that men should always apologize to women which implied that women did not contribute to the conflict in a relationship. Our position was that men must always take responsibility for their physically abusive behaviour, but the tension and the conflict in the relationship are the shared responsibility of the couple. Therefore, Katherine's commitment to participate in therapy appeared to be tenuous because her attitude suggested that she would resist examining her contribution to the conflict in the relationship. Garry's experience in his family likely taught him to use violence and aggression as a way to resolve conflict or to gain power. Garry may have attempted to

cope with the emotional cut off from his father when he re-married by substituting his brother as a father figure (Nichols & Schwartz, 1998). Garry's perception that his brother, and not his father, taught him to be violent provided support for the preceding hypothesis. Garry's mother likely gave her children the message that domestic violence was unacceptable by leaving an abusive marriage. Garry seemed to have internalized this value, to some extent, because he sought out counselling to help him change his abusive behaviour. Furthermore, Garry's disclosure that he and his mother placate others to avoid conflict suggested that the roles in the relationship may have been enmeshed (Minuchin, 1974; Nichols & Schwartz, 1998).

This couple demonstrated that the boundaries defining their relationship were primarily enmeshed (Minuchin, 1974). Katherine's belief that individual opinions should be superceded by the interests of the relationship and Garry's inclination to avoid conflict seemed to facilitate the emotional fusion in their relationship (Nichols & Schwartz, 1998). This couple seemed to chronically argue over issues involving control which reinforced that they were threatened by differences which reflected poor self differentiation (Nichols & Schwartz, 1998). It also became evident that Katherine was resistant to examining the impact of her behaviour in the relationship which reinforced that she was not prepared to change.

### **Power**

Katherine thought that their relationship would be "perfect" if Garry could only learn to control his anger. She believed that participating in counselling could help her learn how to change her behaviour to prevent him from becoming angry. Garry blamed

Katherine for triggering his anger, even though he stated that he was responsible for his abusive behaviour.

Two patterns of arguments appeared to characterize this couple's relationship. The first pattern involved situations where Katherine was angry at Garry and he would react passively. She would disagree with Garry by yelling and criticizing his opinions. He would either deny that he had a different opinion or he would try to stop the argument by apologizing. Garry reacted passively in these situations because he was overwhelmed by Katherine's verbal aggression and he was unsure of how to assert his opinion. The second pattern involved situations where Garry was angry at Katherine and she would react passively. He would either withdraw through silence or use physical force when he was angry. It was usually in social situations that Garry would chose to withdraw from Katherine by not speaking to her. She recognized this silence to mean that Garry was angry at her. She would then proceed to guess at the reasons for his anger because he would deny that there was a problem. She would be so preoccupied with determining why he was upset that she was unable to socialize with her friends. At some point, Garry would begin to speak to her as if nothing happened and he would refuse to tell her what had accounted for his sudden change in mood. The absence of an explanation made Katherine angry and she would react by refusing to talk to Garry. He would then blame her for prolonging the argument.

Garry could also engage Katherine in an argument by accusing her of being unfaithful. She knew that it was futile to argue with him in these situations because his voice had a "sarcastic tone" which meant that he was only interested in blaming her for

his anger. However, she would defend herself against his accusations of infidelity because she hoped that he would recognize that he was falsely accusing her and stop this behaviour. This scenario never appeared to occur and these arguments would end in one of two ways. Garry would calm down and Katherine would stop speaking to him because he would pretend that an argument had not occurred. The other possibility was that Garry would physically restrain Katherine when she attempted to leave during the argument. He would let her go after she started to cry. She would become extremely angry and tell him that she was leaving the relationship. He would plead with her to stay.

The interaction between Katherine and Garry in sessions reinforced the dynamics of power in their relationship. Katherine tended to verbally monopolize the sessions by providing narratives or by questioning Garry when he expressed an opinion that differed from her own. Garry was generally quiet and he often mumbled when he spoke. There were a couple of occasions when Garry became angry and then he would express his opinion clearly. Katherine consistently identified during individual sessions that she was not prepared to change and this was reflected by her missing several scheduled individual appointments.

### **Assessment**

The struggle for power between Katherine and Garry appeared to reflect their need to control and dominate each other. Katherine seemed to control Garry by aggressively criticizing his opinions to the point where he would agree with her perspective to avoid an argument. The placating behaviour demonstrated by Garry appeared to be the result of three factors. The first factor was that Garry had inferior verbal skills compared to

Katherine's which enabled her to argue her perspective more effectively. The second factor was that he may have felt obligated to acquiesce to Katherine as a way to compensate for the guilt he had from physically assaulting her. The third factor was that agreeing with others to avoid an argument represented an aspect of his personal style of conflict resolution that he learned from his mother. However, the power would shift from Katherine to Garry when he began to express his anger through silence, arguing and physical aggression. Garry's belief that he could not contain his anger interacted with Katherine's perception that she was responsible for his emotional well being which reinforced his inability to express anger in non abusive ways. Garry was able to control Katherine's behaviour to the extent that she would repeatedly and unsuccessfully attempt to alleviate his anger because she felt responsible for his well being. She could perceive her efforts to control his anger as a failure which could, in turn, damage her self esteem. Subsequently, the power was constantly shifting between Katherine and Garry because each of them appeared invested in controlling the behaviour of the other.

One of the outcomes of this couple's struggle for power appeared to be a pattern of distancing and pursuing (Nichols & Schwartz, 1998). Garry distanced whenever he expressed his anger through silence and Katherine reacted by assuming the responsibility of alleviating his anger by focussing all of her attention on him. Katherine also distanced from Garry when she was angry by ignoring him until he apologized to her and by threatening to leave him after he was physically abusive. He attempted to achieve closeness by promising to change. Katherine pursued Garry when she expected him to agree with her opinions. He generally complied and this likely helped create a sense that

they were close because they held the same opinions (Nichols & Schwartz, 1998).

The strong need for Katherine and Garry to control each other seemed to illustrate that this couple has poorly defined personal boundaries which interfered with their ability to assume responsibility for their own behaviour (Minuchin, 1974). Their pattern of reacting emotionally to each other by engaging in continual power struggles reinforced the fusion between them (Nichols & Schwartz, 1998). The chronicity of their arguing may have been a way to achieve closeness because their capacity for intimacy was restricted by the emotional fusion in the relationship (Nichols & Schwartz, 1998). Subsequently, the illusion of closeness was created by perpetual conflict which permitted the expression of emotion without any pressure to change their behaviour (Nichols & Schwartz, 1998).

### **Trust**

Katherine and Garry exhibited extreme jealous behaviour which indicated that there was little trust between them. The jealousy demonstrated by Katherine seemed to be based on two beliefs. She thought that if Garry looked at or talked with other women, then he wanted to have an affair. Katherine would watch Garry when they went out and she would get angry if she thought that he was staring at other women. She also thought that if women paid attention to Garry, then they wanted to have an affair with him. Katherine wanted Garry to make it clear to these women that he was not interested in them. Katherine claimed that she would physically assault any woman who persisted in pursuing him. Garry exhibited jealous behaviour similar to Katherine's. He believed that she was going to have an affair and he became jealous in at least two situations. He would accuse Katherine of cheating if she stayed too long in the washroom. He would also



accuse her of “talking to men” with the intent of cheating if they said hello to her. Garry would tell these men to leave her alone and he would initiate a physical fight with them if they did not leave. Katherine confirmed Garry’s jealous behaviour by stating that she tried not to look around the bar because she was worried that he would accuse her of staring at other men.

They attempted to control their jealous behaviour by constantly reassuring each other they would not have an affair and by expressing their commitment to the relationship. Katherine attempted to minimize the possibility of either of them cheating by entering into the relationship with a rule which stipulated that neither of them could flirt. No flirting meant that they could not look at or converse with the opposite gender in social situations. For example, Garry was expected to look away if a woman was staring at him. Katherine was expected to ignore men who initiated conversation with her.

The jealousy persisted in spite of their efforts to control it. Three factors seemed to be influential in maintaining the jealous behaviour of this couple. First, Garry did not appear to be as committed to the rule on flirting as was Katherine. They agreed that Katherine did not flirt, but Garry admitted that he had flirted with other women because he thought it was harmless. Katherine interpreted this statement to mean that Garry wanted to have an affair, in spite of his reassurances that he was not going to be unfaithful.

Second, Katherine believed that men lied about having affairs and Garry reinforced this belief by habitually telling her “half-truths” about women. Katherine trusted her first boyfriend to go to the bar alone and later on she discovered that he had

several affairs with women that he had met. This experience taught her to never fully trust a partner again. She admitted that this was an extreme position to take, however she felt it was necessary in order to protect herself from being hurt. Garry admitted that he contributed to Katherine's inability to trust by frequently telling her "half-truths". For example, Katherine learned that Garry went out for coffee with a woman he worked with. Katherine confronted Garry on this and he eventually admitted to socializing with a co-worker. Katherine coped with Garry's tendency to distort the truth by trying to catch him in a lie if she had any suspicions about him being unfaithful. She would ask him to repeat his version of the situation that she was suspicious of three or four times. She would believe him if there were no inconsistencies in his explanations. Third, Katherine and Garry believed that jealousy was part of an intimate relationship. Garry's jealousy intensified as his feelings for Katherine became stronger. He believed that he had the right to question her when she behaved in ways that made him suspicious. Katherine thought that Garry's jealousy meant that he loved her. However, she thought that Garry's jealous behaviour was too extreme and she wanted him to react with less intensity. For example, Katherine wanted Garry to ask her why men approached her in a bar, but she wanted him to question her in a calm way instead of becoming angry and accusatory.

### **Assessment**

The intense jealousy exhibited by this couple seemed to be based on irrational beliefs to the extent that they seemed committed to the relationship and they did not have a history of being unfaithful to each other. Katherine likely had difficulty trusting Garry because she doubted the ability of men to be faithful. Her distrust of men appeared to be

related to the experience of her first boyfriend having extra marital affairs which reinforced the belief instilled by her mother that men go to the bar to cheat. She seemed unable to emotionally separate the experience with her first boyfriend from her relationship with Garry. Garry's belief that flirting was innocuous and his habit of telling the partial truth about women seemed to support rather than mitigate Katherine's suspicions of infidelity. Katherine's perception that extra marital affairs were inevitable appeared to make her extremely vulnerable to being hurt by Garry. She attempted to protect herself by maintaining a constant vigilance to help her detect any signs indicating that he may have been unfaithful.

Garry's jealousy appeared to be more characteristic of abusive men who exhibit jealous behaviour as a way to control their partners (Walker L., 1984). He held two contradictory beliefs about jealousy. Garry's admission that flirting with women was innocent was contradicted by his assumption that Katherine would be unfaithful. This double standard appeared to allow Garry to control Katherine. He could exploit her insecurities by engaging in flirtatious behaviour and by accusing her of cheating with men who initiated conversation with her. The irrationality of Garry's jealous behaviour seemed to be based on an attempt to gain control of Katherine. It is likely that Garry learned this emotionally abusive behaviour from internalizing the beliefs of his father and brother who were physically abusive to their partners. Garry's exposure to the dynamics of domestic violence likely created feelings of insecurity and he attempted to cope by trying to be powerful and in control of Katherine.

The perception that extra marital affairs were inevitable demonstrated that this

couple had enmeshed boundaries (Minuchin, 1974). They appeared to believe that the other did not have any personal control over their behaviour and, subsequently either of them could be manipulated into having an affair. The extent to which jealousy governed their behaviour implied that there was a high degree of emotional fusion between this couple (Nichols & Schwartz, 1998). This enmeshment was reinforced by the intense emotional reaction experienced by Katherine and Garry when one of them believed that the other may have been unfaithful. Katherine initiated the rule on flirting to protect herself from being emotionally vulnerable to Garry. Garry seemed ambivalent, but he told Katherine that he would respect this rule which was characteristic of his need to avoid conflict by agreeing with others. Consequently, it appeared that the rule on flirting was created to act as a boundary that would help this couple control each other's movements, contain their jealousy and minimize the opportunities to be unfaithful. The rule, however served as a barrier that prevented this couple from developing a more trusting and intimate relationship.

### **Closeness**

Katherine and Garry valued spending all of their time together and they wanted to maintain this pattern. They never went out separately and they socialized only as a couple. In spite of constantly being together, they frequently argued in social situations about each other's jealous behaviour. These arguments could be averted if they gave each other attention intermittently to prevent feelings of exclusion when they were socializing separately with their friends. They also made efforts to maintain contact even if their work schedule kept them apart. Katherine was expected to telephone Garry if he was

working evenings or weekends. He would become angry if she failed to call or if he telephoned her and she was not home. She thought that his anger indicated that he missed her. She implied that she was at fault if she was unable to receive or initiate the telephone calls.

The expectation of spending all of their time together seemed to create some tension in the relationship. Katherine indicated they needed to make compromises if they were to be together all of the time. For example, Katherine would wake up at midnight to pick Garry up from work. Garry would suggest that they go out, but Katherine insisted that they return home because she had to work in the morning. Katherine accepted this disruption in her sleep to provide transportation for Garry as long as he was prepared to compromise by not expecting her to go out after work.

### **Assessment**

This intimacy in this couple's relationship appeared to be based on insecurity and jealousy instead of trust and respect. Their decision to socialize only as a couple suggested that they perceived the pursuit of individual interests to be a threat to the existence of the relationship (Nichols & Schwartz, 1998). The relinquishment of individual interests in order to maintain the relationship also reflected the value that couples should spend all of their time together which Katherine learned from her mother. Katherine appeared to internalize this value to mean that any time away from her partner was a potential opportunity to be unfaithful given her experience with her first boyfriend. Garry also appeared to hold a similar perception because he became angry when he could not contact her by telephone when he was working. This anger, in combination with his

irrational jealousy, likely indicated that he thought that she was being unfaithful when she did not call him or answer the telephone.

This couple's jealousy indicated that they were emotionally immature which limited the extent to which they could develop an intimate and trusting relationship (Nichols & Schwartz, 1998). They could not trust each other when they were together or apart. Consequently, they attempted to spend all of their time together as a way to control each other's movement and to minimize the opportunities for being unfaithful. Garry attempted to control Katherine when he was at work by monitoring her movement through telephone calls. Katherine attempted to control Garry by making compromises in the relationship.

This couple's efforts to attain closeness through controlling each other implied that their boundaries were enmeshed (Minuchin, 1974). The jealousy revealed that Katherine and Garry had poor self differentiation because of the strong emotional reactions that were triggered when they were unable to control each other (Nichols & Schwartz, 1998). Consequently, a rule was created to regulate their social activities to help them contain their jealousy and to minimize the occurrence of extra marital affairs. This couple did not question their need to be inseparable which further reflected the emotional fusion in their relationship (Nichols & Schwartz, 1998). It seemed that they could create the illusion of closeness by avoiding discussions of their motivation to be together continually because any attempt to examine this issue would inevitably lead to conflict.

## **Interventions**

### **Safety Planning**

The first area of intervention involved the development of safety and protection plans with Katherine and Garry during individual sessions. Katherine appeared to minimize the need for a safety plan by suggesting that Garry's physically abusive behaviour was not serious because it did not involve hitting. After discussing the potential risks to her safety that could emerge from participating in couple counselling, she seemed more committed to developing a protection plan. Katherine's cue to go to her sister's house was when his attitude became sarcastic because this indicated that his anger was escalating. Garry agreed to stop physically restraining Katherine if she wanted to leave the house during an argument.

However, an argument escalated a few weeks after the protection plans were developed and Garry physically restrained Katherine when she attempted to leave the situation. This incident was reviewed to explore the factors that contributed to their inability to implement their individual plans. Katherine identified that she was not leaving situations where Garry was escalating. She wanted to give Garry the opportunity to recognize that he was angry and to stop himself from escalating. She indicated that he was able to de-escalate himself occasionally and, subsequently there was a chance that they could resolve the argument. However, if she left the situation immediately, then she was not giving him the opportunity to calm down which would allow them to discuss the problem.

Garry acknowledged that he was not taking responsibility for his anger when he

physically restrained Katherine from leaving during the argument. He revealed that he allowed his anger to escalate in situations where he wanted Katherine to agree with his perspective. He consciously made comments that he knew would maintain her participation in an argument. For example, he realized that she would defend herself if he accused her of flirting.

The next part of this intervention focussed on the identification of changes that would facilitate a successful implementation of their protection plans. Garry thought that Katherine should tell him when his anger was escalating because he was not capable of determining this independently. Katherine knew when Garry was escalating and she agreed to this plan. We believed that this solution only maintained the dynamics that perpetuated Garry's emotional dependency on Katherine. Consequently, Garry was told that he was responsible for controlling his anger and that he was aware of his cycle of escalation. Garry agreed to take a time out by going for a walk and he would not prevent Katherine from leaving during an argument. Katherine was advised that she was responsible for her safety and that she should leave if Garry was escalating and refused to take a time out.

A discussion of the potential problems that could occur with the implementation of the protection plans was initiated to further enhance Katherine's safety. Katherine thought that she may oppose Garry taking a time out because she was worried that he may go to the bar instead of for a walk. We helped Garry explain to Katherine what his time out plan was. Garry identified that his need to address the problem immediately placed him at risk for not following through with the protection plans. We responded by



highlighting the negative impact that resolving conflict had on the relationship when Garry's anger was escalating.

In addition to the conjoint meeting, individual sessions with Katherine and Garry were conducted to further assess their commitment to the protection plans. Katherine was able to articulate her safety plan, but her ability to leave during an argument appeared tenuous. She revealed that she wanted to help Garry control his anger by providing him with several opportunities during an argument that would allow him to stop himself from escalating. I reinforced that Katherine was not able to control Garry's anger. However, her motivation to assist him appeared extremely strong and her safety plan was revised accordingly. She decided to give him one opportunity to recognize that he was escalating and to calm down. She agreed to leave the situation if he continued to use a sarcastic tone. The incident that involved Garry physically restraining Katherine was reviewed, again, to identify what constituted a first chance and how she would leave the situation.

This couple did not report any subsequent incidents of violence during treatment. The process of developing the protection plans may have increased this couple's awareness of safety issues in the relationship and provided them with some tangible skills to minimize the escalation of arguments into violence. The ability of Katherine and Garry to implement their control plans would have demonstrated that they were accepting greater personal responsibility for their behaviour which may have decreased the enmeshment between them (Nichols & Schwartz, 1998).

### **Emotional Abuse**

The intense jealousy demonstrated by this couple appeared to facilitate an

exchange of emotionally abusive behaviour. Their emotional immaturity often resulted in them engaging in power struggles to minimize the opportunities to be unfaithful (Nichols & Schwartz, 1998). Katherine's behaviour also suggested that she had a strong need for Garry to agree with her perspective. She could become verbally abusive if he expressed an opinion that was different from her own. Garry's irrational jealousy contributed to him falsely accusing Katherine of having extra marital affairs which hurt her emotionally. Furthermore, he accused her of being unfaithful as a tactic to engage her in an argument that he knew would escalate.

The emotional abuse restricted the development of safety, trust and caring between Katherine and Garry. We attempted to interrupt this negative pattern of interaction by teaching this couple positive conflict resolution skills as a way to minimize their emotionally abusive behaviour. We reinforced that their pattern of arguing was a choice and that there were alternative ways to resolve conflict. Situations were enacted to help this couple learn and practice communication skills that promoted positive conflict resolution (Piercy et al., 1986). Individual sessions were also conducted with Katherine and Garry. Katherine was encouraged to examine her contribution to the conflict in the relationship, but she clearly articulated that Garry's anger was the problem. Katherine indicated that she was not prepared to change and that participating in counselling would not alter this decision. She further communicated this message by failing to attend scheduled sessions.

Garry, on the other hand, appeared to benefit from the individual sessions. Situations were enacted with Garry that allowed him to practice assertive communication

skills by using “I” messages (Piercy et al., 1986). Garry seemed to be using these new communication skills with Katherine. For example, he self reported a situation where he used an “I” statement to tell Katherine that he disagreed with her opinion. She apparently became angry at him, but he was able to re-state his opinion and remain calm. He indicated that Katherine left the house and he did not attempt to stop or follow her.

Over all, the interventions that focussed on helping this couple learn positive conflict resolution skills appeared to be marginally effective. Although Garry was beginning to assert his opinion, Katherine did not appear motivated to make any similar changes because she perceived his anger as the sole problem in the relationship. In fact, she seemed to be threatened by Garry’s assertive behaviour and she reacted with anger when he maintained an opinion that was different from her own. Garry’s ability to assert his opinions to Katherine demonstrated, to some extent, an ability to differentiate his thoughts from his emotion which had the potential to de-fuse the enmeshed boundary between them (Nichols & Schwartz, 1998). However, the possibility that this couple would revert to their old pattern of communication where Katherine dominated Garry verbally until he escalated was strong. Katherine did not want to lose her control in the relationship and the extent to which Garry internalized his new communication skills was unknown.

### **Relationship Patterns**

The jealous beliefs and behaviour exhibited by Katherine and Garry was a prominent theme identified in therapy. Jealousy was an overt problem in the relationship that perpetuated power struggles and restricted the ability of this couple to develop trust

and intimacy. Jealousy was an extremely difficult issue for Katherine to discuss in therapy. She could not allow herself to be vulnerable with Garry because she needed to protect herself from being hurt like she was in her first relationship. We began to address the issues related to jealousy by asking Garry to define flirting. Katherine immediately became angry because she thought that discussing the issue of jealousy meant that we were giving Garry permission to flirt. Efforts were made to de-escalate her, but she remained angry for the entire session. We attempted to de-brief this situation during the next session. Katherine was able to acknowledge that she became emotionally overwhelmed whenever she talked about the jealousy in the relationship. However, Katherine quickly escalated when we further explored her perceptions of jealousy. She was unable to acknowledge that jealousy negatively impacted the relationship and she refused to discuss this issue. Again, attempts were made to de-escalate Katherine, but she left the session angry. They did not return to therapy after this session. Our efforts to encourage this couple to return to therapy were unsuccessful.

Katherine's resistance to change was a consistent pattern through out the course of treatment. She entered therapy with the belief that the problem in the relationship was Garry's inability to control his anger. Her motivation to participate in therapy was to learn how to prevent Garry's anger from escalating. The defensiveness exhibited by Katherine prevented her from examining the contribution that she made to the conflict in the relationship. She appeared anxious and hostile whenever any attempts were made to explore her emotional vulnerability in the relationship. Consequently, Katherine was not a suitable candidate for individual or conjoint therapy because she was not prepared to

change. Katherine seemed unable to take the risks associated with establishing more trust with Garry because she needed to protect herself emotionally in the relationship. The most appropriate intervention would have been for Garry to continue with individual counselling because he seemed receptive to changing his behaviour.

### **Results of the Measures**

#### **Marital Satisfaction Inventory**

This couple completed only one MSI measure at the beginning of treatment because they decided to prematurely end therapy. A copy of this measure is located Appendix C. Their scores on the conventionalization scale suggest that this couple, especially Katherine, was interested in presenting their relationship in a socially desirable way. This implied that the scores on all subsequent scales should be interpreted cautiously because they may minimize the seriousness of their problems. Their scores on the global distress scale revealed that they perceived their marriage as generally positive and that they were committed to staying together. Their scores on the affective communication scale implied that they did not feel isolated and that they were satisfied with the affective nature of their relationship. The specific conflict that they appeared to have was related to their ability to resolve differences. Their scores on the problem-solving communication scale indicated that they were moderately distressed over differences being left unresolved and the escalation of minor disagreements into major arguments. Katherine and Garry did not report any concerns with their shared leisure time, sexual relationship or financial situation. The satisfaction they reported with their sexual relationship and leisure time appeared to reinforce their contentment with their

affective communication. They scored high in the moderate range on the role orientation scale which suggested that they perceived that non traditional roles were enacted in their relationship. Their scores differed on the family history of distress scale. Katherine's score indicated that there were no difficulties in her family of origin that could potentially contribute to the conflict in her relationship. However, Garry's score indicated that he was moderately distressed which suggested that witnessing domestic violence and the divorce of his parents were likely contributing factors to the problems in the relationship.

There was clinical evidence to support the responses provided by Katherine and Garry on the MSI. One of the primary problems that this couple struggled with was their inability to positively resolve conflict which often lead to the escalation of minor disagreements into major arguments. They also tended to minimize the problems in their relationship. Katherine minimized her role in the marital conflict by thinking that the relationship would be "perfect" if Garry could contain his anger. She often responded to questions regarding her contribution to the marital conflict with hostility and stated that the therapists were telling her what to do. Garry did not present as defensively as Katherine in session, however he minimized his contribution to the conflict in the relationship as well. He tended to deny the negative consequences that his inability to be assertive with Katherine had on the relationship. He also rationalized his jealous behaviour which was often the instigating factor in many of their arguments.

Consequently, the interventions that seemed the most successful with this couple were the individual sessions with Garry where he learned assertive communication skills. Individual and couple sessions with Katherine did not appear helpful because she resisted

any attempt to examine how her beliefs and behaviour contributed to the marital conflict. This couple's pattern of resolving conflict may be altered if Katherine responded differently to Garry's more assertive communication style.

### **PASPH and PAPS**

This couple completed the Partner Abuse Scale: (PASPH), the Physical Abuse of Partner Scale (PAPS), the Partner Abuse Scale: Non Physical (PASNP), and the Non-Physical Abuse of Partner Scale (NPAPS). Katherine scored 2 on the PASPH and 2.67 on the PAPS. These scores suggested that Katherine perceived that she delivered slightly more physical abuse than she received. Katherine described the physical abuse she delivered as very rarely pushing, hitting and throwing dangerous objects at Garry. She described Garry as pushing her very rarely and physically throwing her around the room a little of the time. Garry scored 0 on the PASPH and 3.33 on the PAPS. His scores suggested that he was more physically abusive to Katherine than she was to him and that she was never physically abusive to him. Garry described pushing Katherine around violently some of the time.

Katherine believed that she was more physically abusive than Garry. Garry believed that he was more physically abusive than Katherine. Aside from this, their responses seemed consistent because they reported an infrequent amount of violence and similar violent behaviour was described. Katherine's belief that she was more physically abusive than Garry was not supported by their self reports during therapy. There were no incidents of violence by Katherine to Garry, however he physically restrained her during an argument. This discrepancy could be explained by their responses on the measure

being based on different time frames. At the beginning of their relationship, Katherine was physically abusive to Garry and then he started to assault her when she stopped behaving violently.

### **PASNP and NPAPS**

Katherine scored 20.67 and 13.33 on the PASNP and NPAPS scales respectively. She believed that she received more non-physical abuse than she delivered. Katherine indicated that Garry never wanted her to socialize with her female friends. Also, Katherine described Garry as yelling at her, showing no respect for her feelings and treating her like a dunce some of the time. She indicated that she did not want Garry to socialize with female friends and that she became angry if he disagreed with her some of the time. She also claimed that she was rude and yelled at him when she was drinking some of the time. Garry scored 2.67 on the PASNP and 14.67 on the NPAPS. Garry perceived that he delivered more non-physical abuse than he received. Garry acknowledged that Katherine demanded obedience to her whims a little of the time. Garry believed that he expected Katherine to obey him a good part of the time. He expected Katherine to respond immediately when he gave her an order and he frightened her some of the time.

Katherine and Garry agreed that she received more non-physical abuse than she delivered. One difference was that Katherine indicated that Garry never wanted her to socialize with her female friends, but he did not identify this item as part of the non-physical abuse that he delivered. Garry primarily identified his abusive behaviours as acts that involved him overtly controlling her and the items that she identified to describe his



abusive behaviours confirmed this.

Katherine and Garry perceived that she received and that he delivered more non-physical abuse. This pattern was not apparent in sessions because they were both jealous and their efforts to control each other's behaviour to minimize the opportunities to be unfaithful often escalated to arguments that involved a reciprocity of emotionally abusive behaviour. Katherine became defensive in sessions when we attempted to explore the issue of jealousy with her. More specifically, she was angry at Garry and insinuated that she was going to flirt to "see how he liked it". Garry also became angry when the topic of jealousy was raised and he stating that he had the "right" to monitor Katherine's behaviour because he cared about her. This attitude revealed Garry's sense of male entitlement in the sense that there was a double standard in their relationship regarding jealousy. Katherine appeared to react to this double standard by attempting to change her behaviour as a way to convince Garry that she would be faithful to him. Consequently, the intensity of Garry's anger to a situation that created tension for both of them implied that he was more emotionally abusive than Katherine because she was altering her behaviour to appease him.

### **Summary**

This couple was not emotionally prepared for couple therapy and, subsequently marginal gains were achieved from their participation in the practicum. Katherine was unable to explore her contribution to the conflict in the relationship because she was invested in protecting herself and unable to take any risks that could leave her emotionally vulnerable to Garry. She attempted to mask this vulnerability by believing that the only problem in the relationship was Garry's anger and that her contribution in therapy was to help him control

his anger. Gary was solely responsible for his anger and his physically abusive behaviour. However, they both contributed to the conflict in the relationship. Garry seemed more open to changing his behaviour in the sense that he wanted to learn to control his anger. He learned some assertive communication skills that helped him contain his role in the escalation of arguments with Katherine during therapy. However, Katherine and Garry did not address their jealous behaviour and they were still invested in controlling each other which implied that the potential for conflict to be a prevalent part of their relationship was a strong possibility.

## **CHAPTER 7. CONCLUSIONS**

### **Development of Theoretical Knowledge**

Some of the theoretical assumptions found in family systems and feminist theory seemed to support the behavioural patterns exhibited by the couples in the practicum. One of the theoretical assumptions that appeared to characterize the interactive styles of the couples was the prevalence of complementary patterns of communication that epitomized either distancing and pursuing or passivity and aggression (Cook & Frantz-Cook, 1984; Nichols & Schwartz, 1998). The presence of these patterns limited the reciprocation of mutual support and contributed to “rigid unilateral control” in their relationships (Cook & Frantz-Cook, 1984, p. 86; Geffner & Maynard, 1987). The couples often became engaged in a power struggle when they attempted to resolve differences because they refused to acknowledge the validity of their partners’ perspective. The clients seemed to verbally dominate each other which superceded the ability to compromise and, ultimately, resolve conflict in a positive way. Subsequently, the primary issues that perpetuated the conflict were inadequately addressed and the couples argued repeatedly over the same topics which likely added to the tension in their relationships.

The structure of the boundaries that regulated the interaction within the marital subsystems was another concept of family systems theory that applied to the couples’ patterns of interaction (Nichols & Schwartz, 1998). The boundaries in the marital relationships appeared to be primarily enmeshed because each partner appeared to be overly responsive to the behaviour of the other (Nichols & Schwartz, 1998). A common

theme among the couples was that differences in opinions seemed to create anxiety in the relationship and they appeared to cope with this stress by frequently arguing over the same issues (Nichols & Schwartz, 1998). The clients seemed to believe that the existence of the relationship could be threatened by the presence of any differences between the partners. Furthermore, the perpetual arguing over the same issues suggested the presence of diffuse boundaries in the marital relationships because enmeshed families often circumvent conflict with chronic arguing which enables the expression of emotion, but without any expectation to resolve the conflict (Nichols & Schwartz, 1998).

Furthermore, the couples were either disengaged or enmeshed with their nuclear families which seemed to contribute to the stress in the marital relationships (Nichols & Schwartz, 1998). This stress seemed to interfere with the ability of the couples to achieve the developmental tasks associated with establishing a marital relationship and raising children (McGoldrick & Carter, 1982; Nichols & Schwartz, 1998). The clients who were enmeshed with their parents appeared to struggle with emotionally separating from their nuclear families which interfered with the development of the marital relationship. Some couples struggled with achieving the task of "accommodation" (Nichols & Schwartz, 1998, p. 246) because they were unable to negotiate rules unique to the marital relationship and they repeated the patterns of interaction that they learned in their families. Consequently, the couples argued over the expectations of each other in the relationship. Couples who were disengaged from their nuclear families appeared to experience difficulty with achieving the preceding developmental tasks because of their isolation. These couples were unable to access any potential concrete and emotional

support from their families to help with the raising of children. Instead, the clients seemed to become overly dependent on each other and this enmeshment added to the stress in their relationship which likely made parenting more difficult.

The emotional immaturity of the couples also contributed to the prevalence of conflict in their relationships because their behaviour often appeared to be governed by feelings instead of logic (Nichols & Schwartz, 1998). A theme central to the couples was the presence of a pattern that involved each partner reacting emotionally to the other which limited a rational evaluation of their actions. This pattern seemed to govern their interactions and implied they had low levels of self differentiation because their behaviour reflected the inability to differentiate between thought and feeling (Nichols & Schwartz, 1998). However, the emotional reactivity of the clients seemed to decrease as they began to assume more responsibility for their own behaviour. This change coincided with the clients demonstrating a greater capacity to control their emotions which enabled them to make more rational choices about their behaviour. The clients' shift to assuming more responsibility for their behaviour suggested that they were beginning to integrate their thought and feeling (Nichols & Schwartz, 1998). Subsequently, the ability of the clients to decrease their emotional reactivity to their partners seemed to help clarify their personal boundaries in the relationship which, in turn, promoted the growth of emotional maturity of the couples (Nichols & Schwartz, 1998).

Some of the key theoretical concepts of the feminist perspective were applicable to the couples in the practicum. The belief that the primary objective of gender role socialization is to support the dominant social and economic position of men by

advocating that women should be responsible for the emotional well being of the family was revealed in the attitudes of the couples (Bograd, 1984; Goldner, 1992; Myers-Avis, 1985; Walker, G., 1990). The women believed that they were ultimately responsible for the emotional state of their spouses and they would often blame themselves whenever their partners were distressed. The need to nurture may have influenced the women to participate in therapy because they believed that they could learn to improve the emotional well being of their partners. The men perpetuated this gender role expectation by rationalizing their emotional distance from the family by implying that their primary responsibility was the role of the economic provider. Also, the men frequently held their partners responsible for evoking emotions, like jealousy or anger, and claimed that these reactions could be avoided if the women had behaved differently. The combination of the blaming attitude held by the men and the acceptance of the women for their partners' emotional state seemed to create a dependency on the women which restricted the ability of the men to assume more responsibility for their emotions.

The feminist belief that promotes the idea that men and women have different treatment needs as a consequence of gender differences was true to some extent for the couples (Bograd, 1984; Dobash & Dobash, 1979; Geffner & Pagelow, 1993; Hansen & Goldenberg, 1993; McKeel & Sporakowski, 1993; Thorne-Finch, 1992). Gender socialization did appear to contribute to the cognitive and behavioural differences between the male and female clients in the practicum. This reinforced the need for gender specific treatment to help men and women challenge the social values that sanction male aggression and female submission. However, the dynamics of the clients' nuclear families

appeared to be a variable that was as powerful as gender socialization in shaping the behaviour and subsequent treatment needs of the couples. A common theme among the couples was that each partner seemed to have similar experiences in his/her respective families which implied that partners in the relationships had comparable levels of emotional differentiation (Nichols & Schwartz, 1998). The prevalence of the emotional fusion in the relationships further suggested that the partners were coping with similar personal issues that often manifested as relationship problems (Nichols & Schwartz, 1998). For example, trust was a universal issue with the couples because the women and the men were jealous and they attempted to cope with this insecurity by controlling each other. The emotional immaturity exhibited by the couples also contributed to the enmeshment of their interpersonal boundaries (Nichols & Schwartz, 1998). The clients' need to create over dependency in their relationships may have originated from experiencing trauma in their families. Consequently, the interaction between socialization and family of origin experiences appear to strongly influence the treatment needs of the couples.

Furthermore, the pattern of conflict demonstrated by many of the couples paralleled the cycle theory of violence described by Lenore Walker (1984). The couples identified the build up of tension, the violent incident and the reconciliation phase during discussions of their history of violence. The reconciliation phase for the couples was characterized by the woman distancing and by the man pursuing her through an apology. Although the violence had stopped, the cycle seemed to continue because the pattern of distancing and pursuing established in the reconciliation phase would occur after a verbal

argument. That is, the women continued to emotionally distance from their partners after an argument and the men attempted to resolve the situation by apologizing. The maintenance of this pattern appeared to demonstrate the extent to which the pattern of interaction between the partners was ingrained behaviour. Therefore, teaching assertive communication skills seemed essential to help the couples establish patterns of interaction that were structurally different from the cycle of violence.

The literature also suggested that there is often an emotional intensity to the couple sessions which are characterized by the presentation of anger by the man and of fear by the woman (Hansen & Goldenberg, 1993; Walker, L., 1984). The emotional presentation of the couples in the practicum differed to the extent that the women generally expressed anger and the men were often calm during the sessions. The women's anger seemed appropriate considering that therapy may have been one of their first opportunities to release strong emotions related to the domestic violence. The expression of anger suggested that the women were feeling relatively safe in therapy and in their relationships. The men, on the other hand, were generally calm during the sessions which reinforced that they can control their anger and that the use of violence against their partners is a choice. Furthermore, the men seemed contrite about physically assaulting their partners and part of the remorse may have involved feelings of shame. That is, the men may have attempted placate their partners in session by being calm as a way to atone for their feelings of guilt from being abusive. Also, the men may have tried to make a favourable impression in therapy as a way to minimize the negative social image associated with being an abusive male.



### **Development of Clinical Skills**

It was a challenging and stressful experience working with the couples in the practicum. The couple's history of violence and the volatile nature of their relationships contributed to my concern that physical abuse could re-occur during treatment. I believed that the safety risks for the women were heightened if strong emotions were triggered and the couple left the session escalated (Hansen & Goldenberg, 1993). I responded to this risk in the early phases of my learning by cautiously intervening with couples to minimize the potential of their emotions escalating to the point of violence. The disadvantage to this approach seemed to delay the process of change because the couples were asked less challenging questions about their belief systems and patterns of interaction.

As I worked more with the couples, I discovered that they were able to discuss sensitive issues without becoming emotionally overwhelmed. I also learned that I could de-escalate clients by processing their emotion and by reviewing the couple's protection plans. Although I acquired the skills to deal with potentially volatile situations, I maintained a focus on promoting the safety of women after they left the sessions.

In spite of this vigilance, two minor incidents of violence occurred with different couples during treatment. It was imperative to clinically address these incidents because the safety of the victim was the primary consideration in the delivery of treatment and the severity of violence can increase in the absence of intervention (Aldarondo & Straus, 1994; Bograd, 1984; Gelles & Maynard, 1987; Willbach, 1987). Subsequently, we discussed the incidents of violence with the couples to help them learn to prevent violence from occurring again. These discussions involved enactments of the situations

that escalated to physical aggression (Piercy et al., 1986). The focus of the enactments was to teach the couples assertive communication skills as an alternative way to resolve conflict. We also highlighted that the emotions, like guilt and disappointment, that followed an incident of physical abuse further damaged the ability of the couples to build trust and closeness in the relationship.

The discussion of these violent incidents that occurred during therapy helped me examine the concept of therapeutic neutrality from the family systems model and the feminist perspective (Aldarondo & Straus, 1994; Bograd, 1992; Edleson & Tolman, 1994; Gelles & Maynard, 1987; Goldner, 1992; Willbach, 1987). The family systems model suggests that therapeutic neutrality promotes change by enabling the clients to discuss their experiences with a therapist who does not place a value judgement on their behaviour (Bograd, 1992; Edleson & Tolman, 1992). The feminist perspective criticizes therapeutic neutrality because the position of objectivity communicates that domestic violence is acceptable and implies that the victim should share responsibility for her abuse (Bograd, 1992; Edelson & Tolman, 1992).

I believe that processing these incidents did not compromise the therapeutic experience for the couples because they seemed genuinely interested in learning to prevent the re-occurrence of violence in the relationship. They identified the situations involving physical aggression and responded positively to interventions designed to teach them ways to minimize the escalation of conflict. We articulated our position to the couples that violence could never be justified and was detrimental to the development of a trusting and caring relationship. The intent was to label the violence as unacceptable

behaviour and as detrimental to the relationship rather than morally evaluating the perpetrator. This approach did not seem to adversely effect the ability of the clients to engage therapeutically. In fact, discussing the physically abusive behaviour seemed effective in the sense that it helped the clients clarify the individual boundaries in their relationship by reinforcing that the man has options, other than violence, to express his anger and that the woman deserves safety. Consequently, the process of addressing violent incidents seemed to be part of, and not foreign to, the therapeutic experience.

Another related concern that I had at the beginning of the practicum was that I might empathize more with the women because they were victims of abuse. This bias could have interfered with my ability to develop a therapeutic relationship with the men. I discovered, however, that I could support both genders. Two factors were instrumental in this process. The first factor was that the co-therapist assumed the primary role of helping the men address the impact of their violent behaviour because men tend to be more comfortable with having their behaviour challenged by therapists of the same gender (Trute, 1998). This helped me form an alliance with the men by eliminating the tension that could have emerged if I confronted them on their abusive behaviour (Piercy et al., 1986). The second factor was that I was aware of my potential gender bias toward and I made a diligent effort to listen and to emphasize with the male and female clients. Providing support to each partner did not compromise my ability to side with the women when this approach was appropriate (Trute, 1998).

I also learned to develop questions that highlighted the relationship issues with which the couples were struggling. Initially, I tended to focus on the content of the

presenting problems described by the couples. The themes, like trust and intimacy, that seemed to perpetuate the repetitive conflicts in their relationships were not made explicit in the sessions because of my inexperience with formulating clinical questions that should have highlighted the marital conflict from a systemic perspective. Consequently, the focus of sessions often became the discussion of the specific arguments that occurred between the couples which seemed marginally effective in changing the patterns in their relationships. However, re-framing the specific conflicts into systemic themes appeared to help the couples understand their chronic problems differently and this appeared to facilitate some therapeutic movement. I became skilled at developing systemic questions while, simultaneously, tracking the content and process of the sessions.

Another clinical skill that I improved during the practicum was the ability to highlight the positive aspects of the client's situation. This was an important intervention because the couples presented as rather discouraged at the beginning of therapy and they needed to be reminded of the attributes of their relationships. Initially, I found it difficult to provide clients with reinforcement and opportunities to highlight the positive were missed. I struggled with identifying the strengths of the clients because of my perception that the role of a therapist was to exclusively address the problems in the relationship. I realized that identifying the clients' strengths could be an empowering experience that could facilitate their ability to feel more in control of changing their behaviour. After a few sessions, I became better at highlighting the positives and built on this strength throughout the practicum.

An important part of my experience as a clinician was developing an enhanced

awareness of my emotional reactions to the clients in the sessions. I discovered that the dynamics of the client's relationships were powerful and that occasionally I found myself being drawn into their emotional systems which inhibited my ability to be objective. For example, I became enmeshed with the women by having self doubts at the beginning of the practicum about the completion of safety plans for the women (Nichols & Schwartz, 1998). Most of the women resisted the completion of a safety plan because they were adamant that their partners were no longer violent. The rationale for this intervention was explained and safety plans were formulated for each woman. However, the power of the women's denial of the potential for violence influenced me to the extent that I wondered if the completion of a safety plan was necessary for all couples. This ambivalence was surprising because I was aware that women often empathize with their partners and rationalize the abusive behaviour (Geffner & Pagelow, 1990; Herman, 1992; Walker, 1., 1984; Magill & Werk, 1985). My ambivalence was reconciled once I realized that the source of my self doubt was triggered by the minimization of the women. After this, I gained the insight to identify when the women were minimizing safety which allowed me to immediately focus on addressing this issue because I was not being pulled into the client's emotional system.

The implementation of the co-therapy approach to treatment was an integral part of my development as a clinician. The co-therapist and I wanted to present as a united team with a cooperative and complementary approach to intervening with couples. We attempted to achieve this by identifying the objectives for each session. Also, we focussed on the same themes with the couples by pursuing similar lines of questioning

without abruptly introducing other issues. It was agreed that one of us would ask the questions while the other tracked the emotional themes and the interactional style of the couple. Early in the learning experience, one of the barriers to developing a cohesive team approach was the emergence of a pattern that was characterized by the co-therapist asking the majority of the questions and I predominately tracked the interactional processes of the couples. In other words, the execution of these two distinct therapeutic roles were polarized in the sessions. Each of us needed to learn to implement both roles to attain a more complementary therapeutic approach and to enhance our potential as clinicians by developing a more comprehensive range of skills. The approach of the co-therapy team changed as I gained more confidence. I assumed more responsibility for leading the sessions and I became more directive with clients which allowed me to challenge their belief systems. My assertiveness appeared to strengthen the functioning of the co-therapy team. We seemed to identify the couple's patterns of interaction with greater speed and clarity when the responsibility of the sessions was shared. This may have occurred because we invested less emotional energy in monitoring our interaction as a team which allowed us to concentrate on the dynamics of the couples in the sessions. Furthermore, the pressure on the co-therapist to assume sole responsibility to lead the sessions was alleviated and he had the opportunity to track the interactional processes of the sessions. The ability to shift between the two preceding clinical roles seemed to contribute to the cohesiveness of our joint approach to therapy because our styles of intervention became more complementary.

### **Achievement of Learning Goals**

Overall, the learning goals presented at the beginning of this paper were successfully achieved. The implementation of a pro-feminist approach with couples who have a history of domestic violence enabled me to develop the clinical skills required to promote systemic changes in relationships and to simultaneously address the safety issues for the women. I discovered that addressing safety issues and facilitating systemic change with couples could be therapeutically compatible tasks when the re-occurrence of violent incidents were handled in a supportive way for the victim and the perpetrator. I attained a greater understanding of resistance by learning that the defensive reactions of clients could be minimized by re-framing repetitive patterns of conflict into systemic themes which helped give chronic problems a new meaning. Furthermore, family of origin experiences seemed just as significant as gender issues in influencing the attitudes and behaviour of the couples. Also, I developed greater insight into my emotional reactions to the presentation of the clients. I recognized the importance of establishing clear therapeutic boundaries to help minimize the risk of becoming triangulated in the emotional dynamics presented by the couples. The presence of clear boundaries enabled me to maintain objectivity and to focus on achieving the tasks that would help the couples integrate change. The co-therapy team developed a more complementary approach when the co-therapist and I acquired the flexibility to share the roles involved with pursuing questions and tracking the dynamics of the couples in the sessions. The implementation of a conjoint approach was a stressful and rewarding experience because I had to learn intervention techniques appropriate to addressing domestic violence and relationship

issues while, simultaneously, attempting to establish a cohesive co-therapy relationship. The early development of the co-therapy team paralleled, to some extent, the process of change experienced by the couples. That is, the co-therapist and I initially became stuck in a dysfunctional pattern of interaction. This pattern needed to be identified and efforts to change our style of interaction were undertaken before the functioning of the co-therapy team improved.

### **Final Conclusions**

Conjoint therapy for couples who have a history of domestic violence is a valuable intervention in a comprehensive treatment approach. The option of conjoint therapy respects the decision of the women to remain in the relationship and ultimately empowers the couple by enabling them to assume responsibility for changing the emotionally abusive patterns in their relationship. The couples who participated in the practicum demonstrated strength and resiliency by revealing that they could discuss sensitive issues and learn to integrate non violent methods of resolving conflict. I believe that I was able to provide a supportive therapeutic experience for the couples that enabled them to enhance the quality of their relationships.



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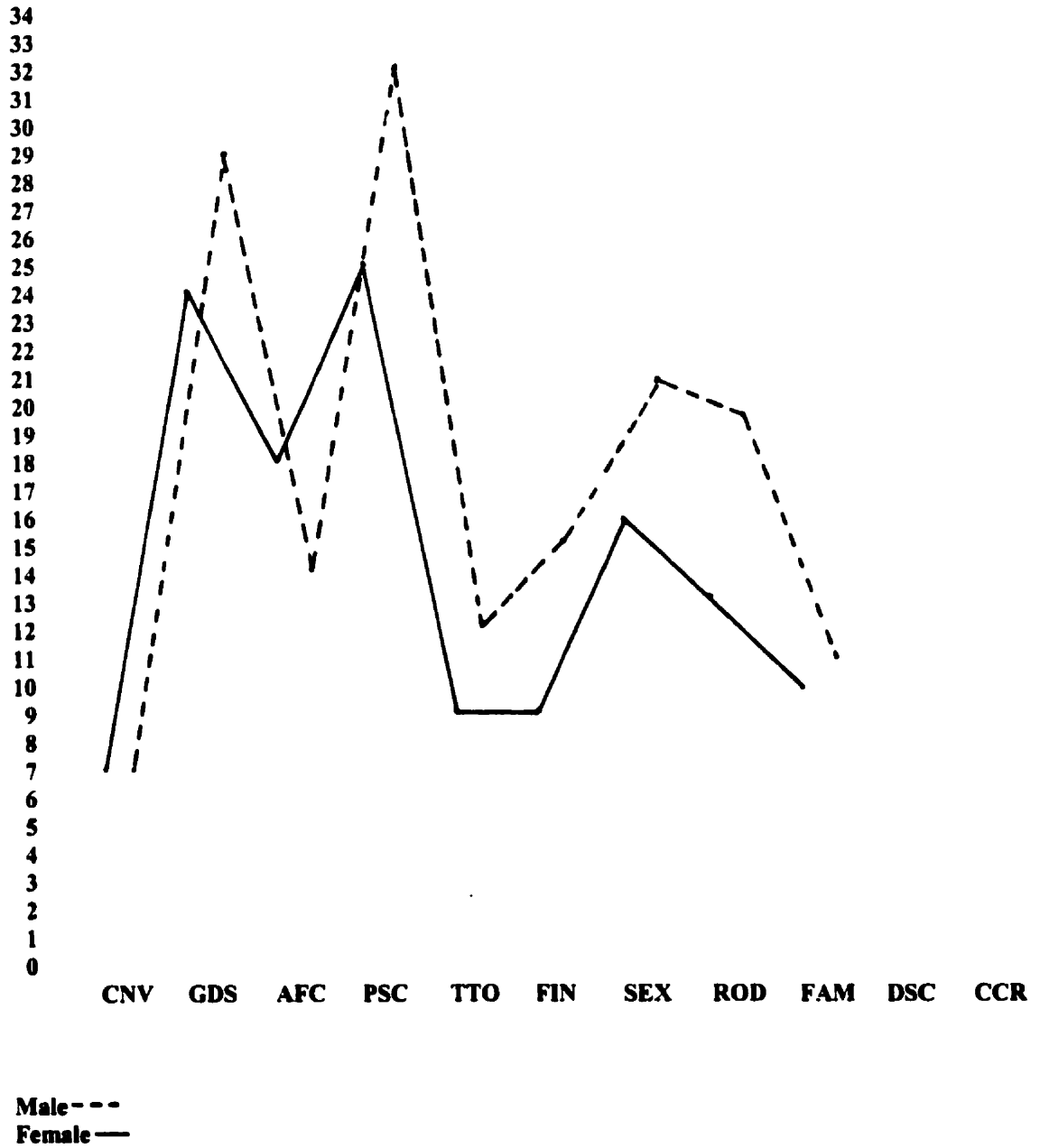
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# APPENDIX A

## MARITAL SATISFACTION INVENTORY PROFILE FOR LAURA AND JASON



# APPENDIX B

## MARITAL SATISFACTION INVENTORY PROFILE FOR JENNIFER AND BRENDAN



## APPENDIX C

MARITAL SATISFACTION INVENTORY PROFILE  
FOR KATHERINE AND GARRY