

**UNDERSTANDING AND INTERVENING WITH
ABUSIVE MALE PARTNERS**

BY

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ABSTRACT

This report reviews research on men who have been abusive toward their partners. Different kinds of abusive behaviour are defined. Estimates are given of the frequency of this pattern in intimate relationships in our culture today. A relationship between child abuse and female partner abuse is examined. The phases which occur in those intimate relationships characterized by female partner abuse are discussed. The history of female partner abuse is briefly reviewed as well as current personal and social factors associated with this behaviour.

Alcohol use by perpetrators of female partner abuse is examined because it, more than any other drug, is generally thought to be most closely associated with female partner abuse. Drug use is seen more as a contributor than a causal factor. Specific characteristics of abusive men are presented. Various services available to abusive male partners are presented. The content of several treatment models is detailed.

A specific treatment process providing exposure to different ideas and attitudes together with mutual emotional support is described and evaluated. The treatment was found to be promising in that 6 months after completion, participants indicated significantly higher levels of self-esteem, peer relationship satisfaction and inner contentment. In addition, over the same time period the incidence of abuse was significantly lower. Recommendations for those in helping professions are briefly reviewed.

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But the fruit of the spirit is love, joy, peace, patience,
kindness, goodness, faithfulness, gentleness and self control.
Against such things there is no law.

Galatians 5:22-23

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PART I: A LITERATIVE REVIEW

CHAPTER 1 - CLARIFYING THE TERMS, PREVALENCE AND THE NEED FOR STUDY

This chapter includes an introduction to and a general description of the phenomenon of female partner abuse in our society. Terms used in the study are operationally defined. The extent of the phenomenon as seen by various authors is presented. Finally, a case is made for the assertion that this issue deserves immediate and considerable attention.

From an emotional standpoint, it is an exceptionally difficult task for anyone studying the phenomenon of violence in marriages in our society. The researchers first come to feel exceedingly overwhelmed at the mere thought of the problem. It is not just the presence and magnitude of the problem of violence but also how this insidious and debasing behaviour is so firmly established so as to be considered expected, indeed, socially condoned.

To accept the idea that men hit women within marriages every day, is a very awesome thought for many. It is a notion that deeply offends. As shocking as it may be, however, it is a behaviour that goes on all around us. It is critical for us to be very aware that as long as we accept male privilege, dominance, and aggression as attributes of masculinity and in addition, believe in the absolute privacy of the family, we are playing a part in maintaining this problem.

I believe the particular words we operationally define and those we must leave out in the study of male battering is important. If, for example, we were to study say "husband-wife abuse", or "marital or spousal

violence" we could easily begin on a dangerous endeavour. We would be running a great risk right from the outset of the work of unconsciously supporting the behaviour itself. If we think in terms of these labels what we are actually doing is implying that both husbands and wives must accept responsibility for the behaviour. Such labels fail to clearly delineate that it is women who are the clear victims and it is men who are the clear perpetrators. This perspective is expanded in the following section; Prevalence of Female Partner Abuse.

DEFINITIONS OF TERMS

D. G. Saunders (1977) defines violence or physical abuse here "as the open, deliberate attempt to inflict physical injury or the actual inflicting of physical injury onto another person". I am defining this other person as a wife, or a female partner in a common law relationship, a girlfriend, or a woman formerly married. The perpetrator, by extension, then, can be a husband, common law male partner, boyfriend, or a man formerly married to his victim. Quite simply, violence is an act designed to injure and hurt but not just at a physical level. It can also be at a psychological and emotional level. The term battering, on the other hand, should not be considered as interchangeable with the simple word abuse for it seems to imply a selective exclusion of emotional abuse. J. P. Descher (1984) defines battering as "a series of physically injurious attacks on an intimate partner that form a part of a repeated, habitual pattern." Here, the word habitual is defined quite simply as occurring at least twice.

It is recognized that one can think of females as potentially psychologically and/or emotionally abusive of their male partners. Also, female partners, especially in relationships in which they have superior

physical strength over their male partners, may at times be seen as the perpetrators of physical abuse. The attitude that might is right may be present in both men and women. The focus, however, of this study will be male abuse of female partners.

Another author takes the term violence a number of steps further. D. Blumenthal (1972) differentiates between what she calls expressive and instrumental violence. "Expressive violence arises primarily in response to feelings of hate or rage, while in the case of instrumental violence such feelings are secondary. Instrumental violence is violence used to some end. Often it is seen by its' proponents as a last resort, an effort to gain some desired goal in situations where persuasion cannot be used to accomplish the same end. Instrumental violence can be divided into violence that is instrumental for maintaining control, and violence used instrumentally to change the power structure. Her study involving subjects' reactions to this description and revealing attitudes toward violence led her to an interesting conclusion. The general response was that violence sometimes was completely "justifiable" depending on the context of the situation in which it was displayed. Many of the male subjects, for example, saw violence as an acceptable behaviour if the perpetrator was perceived as acting in self-defense or if he was perceived as not really meaning to hurt. Also, violence for the purpose of getting even with somebody for a perceived wrong act on the perpetrator was found to be generally acceptable if not unquestioningly supported.

D.J. Sonkin and M. Durphy (1983) break down their definition of violence in a different way. They begin with a very general definition of violence as the exertion of "a physical force so as to injure or abuse."

They then, go on to delineate four different kinds of violence: physical, sexual, psychological and that which involves the deliberate destruction of property.

Sonkin & Durphy (1983) says, "Physical violence is probably what comes to most people's minds when we are talking about domestic violence. This includes: hitting, slapping, grabbing, shoving, pushing, kicking, choking, scratching, punching, pulling, hitting with weapons or objects, stabbing, shooting."

According to the same authors, "sexual violence in a relationship can also take many forms. Examples here include: forcing a female partner to have sexual intercourse, oral sex or to participate in an act of sodomy. It might also include "forced sex with animals, forcing a person to have sexual intercourse or sexual activity with another person, or forced sexual activity with objects."

When I am assessing and intervening in situations where either sexual abuse is definitely occurring or I am very suspicious of its presence, I use a more detailed definition. I adopted this from Klinik Community Health Centre in Winnipeg. The definition progresses in severity as it is laid out.

Phase 1.

- not taking "no" for an answer. Being coercive re: sexual contact.
- withdrawal of sexual intimacy and contact as a form of punishment, using sex as a weapon to achieve control.
- ridiculing partner in a sexual context. Calling her "frigid", "inadequate" etc.

- unwanted touching or grabbing of partner.
- placing demands on partner re: the amount of sexual contacts without taking her needs into account.
- encouraging or forcing partner to act out sexual fantasies (like what to wear, how to look, what to do) of male without reciprocal consideration.
- exposing partner to pornography/coercing her to act out what is depicted in the pornography. Leaving pornography lying around the house.
- threatening partner with an affair.
- having an affair with another woman or man to humiliate partner.
- encouraging partner to engage in sexual contact with another man or woman against her wishes.
- violent sexual contact i.e. bondage, striking partner.
- involvement of weapons, animals, children, others in sexual contact.

Phase 2.

- increased desire for sexual contact of a violent nature.
- sexual assault.

Phase 3.

- coercing sexual contact after a violent episode.
- sexually assaulting partner after or as part of a violent episode.

Psychological violence might just be seen as persistent derogatory "name calling" but this perception is not sufficiently wide as to cause the

perpetrator to fully appreciate his impact. "It includes intense continuous mental degradation, threats of violence, controlling someone's actions, behaviour etc. by threatening that person's well-being or psychological manipulation that may be a form of brainwashing." Sonkin & Murphy (1983).

Like the term psychological violence, use of the expression "emotional assault" can also create mental pictures of verbal attacks designed to be critical and demeaning. It further suggests emotional devastation, however, when we think about the victim specifically. This devastation of the victim is manifested in feelings of vulnerability, defensiveness, powerlessness, helplessness and hopelessness.

The word "assault" suggests action on the part of the perpetrator while emotional abuse can include this action element but also passive aggressive behaviours. When we use the word emotional abuse, for example, we can include in addition to verbal attacks such things as deliberately withholding caring behaviours, refusing to enter into conversation, or not making eye contact, etc.

In 1978, the Canadian Advisory Council on the Status of Women accepted the following definition of emotional abuse. It "can be defined as a chronic attitude or act on the part of one spouse that is detrimental to a positive self-image. It can involve public humiliation, loss of adult independence, sharing in any decision making, loss of affection, security, sense of belonging, and recognition. The victim perceives herself as less intelligent, less desirable and inadequate to meet the demands of a spouse." After prolonged exposure to such behaviour she will not only feel rejected by her male partner but isolated from the world in general.

Perhaps in a way, it does not signify which way we define violence or abuse or select from the above in our mental pictures of violent or abusive behaviour. They all represent expressions of either anger or a desire to be in control and they all very seriously impact on the female victim.

My preference when speaking on this subject is to use the term abuse rather than violence. I have found that the latter term often implies to the listener that the behaviour is somehow not always inexcusable when, really, it is never justifiable. The term abuse, on the other hand, seems to impact more in the desired way. It seems more likely to suggest deliberate hurting. Abuse is less likely to suggest provocation in the mind of the listener or reader.

Prevalence of Female Partner Abuse

MacLeod (1978) concluded that one in ten Canadian women living common law or married is "beaten" by her male partner. She arrived at this frequency figure on the basis of contacts with agencies and groups who were working with "battered" women. Take special note of the two words "beaten" and "battered" used above.

A problem with the study of abused women in our society, it would seem to me, is that different authors use different definitions of terms associated with the phenomenon. To say "battered" or "beaten" suggests to me brutally physically attacked, pummelled, hammered into the dirt etc. If it also suggests the same to the majority of media consumers then perhaps many of us are receiving information about the tip of an iceberg and assuming we are then aware of the whole. Although, if it were true that one in ten of Canadian women were either abused or can expect to be, that is alarming and reason enough for concerted social action.

Based on my own definitions of physical and emotional abuse this risk factor of ten percent appears low. F.B.I. statistics on the subject indicated that violence occurs in 35-50% of all marital relationships in the United States. This study was conducted in 1978. A study presented in an American Department of Justice Report in 1981 indicates that 28% of American couples experienced at least one violent episode in their relationship. Rosenbaum (1981) says 30% of married women in the United States experience some physical abuse at some point in the marriage. Note again we are talking only about physical abuse here and in addition, he is only talking about married women. Even assuming this finding was accurate after including women who are in common law relationships, he is still not talking about girlfriends or women who are separated or divorced. I would suggest this to be important to note in light of the fact that Stark (1979) reports almost half of the "battered" women in an emergency services sample were divorced or separated. He also says that perhaps as many as a half of all divorces may involve violence.

Add to this another factor which would tend, upon close examination, to make people sceptical of the one in ten figure. Are all abusive men in a given sample likely to admit their behaviour? Shame, guilt, remorse, minimizing and denial on the perpetrator's part would probably cause an under-reporting. Given, that aggressive behaviour is commonly held as normal for a man it may very well happen that occasionally he is abusive but neither the perpetrator or the victim are consciously identifying it as abuse.

A final point which I believe should cause a person to doubt the accuracy of the statement that one in ten female partners is abused in

Canada lies with the nature of many of the women who are victims. H. Kaplin (1985) says that likely as many as one-half of the victims also grew up in violent homes. Often, they marry early in their lives just to get away from this violence. If, as is common, their male partners do not abuse them until after the marriage then she is at high risk. Further she may be a highly dependent sort of person as perhaps is also common. She feels she needs him even though she is in danger of abuse. Add to this an acceptance on the part of the victim that a male should be the dominant one in a marriage. The result is a woman who feels a desperate need to believe in her partner because a negative image of him is a negative reflection on her. "Revealing her husband as brutal and inadequate is tantamount to revealing herself as inadequate. As does the abused child, the dependent woman frequently blames herself for the abuse she receives."

What about the other one-half of the population of victims? Might it not be sufficient for many of these women to conceal abusiveness on the part of male partners simply by virtue of the socialization process? A process which instills that it is her job to make the relationship work and it is her social status that is at risk if it does not.

So the obvious question now is if the one in ten estimate is too conservative just how big is the problem? According to an American study by N. Brisson reported in Psychology Today (1977) in which men were asked if they had at least occasionally hit a woman, forty percent of those who responded said that they indeed had. He also says that according to R. Langly and R. Levy in their book "Wife Beating: The Silent Crisis" about one half of all women are, will be or have been abused by their male partners. Finally, he says according to Strauss and Steinmetz, sixty

percent of families experience physical violence and ten percent experience extreme physical abuse.

If we accept these latter statistics as accurately reflecting the true nature of the situation then we are obviously not looking at an isolated problem that pops up now and again and from time to time. Rather, we are looking at a phenomenon that occurs far too often in intimate relationships. One might argue that it is the norm rather than the exception.

Why Study Male Abusers

After reviewing the preceding information it must seem ridiculous to even pose the question why abusive men constitute a legitimate area of research. The mere fact there are so many men impacting so severely and negatively on women in itself would justify the study.

Bern & Bern (1984) cites Meyer who says that "the primary aim of social work practice is to enable people to command their own lives and destinies to the greatest extent possible in light of the isolating, technological, specialized and hopelessly complex world in which we live." I believe this definition of the helping process clearly indicates that we have not just the option but the responsibility to make every effort to stop males from abusing females in intimate relationships. Can there be another population of victims in our society other than abused women who possess less command of their own lives and destinies as long as their male partners persist in their abusiveness? Can there be another population more isolated? It is not just the victims but the perpetrators, as well, who are so often effectively disconnected. Intervention at the individual, couple, family and community levels is critical. By suggesting the

importance of involvement by social workers with couples, however, I am not suggesting we make every effort to keep the couple together.

Realistically, there will always be a certain number of abused women who will continue to want their partners but without the abuse.

Not all men abuse their female partners. This is not to say, however, that intervention is not indicated with them. A given man may very well not be abusive but the mere acceptance of the idea that men, in general, should naturally be dominant and should display behaviour designed to be dominating is a part of the problem requiring change. Roy (1982) says that "the effects of male abusiveness reverberate in society to contribute to a climate of fear among women which perpetuates the dominance of men. The acceptance of violence as part of the repertoire of mens' lives, even though there are nonviolent men, creates an environment in which women cannot feel safe, because they never really know who will attack them and who will not. The rape of daughters and nieces by men is a perfect example of how trust in men can be betrayed..... Violent men serve to control all women for the benefit of all men. All men (can be viewed) on a continuum of violence and every man is capable of violent behaviour at some time in their lives."

If the abuse is to stop, we have to intervene with the male abuser himself. Rescuing the victim and providing safety for her and the children, of course, has to be at all times the highest priority of the person intervening. Rescuing the victim on particular occasions, however, does not significantly lower the risk of future attacks on female partners in general. To stop the intervention at this point does not change the cycle of violence. In fact, one could effectively argue that by rescuing

and then backing off, the well-meaning intervener is actually conveying the message to the couple that the assailant has not done anything that deserves attention. An extension of such a message is that the abuse was in great part, at least, the fault of the victim. This is a dangerous message to give, however unintentional it might be. Rescuing and then not intervening with the male abuser is one way the problem is perpetuated.

It is not just the case that we need to intervene directly with the male abuser because of his impact on his partner. Rosenbaum & O'Leary (1981) citing Hilberman and Munson say that female partner abuse is correlated with child abuse and child behaviour problems. From the same source Gayford says that experiencing child abuse or watching dads abuse moms in the family of origin predisposes the male child victim to become a perpetrator as an adult. In the case of the female child victim she grows up with a predisposition of tolerating abuse from her male partner. Rosenbaum & O'Leary (1981) cite Gelles in saying that a female child victim is more likely to see abuse as a normal part of family life and therefore, more likely to expect it from her male partner in adulthood. Gayford & Roy (1975) say that a majority of male partner abusers grew up in abusive environments and thirty percent of the victims had a similar childhood experience. Clearly, the abuse itself impacts seriously and it also breeds more abuse in each new generation.

According to Gayford and Roy (1975) children can manifest their trauma on different levels but no matter the way it is expressed it usually impairs a child's ability to function to their satisfaction in life. If one is assessing a child for whatever reason, I believe one should look for extremes at all or some of the levels of functioning displayed. If

examples of extremes are found, one should suspect this child is a victim of abuse and/or is witnessing his/her dad hitting his mom.

According to Gayford and Roy (1975), at a behavioural level, the child might be persistently acting out. He might be running away from home or withdrawing, consistently over or under achieving, refusing to go to school, being inordinately placative, bullying, being aloof, bedwetting, overly sarcastic, blaming, defensive, attention seeking, experiencing nightmares and generally unable to accept limits. At the emotional level he may feel guilt, shame, fear, anger, confusion, depression, powerlessness, helplessness and grief. At the physical level he may display somatic complaints like headaches and stomach aches, anxiety, nervousness, short attention span, tiredness, lethargy, a number of colds or flu, uncaring of personal appearance, little reaction to physical pain and behaving in ways appropriate to children who are younger. Socially, the child may have no friends, or may on the other hand be overly involved so as to avoid going home, lacking in trust, in and out of friendship relationships quickly, have difficulty resolving conflict with others, unwilling to engage in sharing behaviour and he may be passive or bullying with peers.

It is perhaps, incumbent upon the friend or professional who is trying to help such a child as this to believe that the likelihood of experiencing or witnessing abuse is greater within the family than outside of it. It must also be remembered that even if the abuse has long since stopped by the time intervention occurs with the child, the experience has not been forgotten. We will all forget a lot of things in our lives. Indeed, we will all forgive a lot of things but human nature does not allow anyone to

forget abuse even if it has been long ago forgiven.

Hilberman (1980), citing Gayford, says that in his study of couples in which abuse of the female partner has occurred, thirty-seven percent of the women and fifty-four percent of the men also abused their children.

Hilberman (1980) says he found evidence of child abuse both physical and sexual in one third of the families he studied. His sample was also made up of families wherein mom was being abused by dad. He differentiated between boys' and girls' behavioural reactions to the child abuse. The boys who were studied were typically aggressive and disruptive. They tended to steal, throw temper tantrums and skip school. The girls, however, did not respond in like manner. They had more somatic problems and tended to present as more withdrawn, passive, clinging and anxious.

Hilberman (1980) citing Gayford goes on to say that almost always the child sex abuser is male; knows the victim; starts offending by age fifteen; and the victim is usually male as well.

The issue of how sexual abuse of children by fathers leads to the likelihood of the same behaviour being displayed by the victims as they get older is a large area of study in itself. Stuart & Greer (1984) found that both parents often indulge in blaming the victim for the sexual abuse. This displaces a great deal of anger directing it away from the father. This makes life more comfortable for both parents. This blaming the victim process has very serious implications for the abused child for it makes the post abuse adjustment process exceedingly difficult. This is the case whether it is a boy or a girl. For boy victims in particular, however, there is an implied message in the sexual abuse in that he is really not male. The abuse renders him an object and as such is actually more female

than male. The result is a victim enraged and determined to assert to the world that he is, indeed, masculine no matter that in the past he may not have been in control. This determination to assert his masculinity is manifested in very hostile aggressive behaviours. These behaviours are, in turn, reinforced by the parents feeling guilt and concern for the boy that he might always present as a weak and powerless image to the world.

In addition to this is a taboo the boy victim faces. According to Stuart and Greer (1984) he cannot seek help or tell anyone, for doing so would be admitting that at one point in his life he was not a real male. There was a time when he was weak and not in charge of a situation. He was like a female. He has to hide the abuse at all costs and in so doing keeps kindling his rage. To gain vengeance and to confirm in his own mind that he is a man he will become an aggressor. If he doesn't become the aggressor in other situations then to himself he is still just a weak person. There is a disproportionately high number in the population of male sex offenders who were victims of child sexual abuse.

One way such men can according to Stuart and Greer gain vengeance and self confirmation is to rape. By raping his female partner or any women he falsely perceives a great deal of power and control. Now he is doing the hurting and humiliating.

There are serious implications in abuse for not just the female partner and children but for life already conceived but not yet born. Roy (1982) says that forty-six percent of the female victims in her study were between 26 and 35 years old. Compared to the under 25's at 23.5%; 36-50 years at 21.7%; 51-60 years at 6.0%; and the over 60's group at 2.8%, the 26-35 age group is by far the riskiest category for women. They are also

common child-bearing years.

Abused women who are also pregnant usually experience an increased number of situations in which they are victimized (Lewis, 1982; MacLeod, 1978). Roy (1982) ranks pregnancy as the eighth variable out of nine leading to violence. This ranking was in ascending order of importance of the variables.

The helping professions need to make it their business to be involved with abusive men in change processes because of how the abusive behaviour impacts on the perpetrator as well. For many, the behaviour itself causes further loss of self-esteem and serves to increase their anger and self-loathing. Abusive behaviour is certainly destructive and it is also self-destructive. The perpetrator can become as isolated as his victim.

CHAPTER 2- THE CYCLE OF FEMALE PARTNER ABUSE AND WHY IT HAPPENS

This chapter looks in detail at the cycle of female partner abuse as described by three different authors. An attempt is then made to explain why it occurs in our society today. Possible causal factors are seen at both societal and individual levels.

I have looked at three different models of how the abuse happens. I really do not see any of them conflicting with one another. Perhaps, the differences are best explained by what each of them emphasizes.

Now, I realize in looking at these models I will perhaps appear at times and at certain points to be attributing some level of responsibility for the abuse on female partners. It is incumbent upon me to state very clearly I do not attribute any level of responsibility to her. I have agonized over the reality that in the following there are individual sentences written which if taken alone and put in another context would completely distort the intended meaning. Suffice it to say that if a person is described as behaving in such a fashion in a relationship with an abusive person that helps create a greater likelihood of the abuse happening again this is not to be confused with an attempt at a causal statement. Behaving in ways that make abuse more likely in my mind has nothing to do with cause nor has it to do with blaming the victim. Just as we all should be charged with being responsible for ourselves the abusive male partner is responsible for his abusive behaviour. I think this is important to keep in mind as we move on so as to minimize the risk of misunderstandings occurring. The perpetrator is always fully responsible for the choice and the behaviour to hurt.

Descher (1984) cites Patterson when she speaks of "coercion spirals".

Although this interactional behaviour might be found in a lot of different relationships let us just think of it in the abusive male-female partnership relationship. At some points in such a relationship the woman will behave in a way that is noxious to the man. I will add to this last sentence that she will behave in ways the man will choose to interpret as noxious or allow to be experienced by himself as noxious. He, then, in effect punishes his female partner by threatening abusive behaviour if she does not cease and desist or begin behaving differently in some other way desirable to him. By his behaving in this fashion she at times becomes frustrated, annoyed, hurt, angry etc.. She, then, responds by turning up the heat as it were. She attempts to get even with him for daring to threaten her. She may behave the same way as she did when he originally took exception but increasing the intensity. He, then, gets this "nagged" or persecuted feeling all over. Again let us add that he chooses this response--she does not force him to feel it. Finally, out of his choice of feelings he makes another choice and that is to out-punish the punisher by holding to his original promise to abuse her if she did not smarten up. It is all so convenient when one thinks about it. He puts himself in a cannot lose situation. He ultimately wins the coercion spiral by using his supreme physical power, for example, and at the same time rationalizes the scene in such a way as to see the victim as the perpetrator.

In such a process the woman receives, in a sense, a payoff, even if it is not likely to be an experience of "winning". According to Descher (1984), with the conclusion of each of these spirals or interactions, he stops being coercive. He stops behaving abusively toward her. It is a meager and rather negative reward for her but at the same time is a

temporary reprieve from the tension and violence. The more slowly the spiral is played out the more the female victim will have to face and experience her own understandable fear. The longer the process drags on the more agonizing is the terror for her. As one would expect she will sometimes, therefore, act as a catalyst in the process in order to hasten the inevitable. She fears the pain and wants to get this threat over and done with as soon as possible.

After many years of this kind of destructive process occurring in a relationship Descher (1984) often sees a change. The coercive spiral gets shortened to what he describes as a truncated cycle. This process consists of the simple alternation from the buildup phase to the attack phase and back. The temporary relief from tension after the abusive behaviour takes place is dropped from the process.

Inherent in this model is the feeling that each partner needs to control the other and therefore the immediate situation. She almost instinctively strives to control him and the interaction, for the obvious reason that if she does not, she risks being abused. He strives to control her out of his belief that men should control women. This race to control each other motivates each to behave aggressively in the build-up phase. The cycle stops or at least begins occurring less frequently in a relationship when the female partner has "lost" so often that she is reduced to a state of constantly fearful and despairing submissiveness.

Descher (1984) cites Walker in presenting a remarkably similar model. She refers to the build-up as the tension-building phase followed by the phase in which the actual abuse occurs. As in the first model, Walker includes another phase characterized by a humble man repenting, regretting

and seeking forgiveness. In the tension-building phase Walker emphasizes that the female victim might behave in two ways. She may behave coercively herself and/or be very submissive so as to appease him. Either way she "loses" as these behaviors are met with her being abused by her male partner. The phase in which the actual abuse occurs can last from two to twenty-four hours.

From these two models Descher (1984) constructs a third model which includes seven stages in the cycle of abuse. She begins with the assertion that people who are alike are attracted to each other. If both people who enter a relationship with one another are immature and needy of attention and affection they develop an intense and exciting but isolating union. The male partner is very dependent and the female partner, in response, is very giving and caring toward him. She refers to this as the mutual dependency stage.

In the next, noxious event stage, the female partner displays a behavior, however trivial, that is unpleasant to the male partner. He may complain or mildly rebuke her in response. In the coercive exchange stage, the male makes more aggressive efforts to stop her behavior. This typically involves verbal threats and denunciations. She may then cease and desist or she may react with negative messages herself.

In the "last straw decision" stage the male makes a critical choice. He decides that her behavior is intolerable. His behavioral response to his choice is to commit himself to physically abusing her and the climax is thereby reached.

This is followed by a "primitive rage" stage in which the abuse is actually carried out. The male attacks very physically aggressively and in

his rage brutalizes her much beyond the point at which he has demonstrated to both that he has "won". He chooses to mentally switch off his powers of reason and ability to appreciate the consequences of his actions.

Now the couple arrive at a "reinforcement for battering" stage. By this point the attack has stopped. The victim becomes very submissive and even placating if she still has the strength to speak. Her motive of course, is to try and ensure her safety from further attack. If she is submissive, caring and placating enough then the abuse stops and she reaches her immediate objective, but, in so doing, reinforces the male's abusive behavior. She inadvertently does this because her submissiveness is perceived by the abuser as her finally doing as he wants of her.

In the final "repentance stage" both are in shock. She tends to her physical and emotional damage and he disbelieves the whole process. He can do this because if you remember, he, at an earlier point, chose to switch off his connection with reality. She heals and he denies that he could ever again be a part of such a process. He becomes contrite, submissive and in need of attention and affection. She responds by nurturing and the process begins again at the first stage before described. Left alone, the abuser never receives a real negative consequence for his abusive behavior.

Descher (1984) indicates that Boffey completed a study on men who admitted displaying abusive behavior toward their female partners. He concluded that police involvement during an abusive episode influenced the abuser's behavior at least in the short term. How influential the police were, however, depended on how they intervened. If the police arrested the abuser he was found to be less likely in the near future to abuse again. If, on the other hand, the police tried to mediate and give the abuser

advice but stopped short of arrest the intervention was less likely to change the abuser's behavior. It would appear from this that perhaps the only social response that the abuser will respect initially is legal assertiveness.

Social Causal Factors

Male abuse of female partners has been socially (including legally) recognized as an acceptable behavior for at least as long as recorded history.

Descher (1984) supports this assertion by describing the ancient "Code of Hammurabi" which is the earliest known set of written human laws. It granted men the right to physically chastise female partners and their children. They were considered the male partners' possessions. Possession implied that the male partner had a right to use whatever amount of physical force he thought he needed to use for the purpose of maintaining control over his female partner and their children. The "right of chastisement" of female partners continued to be considered acceptable, indeed, appropriate until into the 20th century when it was still a part of the English Common Law. Whether this right is actually still present in law hardly signifies. Men, regardless, still see it as legitimate behavior. Moreover, society encourages the practice of female partner abuse by recognizing human behavior within the familial home as completely private.

Add to this the assertion that the socialization process itself encourages female partner abuse by means of expecting all to remain assigned to traditional feminine and masculine roles. Males are rewarded based on perceived material worth and success as well as on how well they

are able to be in charge in all aspects of their life situations. Boys are encouraged to be physically aggressive. Girls, on the other hand, are not rewarded for aggressive behavior. Their repertoire is confined to caring actions. The traditional role expectation of caring and homemaking gives the women of our society little opportunity to control even their own lives let alone anyone else. Their success is determined primarily on the basis of the perceived successfulness of their male partners. In order to receive rewards at all she must first marry. The more traditionally minded a couple, the more difficult it is for an abused woman to escape. For her, an abusive relationship is perhaps more acceptable than no couple relationship at all.

Stark, Flitcraft & Frazier (1979) say that abuse occurs most frequently when women refuse to: do housework, cook, child care or have sex. They are also at very high risk when they demand money from male partners. They are considerably less at risk when they are passive. All of these active behaviors might be seen by a male partner as challenging behaviors if he so chooses. Also, these authors say that abuse occurs more frequently when the female partner works outside the home due to financial pressure on the family. This is considered a threat to the traditional male partner's sense of masculinity. He uses abuse here to demonstrate to himself that he is still in charge of her even though she may also be earning money.

Dobash (1983) speaks of the history of the institution of the patriarchal family in Western Society and how it presently contributes to the abuse by male partners of females. Since the days of the Roman Empire and continuing to the end of the Middle-Ages, the patriarchal family

was a central institution in the shaping of domestic behavior. There were extended and large family experiences in which husbands and fathers possessed "absolute authority" over wives and mothers, children and servants. Failure to meet a man's every demand resulted in chastisement including abuse of those who were considered insubordinate. His familial control was such that any challenge to it was just reason enough for him to become violent if he so chose. His possessions could be punched, slapped, flogged and even stoned to death for failure to submit. No other social institution interfered with the husband's authority and behavior toward wives, children and servants. For example, a husband had the legal right to kill his wife if he chose to think that she had committed adultery. She had absolutely no control, legal or otherwise over her husband.

With the rise of mercantilism, monarchies, Protestantism and nuclear families, the authority of husbands and fathers, if anything, increased. Although the institution of the large patriarchal family gradually disappeared with the emergence of these other social forces, the idea of husbands and fathers as masters did not. These masters maybe lost power to Kings, churches and other economic institutions, but they did not lose any power within this smaller family unit.

It is the patriarchal ideology so ingrained in western society which serves in our present day lives to allow men to abuse women. Even though the patriarchal institution may be gone, the values inherent in it are still very much alive in influencing male thought processes and his behavior patterns within the family.

In present day life, women's social status is still defined primarily on the basis of marital status. Even though she may work outside the home

after marriage, her most important life task is caring for husbands and children. This requirement of her dictates the nature of the remunerative work she can do. It influences her every endeavour outside of the home, for she cannot, without guilt feelings, be too long unavailable to those who she is socially expected to nurture. This relates back to the moral obligation of women earlier described.

Husbands, on the other hand, are not defined primarily on the basis of marital status. A woman is considered as doing her duty by caring for men and children, but men are considered brilliant if they can just look after themselves. He can help with the dishes and housework and will, as a result, be praised. He can also feel free to not help in these ways. He does not need to fear that his boss or peers at work and leisure are going to think less of him for doing less at home. A mother parents children as a matter of expected course but a father's role is often thought of more as a babysitter while Mom is not available. It is not really his job. He is just helping out and consequently being a "really good guy". This holds true when the female partner and mother is working outside the home in order to maintain the family financially. Women at leisure need to either take the children along or line up a babysitter. Men at leisure are free of the moral obligation. He is not expected before going out the door to discover if his partner can be available to babysit. The moral obligation of child and partner caring is still her's in present society. The male partner's perceived rights and authority in a couples relationship are manifested in ever so many subtle and obvious behavior patterns in our present day lives.

Given that male partners have much freer access to resources in our

society than do female partners and given that it is the female-partners who are morally obliged to see that their family's needs are met, our society by its very nature, virtually ensures that women will be attacked by men. She is forced to negotiate with him in order to maintain all of those things the entire family needs. This reality that female partners are going to have to negotiate with male partners continually puts her at risk of an abusive response. A common negotiation process results in the male partner choosing to feel nagged which serves an important purpose for him. On the basis of this choice he makes several others--whether to abuse, how he will do it, when he will stop it and finally, after the violence, how to express his assertion that he was provoked. The socialization process not only contributes to the abuse of female-partners but it allows a system of thinking which can be used to justify the behavior of the perpetrator and the blaming of the victim.

Blumenthal (1972) sees male abuse of their female partners primarily as a function of social influence. She asserts that violence, although not always perceived as such, is considered by our society in general to be an entirely legitimate option used by government. The state has a right to use violence if it feels it can further its' ends in so choosing. Violence by the state, for example, is considered legitimate if it represents an attempt to control criminal behavior, maintain order in street demonstrations or repel any group perceived by the state as an enemy of that state.

This reality of state use of violence as a legitimate option allows us to grow up and be surrounded in violence. The implication is that female-partner abuse is also allowable, indeed, the behavior of preference

sometimes.

Within a society there will exist subcultures particularly low in power and high in alienation simply by virtue of identification with those subcultures. These male subculture members are even more likely to commit abusive acts toward female partners than the population of males in the society as a whole. The reasoning here is that males, without equal access to valued resources in a society, are more frustrated in attempts to fulfill their perception of what the man's role in the family should be. He will often-times feel he just does not measure up as a provider and a materially successful man. Although this kind of situation may make it more likely that male partners will abuse females, it does not relieve the perpetrator of responsibility should he try to express his frustration in this way.

Blumenthal (1972) says that a substantial number of males believe that a certain amount of violence in certain situations is justifiable. They believe it if there is an absence of intent; if the act was considered accidental; or if the act was in response to an aggressive behavior. This implies that males feel it is quite acceptable to abuse as long as the victim was perceived by him as challenging in some way. This implication, obviously, does not bode well for women in general. He, also, by holding such a belief system, provides himself with a convenient excuse for abusive behavior. He can see himself as not being bad because of his behavior. He can instead say: "I didn't mean it" or "I didn't mean to go that far" thus absolving himself of responsibility.

As a result of socially influenced thought-behavior patterns, males can see themselves as justified in being abusive of female partners in

another way. He can choose to perceive he has been wronged in some way by his female partner and coupled with his belief that violence deserves violence, he is able, with a clear conscience to seek retributive justice. Again, it is an example of using a provocation excuse. "She hurt me, aggravated me, challenged me, etc. so I had to do what a man has to do".

According to Blumenthal (1972) eighty-nine percent of the male subjects in her study reported that if the perpetrator committed violence in response to a perceived wrongdoing he was then justified in his behavior.

Social issues such as poverty, unemployment and under-employment are, according to these same subjects, primary factors in leading men to be abusive. It may very well be the case that these stress factors can be correlated. That does not mean, however, they are in themselves causes of abuse in couple relationships. Stress experienced by these social problems coupled with the social expectation that males will be providers and materially successful may make matters more conducive to the occurrence of abuse.

Zacher & Bard (1977) say that men who see themselves as poor are more likely than other men to abuse their female partners. Their study was of a cross section of people by socio-economic status. Twenty-eight percent of the marriages between people who were wealthy were characterized by at least some abusive behavior. Abuse was discovered in twenty-nine percent of the middle-class marriages. Among the poor, however, forty-four percent of the couples had experienced abuse.

Descher (1984) says that when the male partner's educational level or his occupational level is lower than that of his female partner there is a

greater likelihood that the male will abuse the female. She suggests that in these situations, the abuse is used as a last ditch attempt for the male to feel he can dominate his female partner. If he cannot demonstrate to himself, to his partner, or to the world around him that he is superior in earning power, then he will often demonstrate superiority by abusing her.

Straus & Gelles (1980) show a link between low economic status and female-partner abuse. Descher (1984) citing Gil says that about sixty percent of abusive families in this study had received social assistance funds in the year prior to the violence. Also, nearly one half of the husbands and fathers were unemployed. Most of the abusers were poorly educated. Finally, females were more at risk if they had a relationship with a man who held to a rigid hierarchical family pattern.

This brings us to a very interesting point. In societies where everyone is poor together, poverty itself does not cause abuse. According to Descher (1984) in societies that are money-dependent, however, poverty is much more likely to lead to female-partner abuse. It is the combination of these two factors which can raise the frequency of abuse. If the social expectation of material success is experienced by the male and if his circumstances are such that he has a great deal of difficulty creating for himself sufficient opportunities to fulfill this expectation then he is much more likely to express his frustration in abusive ways. Where he displays this abuse is most likely to be at his female partner rather than others he knows outside of the family.

It might seem very ironic that males prone to abusing will choose to victimize their female partners rather than anyone else. Bard & Zacher (1977) point out that the more intimate the relationship, the more likely

the individuals in it will experience and express primitive, irrational and conflicted emotions, feelings and needs. The intensity of feelings in a close relationship is much greater than that of distant relationships. This greater intensity makes abuse much more likely to occur between intimates.

Blumenthal (1972) says that poorer men are more likely to abuse female partners and are more likely to believe instrumental violence is justified. It is acceptable to abuse if it is intended to change the power structure in a relationship. Abuse in response to perceived aggression is also acceptable. "Getting even" or seeking retributive justice is regarded as a valid reason to abuse. Better educated men were less likely to believe in violence as a valid response in seeking retributive justice.

Blumenthal (1972) goes on to conclude that the more a man holds to the attitude that violence is justified as a means to retributive justice, self-defense, in material values and protection of property, the more likely he is to be violent. If men are violent in other circumstances they are prone to ignore their actions rather than to consider themselves bad or wrongdoers. She suggests that a common error we make in analyzing violent people is that they are acting out anger, hostility and rage. In fact, violence can be committed without obvious emotion. Men abuse female partners not so much as a way of venting rage, but rather, to gain some advantage. It is not so much a spontaneous but a calculated act. To understand abusive men and their behavior we have to consider both affective and instrumental motives. Violence for instrumental reasons is socially acceptable to men.

Abusive behavior in men can be seen as a learned response. Watching

it on television, for example, can encourage its choice. News broadcasts depicting violence as a means of social control seems to validate it. It is an appropriate behavior for fictional hero-like and sports characters. The male star has to do what any real man has to do in order to save the day. When the antagonist obstructs his pursuit of personal goals he is more a hero if he chooses violence. The villain is wrong and deserves to be a victim of violence. The message is that violence is efficient, effective and morally right. Unfortunately, the message that violence is right because it works, is ever present. In a sense it actually does work sometimes and for short periods.

How does pornography come in to it? Descher (1984) describes it as an industry that generates in excess of six billion dollars annually in the North American market. Despite efforts by governments on this continent to curtail its circulation and sale, it is obviously enjoying widespread social acceptance. So called soft-pornography, in fact, hardly receives any legal attention. The fact that it portrays women as sex objects to be exploited, abused and discarded cannot help but convey the message that the domination of women for the pleasure of men instills a contempt in males for women as subhuman.

Descher (1984) suggests that abusive behavior might not just be socially learned. An aspect of it is also unlearned. She refers to primitive rage reactions that lead to aggression. She sees these as intuitive and a part of our basic survival system. Men when they abuse their female partners may be simply giving way to intuitive aggressive reactions. Continued stress can cause a man to unconsciously act abusively.

This impression of a cause of abusive behavior smacks of the notion that men need not be held responsible for their actions. I feel it should only be seriously considered if one keeps in mind that men can also choose to control themselves. If abusing can be unconsciously triggered then it can also be unconsciously and consciously controlled. Men have a responsibility to know how they have habitually behaved under stress and how to stop it. Conscious control of an unconscious behavior is always quite within the realm of possibility.

Anger is a commonly displayed emotion among men. To call all the actual emotions experienced and expressed as anger when one is raging is an oversimplification of the case. He can be experiencing many emotions none of which even remotely resemble anger. Expressing anger when one feels other emotions is common among men because anger is a socially acceptable form of masculine presentation. There is a side to anger which the actor can actually get into and enjoy. An angry person feels strong and brave. It intimidates relatively easily and therefore usually quickly brings reward with a sense of victory. He gets another reward in the submission of his foe, thus accelerating this sense of powerfulness. Her lingering fear and appeasing behavior confirms the value of his anger to him.

One can go on pointing out how the socialization process from the beginning of time has taught males to be aggressive. Through social learning males perpetuate their abusive habits. Socially induced stress can act as a catalyst in this process. Rewarding male aggressiveness when frustration is experienced can only serve to maintain the abuse of female partners. This same process of socialization and social learning, furthermore, compounds the problem for victims in particular. It results

in compelling girls and women to be nurturing and dependent in the coupling relationship for maintenance of social and economic status. The socialization process not only makes female partner abuse more of a likelihood but also serves to allow it to occur in secrecy. It allows the perpetrator the option of blaming the victim.

Personal Factors

An argument exists for the case that social factors alone do not account for all female partner abuse in our society. If perhaps as many as sixty percent of adult males abuse female partners it then leaves forty percent who do not. We all experience roughly the same process of socialization and social learning on the broad societal level. Yet, some males do not abuse female partners. How is it that some abuse and some do not abuse? Perhaps there is something more at work on the male mind and body which makes him more likely than his neighbour to be abusive within the confines of the familial home.

Roy (1982) studied the personalities of abusive men and drew some conclusions. Some of these men were found to be out of harmony with themselves and their environments. Such a man experiences inadequacies in his ego functioning. This person is more prone to seek ways of altering his internal experience. He is more likely to abuse drugs including alcohol. He is also more likely to have difficulty in controlling aggressive drives during and after substance abuse. Some examples given of personality types so affected by drug use are: antisocial, passive, aggressive, explosive and psychotic personalities.

Personality interactions may very well be a critical causal factor in female partners abuse. In Roy's study, many of the perpetrators manifested

attributes of the personalities just described, while the personalities of the victims had very little effect on his behavior. In other situations, however, abuse was said to be caused by conflict between partners. In these situations, if the perpetrator also was a substance abuser then the conflict may be further aggravated. Substance use alters the established personality balance between partners. Substance use by a man with an antisocial, passive-aggressive, explosive or psychotic personality may render him less able to cope with conflict with his partner, thus increasing the chances of the woman being abused.

Roy (1984) cites Hanks and Rosenbaum when pointing out personality tendencies of perpetrators which predispose them to abuse female partners. They found that abusers were prone to violent behavior before entering relationships in which they were later abusive. These men entered relationships with strong feelings of rejection and inadequacy. Roy (1984), citing Shainess, adds other personality types predisposed to abuse. They are the obsessive-compulsive, the passive-aggressive, and the sadistic personalities. With alcohol and other drugs present in such men, there is an even greater likelihood of violence occurring.

People with rigid, moralistic tendencies or who are in some ways obsessive-compulsive are prone to feeling resentment and frustration. These feelings are followed by and result in a building up of hostile impulses. Ultimately, this ends in violent outbursts. In Roy (1984), Symonds describes such a person with this personality pattern as "Dr. Jekyll and Mr. Hyde"-like. On the one hand he is perceived by neighbours, friends, acquaintances and extended family as an all-around nice fellow. He can even behave in this well mannered fashion within the marriage some

of the time. On the other hand, however, and especially within the relationship with his female partner he is also, at times, extremely ill-tempered and aggressive. Again, such a person is prone to using alcohol and this further aggravates the pattern.

There is another complication of this style of presentation on the part of the perpetrator. A very common response in interviews I have had with victims of such men is that other people find her male partner so very nice--everyone likes him. This thought, in turn, often causes the victim to feel she, then, must be behaving wrongly, that she is the only one who sees his abuse. This belief makes it more difficult for her to accept the idea that she is not responsible for his behavior. She is also less inclined to seriously consider separation.

In Roy (1984) Symonds sees two main groups of abuse-prone relationships. The first is characterized by a perpetrator who is out of harmony with himself and his environment. The second group experience abusive behavior as a result of conflict between the couple. Each partner comes into the relationship with personal needs. It is in the adjustment process of each to the other's needs that psychodynamic balances are created. Specific personal needs experienced and expressed in the relationship are related to dependency, control and intimacy.

Conflicts involving the dependency issue arise when, for example, the male partner experiences this deeply felt need and in consequence, is extremely demanding of the female partner for nurturance. If the dependency need in him is very strong, she obviously is not likely to be able to totally satisfy him even if she is prepared to play this game with him in the first place. His response, then, is to frequently feel

frustration at his situation as well as at the female partner. It is this frustration which leads him to abuse her.

Conflicts over control needs also put the female partner at risk of abuse. One person in the relationship might display a high level of controlling behavior in interaction with the partner. The receiving partner might typically resent this treatment and resist by not complying with the other. Whether the male is the controller or the receiver in such a process he always has the option when frustrated of abusing.

In some relationships, the male partner might feel anxiety deep within himself over his sexual adequacy. This might cause him to distance himself from his partner. He may not want to regularly have sex with her. Their relationship can then become quite tense. He can become frustrated at himself for his doubts about his own sexual adequacy and, in response, assert his domination over his female partner by abusing her.

Roy (1984) says that any treatment of male abusers, if it is going to be successful, must begin with a thorough diagnostic workup. It must first be ascertained if the abusive behavior is caused by a physical condition. Some physical conditions which can be associated with violent behavior include:

A. Neurological Disorders

1. Disorders of the limbic system.
2. Disorders of the neocortex.
3. Head trauma or other cerebral insults such as epidemic encephalitis.
4. Temporal lobe epilepsy.
5. Prenatal, natal, or postnatal history of birth injury, fetal

anoxia, and infantile convulsions.

6. Minimal brain dysfunctions and severe cases of cerebral palsy, mental retardation, and arrested hydrocephalus.
7. Sequela of viral encephalitis, brain abscess, stroke, subarachnoid hemorrhage, presenile dementia, Huntington's Chorea, normal pressure hydrocephalus, arrested internal hydrocephalus.
8. Sequela of cerebral anoxia due to cardiac arrest.
9. Removal of tumors of the limbic system.

B. Nutritional and Environmental Factors (Biochemical Imbalances)

1. Nutritionally induced chronic endocrinopathy (reactive hypoglycemia).
2. Cerebral allergic responses to foods.
3. Improper levels of vitamins and minerals.
4. Elevated levels of neurotoxins.
5. Malnutrition (plain or overconsumptive).
6. Stress induced by certain food additives.

Roy (1984) says that according to Hungarford nearly 75% of the cases she sees of marital discord which are characterized by female partner abuse, the male partner reveals an abnormal blood glucose level after glucose tolerance testing. Many of these men behave very violently and may in some cases go into suicidal depression when they experience a sudden drop in blood glucose. She says that dietary restrictions or adjustments work well as a form of treatment for both violent behaviors and depression in these men. She also claims that after several weeks on a nutrition education program 80% of the couples report a significant improvement in their relationships.

Roy (1984) reports Lederer having a consistent finding. At the Behavior Research Institute, Peacham, Vermont he studied 312 couples in marital crisis. He claims that in 57% of the couples he saw at least one of the partners had a biochemical imbalance. This was later demonstrated to have been the primary cause of abuse. He included here a condition characterized by a sensitivity to certain foods. Part of his treatment plan involved the simple elimination of particular foods for particular perpetrators. After the food was stricken from the diet, individual men reported an enhanced sense of well being and improved relationships. He points out that biochemical imbalance upon discovery is treated first to make the couple more responsive to therapy and, then, participants are placed in a five week course designed to change relating behaviors.

Roy (1984) says that Lederer studied another group. This one consisted of 278 young and middle-aged couples who were experiencing marital dysfunction. He claims that in the majority of these cases he could see evidence of a particular syndrome. He calls it the "fatigue-irritability-irrational-behavior syndrome". Symptoms of this include fatigue, depression, unpredictable temper tantrums, moodiness, forgetfulness, insomnia, headaches, anxiety, irritability, crying spells, indigestion, compulsive eating, pain in muscles and back, difficulty in concentrating and sensitivity to noise and light.

Bernard (1984) also talks about the abuser and how commonly they express signs of unmet dependency needs. They alternated between being passive and suddenly very aggressive. He had his subjects complete the "Minnesota Multiphasic Personality Inventory". The pattern of scores received indicated that these men had personalities of a nature such that

they would find it particularly difficult to function in mature heterosexual relationships. They concluded that quite apart from effects of relationship dysfunction, abusive males in this study had serious psychological problems.

Weitzman and Dreen (1982) say that people tend to marry others at about the same level of psychological maturity. Their respective psychological problems tend to compliment each other. Therefore, the psychological destitution of one should not be attributed necessarily to the marital relationship. The typical abuser has a fragile personality and the relationship tends to make this more obvious. The abuser's psychological profile is characterized by repression, and close interaction exposes this personal weakness.

Coleman (1980) sees abusers' psychiatric history as an important issue. 24% of the men she studied had psychiatric histories. One half of these had been hospitalized for their psychiatric problems. They typically felt mentally exhausted. About one in ten of the subjects said they had contemplated suicide.

Saunders (1984) also found his population of abusers as generally depressed people with evidence in some of paranoia. He suggests that when we look at abusers with a view to treating them we should integrate both social and psychological theories in assessment. He hypothesizes a reciprocal causal relationship between low self-esteem and their cultural conditioning to be successful, tough, dominant over women and possessive of people and things. Many abusers are basically nonassertive and others are primarily aggressive. Still others characteristically alternate, usually dramatically, between the two extremes. If all of them have a single

common personality trait, it is low self-esteem. Saunders links the depression of the abuser to this basic factor as well as his inability to accept criticism from female partners.

A Feminist Perspective

In looking at the causes of male abusiveness in partnership relationships; one should keep in mind the sexist nature of our society and how it maintains an unequal balance of power between men and women in general. Berlin & Kravets in Bern & Bern (1984) stress this point. Walker & Gates in the same source refer to the sexist social order in our lives as a major cause of female partner-abuse.

Sexism causes and maintains an unequal balance of power and it is this inequality of power that causes abuse to occur. This is the case in the sense that abuse is a tool used in men's struggle for power.

One Historical Response of Men to Women's Lack of Power

We are all very well informed about the way women have been treated by men and social institutions in past centuries. Our history is full of examples of how women have been systematically discriminated against by men so as to keep them subordinate and victimized. It is a tragic account especially for us now in the light of how this male tradition affects the present male perception of women relative to themselves.

Perhaps it is out of a personal need I have to feel there is some reason to be hopeful for men that I want to look at an historical exception to the many accounts of how men have behaved toward women. If one believes that perhaps as many as 40% of men in our present society are not abusive within families, then it should not be improbable that some exceptions in history actually do exist.

In my mind it is abundantly clear that the institution called Freemasonry, in its known and apparent origins, nature and goal directed laws, contains much that could benefit us all. It could possibly be argued that Freemasonry more than any other early human institution, perhaps save churches, formalized the art of effective helping in an orderly and concise way. The wonder of the craft not only lies in its effectiveness in the helping process but that it should have become so successful so early in man's history. Freemasons began as a self-help group and slowly broadened their energies to become, in addition, an agent for helping at the community, as well as more recently, at the national and international levels.

A brief look at the history of the origins of Freemasonry (Appendix A) tells us something of how men at some point in time worked effectively to bring relief to women. An interesting area of study would be one which might serve to confirm that Freemasons are less abusive of their partners than is the general population of men.

CHAPTER 3 - ALCOHOL AND OTHER DRUG USE IN FEMALE PARTNER ABUSE

This chapter looks at the relationship which appears to exist between drug use and female partner abuse. For the purpose of studying this relationship, drugs are classified into four different groups: depressants, stimulants, narcotics and hallucinogens. Perpetrators of abuse are then classified according to personality type. Drug dosage, methods of use, drug users expectations of himself after administering the substance and setting are other variables explored.

Alcohol more than any other drug is generally thought to be most closely associated with female partner abuse. Drug use is seen more as a contributor than a causal factor. Finally, the relationship between multiple drug use and female partner abuse is presented.

Roy (1982) studied four thousand women who were abused by their male partners in New York. One result of the study was that in thirty-five percent of the cases, the perpetrators were alcoholics. Out of the interviews she developed a list of nine factors which constituted primary variables leading to abuse. These she regards as catalysts or contributing factors in the opinions of her subjects. They are listed in descending order of importance.

1. Arguments over money--the lack of it, the fact that husbands control it.
2. Jealousy--male partners therefore discouraged these women from a social life. Some even questioned the paternity of their children.
3. Sexual problems--male questioning of female fidelity, his own virility, impotency, frigidity, excessive sexual demands, male brutality in bed.
4. Alcohol--many in the sample reported that male partners usually beat them when the perpetrator was intoxicated.

5. Disputes over children--male partners were sometimes reported to be threatened by a child because they thought it robbed them of affection.
6. Unemployment--of husband.
7. Female partner's desire to work outside of the home.
8. Pregnancy.
9. Female partner's use of alcohol and/or other drugs.

Roy (1982) says Appleton found that 87% of subjects in a study reported male partners who abused drugs including alcohol.

Roy (1982) says that Carlson reported 81% of abusers in a study also abused alcohol and other drugs.

Roy (1982) herself studied the same issue and found that 85% of perpetrators also abused drugs.

The prevalence of drugs including alcohol in abusive relationships would appear to be very high. This does not, of course, suggest that drugs cause men to be abusive in the sense that they are necessary or sufficient conditions. The fact is that abuse can occur without evidence of substance abuse present and that substance abuse can occur without violence. Roy sees alcohol and other drugs as contributors or triggers rather than causes.

Different drugs may have different psychiatric effects. Roy (1982) cites Hoffman who described four classes of drugs:

1. Depressants - such as barbiturates, tranquilizers and alcohol.
2. Stimulants - such as amphetamines, cocaine and antidepressants.
3. Narcotics - such as Demerol and Heroin.
4. Hallucinogens - such as LSD, PCP and mescaline.

How substance abuse affects male abusive behavior is likely to vary among users depending on his personality type. If he has a premorbid personality, (a condition sometimes seen in individuals prior to onset of a mental disorder) then it is more likely to play an influential part in abusive behavior. An individual who is in harmony with himself and his environment is less likely, in the first place, to use substances. A man who is not in harmony with himself and experiencing inadequacies in ego functioning, on the other hand, is more likely to use substances to alter this internal experience. With increasing impairment in ego functioning, there is often an increased difficulty for the man to integrate the psychiatric effects of substances. Also, with increased impairments, the man will experience more difficulty regulating aggressive drives.

Some personality types with premorbid proclivities to substance abuse who run a high risk of becoming aggressive with substance abuse include anti-social personalities, passive-aggressive personalities, and explosive personalities. Psychotics, such as paranoid schizophrenics and depressed men, can also be included.

A related factor is perhaps the personality interaction effect between the partners in a relationship. On the one hand, the personality of the perpetrator, coupled with substance abuse, may lead to aggressive behavior no matter how the victim conducts herself. On the other, however, the victim's personality might be a factor. Abuse in this instance, might correlate with conflict between the couple. Substance abuse, here might serve as aggravating the conflict by altering usual personality balances between the couple. Substance abuse may also serve to diminish the male's likelihood accepting of conflict, thus raising the risk of abuse.

Drug dosage and methods of use are also important factors in whether substance use will lead to abusive behavior. Frequent use of a drug can have a cumulative effect that intensifies the psychoactive experience. If a drug is injected directly into the bloodstream it can heighten the psychoactive effect.

A substance abuser's knowledge and experience with a particular drug is a significant factor. If he understands likely effects, knows what of himself he can expect and has a non-apprehensive attitude toward them he is less likely to react aggressively.

The final factor related to the study of substance abuse and violence is setting. It includes cultural and physical environments as well as events which may act as triggers for violence. At a cultural level, the life situation of a particular man may lend itself to both substance use and violence given his socioeconomic status. Factors in the physical environment leading to substance abuse and violence might include deprivations resulting in physical discomfort, frustration, anger, and finally aggression.

Depressants

Depressants including alcohol, have been considered responsible for more violence than any other substance Goldstein (in Roy 1982). While the use of depressants may have a calming effect on a person, they can also act as a disinhibitive, and impair cognitive functioning, thus enabling a man to behave abusively.

Parades (in Roy, 1982 says there exists a strong relationship between

alcohol and assaultive as well as non-assaultive crime. Wolfgang (in Roy, 1982) found in a study on homicides that alcohol was present in 54% of perpetrators and 53% of the victims. Voss & Hepburn (in Roy, 1982) also studied homicides and alcohol use. They found that alcohol was present in 53% of the cases. Nicol (in Roy, 1982) reported that most men appearing before courts are heavy alcohol users.

Walker (in Roy, 1982) describes alcohol as a part of the issue of female partner abuse. She makes a point, however, of saying that she does not see alcohol as a precipitating cause of abuse. What appears to her to be the case is that the more severe cases of abuse in terms of injury to the female victim do involve consistent use of alcohol on the part of the male perpetrator.

Shainess (in Roy, 1982) looks at the obsessive compulsive, passive-aggressive, and sadistic personality types and concludes that when alcohol is added these men have a particular propensity to abuse.

We know alcohol acts as a disinhibitor and impairs cognitive processes. This effect may predispose different men to different acts at a behavioural level depending on the nature of his premorbid personality. If he is rigid, sadistic and obsessive compulsive, he is decidedly more likely to abuse. One should say such a man is decidedly more likely to abuse his female partner because she is his victim of choice. In public, these men present as well mannered and controlled but at home they abuse their partner in response to rage. He will use alcohol to calm down but in the process becomes abusive as he becomes disinhibited and cognitively impaired.

Alcohol use may cause a man to be more expressive with his emotions

and it may also cause distortions of memory perception and judgement. This is how he becomes more likely to be abusive with alcohol use. The impaired man, seemingly oblivious to indicators of his own abusive behavior in times past, may march right into yet another similar situation without putting any effort into diffusing himself. Thus, his abusiveness can be perceived as explosive. With every step along the way in an escalating argument, at no point is the impaired man likely to check himself. His increasingly aggressive remarks end in violence. The victim needs to be conscious in such a situation that her partner is likely to have abandoned any self-responsibility by this point.

In looking at the passive-aggressive personality type, we see a man who possesses strong repression of his feelings. Alcohol also acts with this person to disinhibit him and impair his judgement. Mendolson (in Roy, 1982) studied alcohol effects on passive-aggressive men. He typically found them to be very passive, anxious to please and uncomplaining in a pre-drinking phase, but hostile in a drinking phase.

Unpredictability might be a key word in describing the effect alcohol abuse has on the sadistic person's behavior. It may at times have a calming effect but on other occasions make a person prone to violent behavior in times of frustration. When a great many negative feelings are present, use of alcohol allows the person to become oblivious to them, enabling him to be calm. The calmness, however, when attained in this fashion is tenuous. With alcohol use such a person is also much more likely to become explosively aggressive.

In some instances it could be argued that violence is a consequence of the nature of the interaction between partners. Conflict might sometimes

lead to male abusive behavior. In such situations alcohol use affects the degree of likelihood abuse will actually occur. The kinds of conflict which commonly lead to male abusive behavior when alcohol is also involved include those relating to dependency, control and intimacy needs.

In situations in which women become partners of men with strong dependency needs, she may be thrust into a difficult if not impossible bind. On the one hand because of his dependency needs he can easily become frustrated at not feeling sufficiently nurtured. He may then take this frustration out on his female partner. He is even more likely to blame his victim and act abusively if he uses alcohol. Alcohol is used by the man to both mask frustration and provide an excuse for the violence, just in case, in a given situation he ultimately decided to become violent.

Conflicts regarding intimacy needs deal primarily with the sexual level of the relationship. Men in conflict with themselves over intimacy needs, typically experience deep anxieties about their sexual adequacy. The female partner of such a man cannot completely relieve his anxieties no matter how accommodating and understanding she may be. If this man then uses alcohol to mask his anxiety, he will certainly alter his sexual functioning such that he is even less satisfied with himself. After alcohol is added to the situation the man is likely to take out his anxiety and frustration on the female partner who is to him by this time, a convenient person to blame. By hitting, he can demonstrate to himself that if he is not in charge at a sexual level in the relationship, he will be in charge at every other level.

Shupe (in Roy, 1982) did a study on alcohol dosages and how this affects frequency and intensity of violent behavior. It was found that

moderate drinking led to the greatest frequency and intensity. This would include people with blood alcohol content of .10 - .29. Drinkers of less, simply are not very disinhibited or cognitively impaired. Drinkers of more, are so impaired that they have less of the available energy required to be aggressive. The highly intoxicated person, however, is still a person who can be very dangerous. The message in the study was - do not try to restrain or influence such a man. In some instances he will act very violently despite his apparent lack of coordination.

What a drinker expects of himself after using alcohol can be a critical determinant of whether the substance leads to abuse. Both the perpetrator and victim of abuse may view alcohol as causing the behavior thus removing the discomfort of ascribing responsibility to the male.

Richardson and Campbell in Roy, report that men receive less blame for their irresponsible behavior if they were known to be using alcohol at the time of their actions. They found the opposite to be the case for women. When women drink they are perceived as more to blame for an act even if they were victims.

Brown (in Roy, 1982) studied behavioral expectations of alcohol use in a sample. He reported that people think that as one drinks, one will experience increased power and aggressiveness, increased social assertiveness, reduced tension, enhanced sexual performance, positive transformation of experiences, and enhanced social and physical pleasure. A man may drink in hopes of presenting as having more power over his female partner or he may drink in hopes of being able to behave aggressively toward her. In fact, the alcohol may make him less likely to fulfill these hopes but, on the other hand, may seem to disinhibit him and sufficiently

impair cognitive processes such that it contributes to the ultimate behavior of aggression.

Pokorney, Pittman and Hardy in Roy, report that most abuse in cohabitating relationships occurs in the home. The close proximity of perpetrator and victim, and the likelihood that alcohol is available in the home, makes this environment a common place for abuse. A man who is drinking may be more likely to be confronted by an angry partner who becomes verbally aggressive. His drinking and her verbal aggressiveness at the same time raises the likelihood of abuse occurring.

Barbiturates are the next most common depressant associated with male abusive behavior. Barbiturates commonly result in anxiety reduction and drowsiness but also may cause confusion and memory loss. In very large dosages, barbiturates may cause an intoxicated state similar to that experienced after excessive use of alcohol. They are less likely to act as disinhibitive agents and they are less likely to seriously impair cognitive processes.

Cooper, Wesson and Smith in Roy, report that relatively few incidents of partner abuse are reported in situations where barbiturates are the only drug involved. Interestingly however, many researchers on this subject listed in Roy are talking about samples of women when discussing the effects of barbiturates. It would appear women are more inclined to use barbiturates than alcohol. The opposite would appear to be the case for men.

Stimulants

Stimulants are considered second to depressants in terms of drug association to violence. Stimulants include: amphetamines, cocaine, anti-

depressants and convulsants. Of these amphetamines have the highest association with abusive behavior especially when used together with alcohol. Eisenberg and Michlow (in Roy, 1982) found that in 20% of cases surveyed, amphetamines were used prior to the occurrence of abuse. In all of these cases the amphetamines were consumed together with alcohol. Amphetamine use allows a person to maintain their level of physical functioning even with excessive simultaneous use of alcohol. When used together, the person is not nearly as incapacitated as he is when he uses alcohol alone. It can therefore be argued that when used together the person is potentially more dangerous than if he just used either one alone. Amphetamines and barbiturates used together are similarly more dangerous.

Grenspoon and Hedlelom (in Roy, 1982) reported that violent behaviours increase with higher dosage of amphetamines. It is also more likely to lead to abusive behaviour if it is taken intravenously.

If a person possesses premorbid aggressive tendencies, then amphetamine use is more likely to lead to violent behaviour. Also, if the user already has problems with impulse control or is schizophrenic, then it is more likely to lead to violence.

Davis (in Roy, 1982) studied the influence of amphetamine use on people who do not have premorbid indicators for abusive behaviour. He found these people to be more aggressive before as well as after use. Connell (in Roy, 1982) did a very similar study with similar results. Although amphetamine use, apparently, is particularly likely to lead to violent behaviour in people with premorbid indicators, its consumption can lead to anyone becoming more aggressive and hostile.

A common conflict issue in abusive relationships in which the

perpetrator uses amphetamines is a need to feel competent and dominant. The drug users typically have a low level of self worth and seek partners who are more competent. If the partner does not bring the user a satisfactory sense of competence he may then use amphetamines to boost self-confidence and self-esteem. He is also thereby creating a situation which enables him to be abusive to the partner.

If amphetamines are used at high dosage levels and if they are used intravenously then the user is more likely to be violent. After heavy use the person is usually hyperactive and can become paranoid. The violence can occur from the feelings of persecution in themselves or it may be an expression of the depression a user feels after "coming down".

Low dosage use of amphetamines at first glance appears relatively harmless. The user generally receives the desired effect, in the short run. He becomes less tired, feels more confident, and presents as more assertive. It can, however, also make him more irritable and more likely to increase dosages at later times. Because of the nature of the drug an amphetamine user apparently is likely to take the opportunity to become an amphetamine abuser.

If one understands the nature of amphetamines as well as the effect it's use will likely produce in oneself, there is a greater chance that the reaction can be controlled. Understanding it and one's own behavioural relationship to it can help to minimize the possibility of aggression resulting. As he becomes more aware, for example, that after amphetamine use, he usually becomes suspicious and delusional; he is less likely to become violent as a consequence of paranoid thoughts.

The risk of marital abuse occurring is greatly increased when both

partners use amphetamines. Neither is then capable of reassuring the other but, in fact, is more inclined to behave in ways that escalate tensions.

Those perpetrators with premorbid personality indicators are more likely to react aggressively to cocaine use than are other men. The drug can exacerbate tendencies toward violence already present in the individual.

Yet another group of stimulant drugs is narcotics. Common narcotics used in our society are heroin, morphine, codeine, demerol, methadone and opium. Roy (1982) says that it is unusual for its use to lead to aggressiveness. In fact, it is often taken to reduce aggressive tendencies. Narcotics, however, are implicated in aggressive behavior in a different way. Users commonly experience an aggressive state during the withdrawal phase. Roy (1982) did a study on thirty male heroin abusers in New York. In the study she found that 81% of the subjects admitted physically abusing their female partners. 96% admitted to emotionally abusing their female partners. The subjects said that incidences of abuse were rare when they were using narcotics. The times when physical or emotional abuse was most likely to occur were those periods in which they were high on other substances like alcohol and barbiturates. They also frequently abused their partners during the withdrawal and need phases of narcotic abuse.

According to Roy (1982), heroin is at present, the most commonly abused narcotic. Shainess (in Roy, 1982) points out that the heroin abuser can be a dangerous person to family members when he needs a fix. The existence of people in close proximity can elicit rage. Taylor, Wilbur & Osnos, in Roy (1982), found in their study that over 50% of the subjects

admitted to physical abuse of female partners. They also said that evidence of emotional abuse was common.

Khantzian & Wurmser (in Roy, 1982) say that many heroin abusers have histories of aggressiveness and anti-social behavior. Others are passive and unassertive but have strong withdrawal reactions. The drug has a calming effect on users. It is also expensive to the average user. He has to be very aggressive in life to get the money for his heroin habit. This need to be aggressive often spills over into physical and emotional abuse within the family.

Heroin users typically seek out partners with strong needs to nurture. He will often drain her emotionally because of his need for nurturance. When her well runs dry, argument and conflict are common in such relationships. Interestingly, even if the heroin user kicks his habit, the strong needs for nurturing and to nurture often persist and cause further conflict in the relationship. Money is a serious issue in relationships the addicts have. His inability to be an adequate provider makes for a greater likelihood for tension to develop.

Mirin, Meyer & McNamee (in Roy, 1982), studied heroin addicts and in 1976 reported that subjects, after using the drug, were generally initially very relaxed. After prolonged heroin use, however, this presentation changed to ones of belligerence, anger and aggressiveness. Also, over time, addicts generally used more of the drug. They concluded that prolonged use of heroin can be correlated with aggressive behavior.

Tinklenberg & Stillman (in Roy, 1982), found that after four to ten hours of abstinence, users generally experienced intense agitation, restlessness, tremors, chills and sweating. At this point, users can act

rashly and aggressively if they feel those in close physical proximity were acting to withhold access to more drugs. Their conclusion was that it is the absence of, rather than the use of heroin, that can be associated with abusive behavior.

Opium was used as early as 3000 B.C. for medicinal purposes. Morphine and codeine were isolated from opium in the early 1800's. The hypodermic needle was invented in 1856. Morphine began to be extensively used intravenously in the Western World to treat casualties in the American Civil War. Since then, morphine has been widely used and abused in our hemisphere. It is highly addictive and often leads to heroin addiction. Again, morphine initially works to relax a user but they can be aggressive when in need of the substance.

According to Leavitt (in Roy, 1982), hallucinogens like LSD, PCP, marijuana, mescaline, DOM, psilocybin and psilocyn serve to reduce aggressiveness in many users. Overdoses, however, can result in panic attacks in which users can inadvertently hurt another person.

If the perpetrators have premorbid personality indicators and use hallicinogens then there is a greater risk of aggressiveness. If the user tends to be aggressive and shows signs of poor impulse control, then use of these drugs is more likely to result in violent behavior.

Klee (in Roy, 1982) studied users of LSD. It was reported that use of the drug had little effect behaviorally on some. For those who were impulsive and/or aggressive to begin with, however, more impulsiveness and aggressiveness were the result. If a person was in a hostile mood prior to LSD use he was more likely to experience a bad trip and panic reactions. He was therefore more likely to be abusive toward his partner.

Leary, Metzner and Alpert (in Roy, 1982), emphasized mental preparedness as an important factor in determining how a person is going to be behaviorally affected by LSD use. Negative feelings toward a partner can provide a basis for physical abuse after use.

Peterson and Stillman (in Roy, 1982), studied reactions of users of PCP. The drug can produce euphoria, a dreamy detachment, a sense of oneness and feelings of strength and invulnerability. Negating reactions commonly found include: agitation, inability to speak, muscular rigidity, repetitive motor movements, gross incoordination, convulsions, stupor and coma. Users are often aggressive and violent. PCP users tend to be young (between the ages of 14-25). It is described as an unpopular choice of a drug by substance abusers because of its tendency to lead to bad trips. For these reasons PCP use is not considered to be a big factor in female-partner abuse.

Jubin and Leavitt (in Roy, 1982) believe that marijuana, mescaline, DOM, psilocybin, and psidocyn have low association with female partner abuse.

MULTIPLE DRUG ABUSE

Kauffman (in Roy, 1982) reports that in the last decade the incidence of multiple drug abuse has increased dramatically. The association between drug abuse and female partner abuse is believed to be closer when more than one substance is used. The drugs might be consumed simultaneously or in sequence. The interaction between drugs used can lead to more extreme aggressive behavior than if they were each consumed singly and at different times. Alcohol and amphetamines make a particularly dangerous combination as do barbiturates and amphetamines, LSD and amphetamines, LSD and alcohol,

and PCP and alcohol.

Roy (1982) concludes that drugs, including alcohol, definitely contribute to partner abuse. The connection between the two, however, is complex. How drugs and female partner abuse relate to one another depends to a significant extent on the personality type of the user, dosage levels, the tension level in the couple's relationship before drug use and the user's mood before drug use. Depressants and stimulants are more likely to lead to aggressive behavior than any other classes of drugs. Alcohol use has the highest association with violence. Narcotics are significant when studying violent behavior mainly in terms of withdrawal effects and the financial difficulty its use tends to place the family in. Hallucinogens have relatively little association with violent behavior.

Multiple drug use, depending on combination, raises the association with violence.

There are two major groups of violence prone marriages described so as to better understand the relationship between drug use and female partner abuse. In the first group the violence is attributed to the premorbid personality of the perpetrator. In these situations drugs can raise the likelihood of violence occurring. In the second group, violence is attributed to conflicts within the marriage. In these situations, drugs can be seen as aggravating the conflicts by changing balances and established communication patterns within relationships. Drug use may also serve to render a person less able to cope with conflict without becoming aggressive.

J. Descher (1984) also takes a fairly detailed look at the relationship between alcohol abuse and female partner abuse. She concludes

that families with a member or members who abuse alcohol or other drugs are more at risk of domestic violence. In her own study she reports that alcohol was a significant factor in 72% of the cases of domestic violence that she had an opportunity to observe. Stacey and Shupe (in Descher, 1984) found that alcohol was involved in 70% of domestic abuse. Feazell (in Descher, 1984) interviewed 90 counsellors operating programs for violent men. The report concluded that alcohol was involved in 67% of violent episodes.

B. Carlson (1977) attempts to clarify the relationship between alcohol and female partner abuse. She feels that many of the victims make a big mistake when they incorrectly identify alcohol use by their male partners as the cause of the violence. She sees alcohol abuse more as a symptom of structural stress and frustration. It serves to exacerbate rather than alleviate already established stress in the relationship. Rather than alcohol being a cause of domestic violence it is better described as an agent which serves to break down inhibitions allowing many men to hit who would otherwise experience strong normative inhibitions against such behavior.

In the official "Report from the Conference on Intervention Programs for Men Who Batter" (1981) sponsored by the United States Department of Justice, it was asserted that one cannot look at alcohol as a cause of domestic violence. They say that although substance abuse is present in many men who batter, treating such an addiction will not necessarily stop the violent behavior. Substance abuse and domestic abuse must be approached in treatment separately. Alcoholism, however, can be seen as contributing to violent behavior.

Hilberman (Nov. 1980) reports a consistent view of alcohol and violence. She refers to a study by Gelles' in which 44% of domestic abuse situations also involved alcohol. In Gayford's study, also illustrated by Hilberman, drunkenness was usual in 52% of the violent cases. In a survey of 100 wives of alcoholics, none of whom had been identified as victims of abuse, Scott in the same source found that "72% of the women had been threatened, 45% were beaten, and 27% described potentially lethal assault". Men are not always violent when drunk. Alcoholics sometimes beat their partners when they are sober. It is because of these facts Gelles hypothesized that "wife abusers become intoxicated in order to carry out a violent act. Drinking is thus used to disavow the deviant behavior and to provide a time out during which the assailant is not responsible for his actions."

Bard and Zacher (1977) report a study they conducted regarding alcohol and female partner abuse. They found that family disputes requiring police intervention do not appear to be caused by or characterized by alcohol use, and the perpetrator who is central to the complaint, is actually less likely to be assaultive if he has used alcohol. Whether alcohol is involved in any kind of assault, violence is much more likely to occur in close relationships than between two non-related people.

Leball (in Eberle, 1982) reported that in only 7.8% of the abusing situations she studied were the female victims using alcohol. Frieze and Knoble in the same source found that only 4% of abused female partners in their study had problems with alcohol. Cahalon in Eberle says that 4% of women in the general population abuse alcohol. It can be said with some safety, then, that alcohol use by women does not provoke domestic abuse

situations.

Eberle (1982), in studying abusive relationships began with the following hypotheses:

1. Batterers who abuse alcohol are likely to be more violent than batterers who do not use alcohol.
2. Batterers who abuse alcohol are more likely to have victims who also use alcohol than are batterers who do not use alcohol.
3. The greater the age of the batterer, the more likely he is to be an alcohol abuser.
4. The higher the socioeconomic status of the batterer, the less likely he is to be an alcohol abuser.

Eberle (1982) claims that her results indicated strong support for two of the hypotheses. Victims who use alcohol are more likely to be battered by men who abuse alcohol. Also, batterers who abuse alcohol were found to be older than those who do not use alcohol at all. The findings less strongly support the other two hypotheses, although she maintains they hold true, if less conclusively. Alcohol abusers are a more physically violent group and drinking and drinking problems occur more frequently among men of lower socioeconomic status.

CHAPTER 4 - CHARACTERISTICS OF ABUSIVE MEN

This chapter looks at various descriptive characteristics of abusive male partners as seen by several different authors. Such variables as the number of children in the home, income, age, educational level, employment status, childhood exposure to abuse, religious affiliation, inclusion in minority groups, communication styles, level of self-esteem and connectedness to peers are explored.

Straus, Gelles and Steinmetz (1980) look at a broad range of attributes of abusive men as well as their life situations in their attempt to characterize them for us. In partnerships with no children present, the incidence of male abuse of female partners was found to be relatively low in their study. Interestingly, they also found that in partnerships that had two to five children, there were higher rates of female partner abuse. Of these families, those with five children were most at risk. In families with six or more children, abuse of female partners was very low. They hypothesize that couples with two children have much more restricted privacy and opportunities to communicate with one another than do couples with either no children or just one. Each additional child up to the number of five further reduces privacy and opportunities to communicate for the couple. They found that in the low income families, the rate of female partner abuse doubled after the birth of a second child and in high income families it tripled!

Male partners, who as fathers are intensively involved with their children and have strong feelings about how they should be raised, are more likely to be abusive of female partners. When it comes to conflicts between partners, those with regard to child rearing issues often lead to

female partner abuse, more frequently in fact, than if partners conflict over sex or money issues. Men, who as fathers have strong feelings regarding child rearing, are more inclined to feel anguish and despair if their partners do not agree with their particular ideas.

Abusive male partners were also found to be a relatively young group of people. By young they mean thirty years of age or under. One suggestion here is that younger people participate in the newer marriages and it is these more recent relationships which are most violence prone. Another possible partial explanation for this is that people of this age group are the first in the history of humankind to grow up with television complete with its ample supply of violence and sexist advertising. Further research is needed to test out all the possible hypotheses.

Although abusive men are found in every income bracket, Straus, Gelles and Steinmetz (1980) believe that they are more commonly low income earners. They looked at abuse registries and police files before coming to this conclusion. The reader of this assertion has to be wary of accepting it of course, because it can also be asserted that middle and upper class people have more privacy in their lives from public scrutiny.

In connection with the above, the typical abusive male partner is

likely to be poorly educated and be engaged in blue collar work. This study concluded that blue collar male workers were twice as likely as white collar males to abuse their female partners.

There seems to exist a relationship between male abusiveness and employment status. According to Straus, Gelles and Steinmetz (1980) men who are unemployed were found to be twice as likely to abuse their female partners than men who were fully employed. Men who are employed part-time are three times more likely to abuse their partners than fully employed men. The least abusive men toward their female partners are retired men.

As has been discussed previously, abusive men were likely as children to have been abused, or they witnessed abuse of their mothers. In this particular study Straus, Gelles and Steinmetz (1980) suggest such men are five to nine times more likely to abuse as adults as people who were not abused as children nor witnessed abuse of their mothers. Violence begets violence, more especially in males. If it is a father who is abusive to a son then the son is more likely to be abusive as an adult than if it was a mother who was abusive toward her son.

According to Straus, Gelles and Steinmetz (1980) men with no religious preference are more likely to be abusive to female partners than are men who have a religious preference. Male partners who are Jewish are least likely in the group of males with a religious preference to abuse female partners. Of the others in the group of males with a religious preference, those who belong to minority religions are most likely to display abusive behavior toward female partners.

According to Straus, Gelles and Steinmetz (1980), male partners who belong to a religious organization and who are coupled with female partners of the same religious group are less abusive to their mates than are male partners of women who belong to a different religious group. A man who couples with a women with a different religion is almost twice as likely to be abusive as men in same religion relationships.

According to Straus, Gelles and Steinmetz (1980) male partners who are abusive toward their female partners tend to be power conscious people. Men who strive to concentrate power in the relationship in their own hands are more likely to be abusive than men in relationships who share power democratically with their female partners. In these situations, it can be argued that abusive men use their aggressive behaviour to legitimize higher power positions. The issue of power need and abusive behaviour becomes more complex if we add other issues already related. Men who strive to dominate their female partners but who lack education, income and work prestige are more abusive than men who also strive to dominate but who have more of these resources relative to their partners. Male partners of the former group perhaps have more difficulty in their own minds claiming the right to be dominant in their coupled relationships.

If we look at abusive men situated in democratic relationships we can make yet another differentiation. In a comparison of democratic relationships in which male partners make final decisions on certain issues and female partners make final decisions on certain other issues and other democratic relationships in which final decisions are all shared by both partners a difference was found to exist. Male partners in democratic relationships who according to Straus, Gelles and Steinmetz (1980) do not share decisions on a particular set of issues concerning both are more abusive toward their female partners than are male partners in democratic relationships who share decision making power on all issues concerning them.

Blumenthal, Kahn, Andrews and Head (1972) also looked at the issue of power and male abusive behavior toward female partners. Their summary of the relationship between the two is consistent. They concluded that men who are low in power and high in alienation are more likely to resort to abuse. They are even more likely to be abusive if they belong to a minority group. Perhaps we should not so much see power as related to male abusiveness as his perceived lack of it.

Straus, Gelles and Steinmetz (1980) summarize with a check list of characteristics commonly displayed by male partners who are abusive toward their female partners.

1. He is employed part time or unemployed.
2. He has a low income.
3. He is a manual worker.
4. He is very worried about economic security.
5. Two or more children in the family.

6. He disagrees with female partner over children.
7. He grew up in a family in which father hit mother.
8. Married less than ten years.
9. He is thirty years of age or younger
10. He belongs to a non-white racial group.
11. He scores above average on a marital conflict index.
12. He scores high on a stress index.
13. He dominates family decisions.
14. He is verbally aggressive to wife.
15. His wife is verbally aggressive to him.
16. He uses alcohol.
17. The couple have lived in their neighbourhood less than two years.
18. Wife is full-time housewife.
19. Wife very worried about economic security.

Brisson (1982) characterizes abusive men as minimizers. That is, they minimize their behavior toward their female partners. They are usually very reluctant to accept responsibility for their abusiveness. They often blame their partners and alcohol. They are typically not in touch with their feelings. They can usually talk about jobs, cars and sports with other people but not fear, pain, rejection and love. While abusive men are not necessarily socially isolated they do not become emotionally close to others. Their social relationships tend to be superficial.

Whether one views male abusiveness toward female partners as a behavioral, cultural, intrapsychic or an interpersonal problem or,

indeed all of these in combination, these men can be characterized as a population. Kaplan and Sadock (1985) also underline the great likelihood that they were raised in violent homes but they go on to further describe them as people who tend to be immature, dependent, nonassertive, and to suffer from strong feelings of inadequacy. Their aggressive behavior can be seen basically as bullying behavior for the purpose of humiliating their female partner as a way to building their own self-esteem. They respond when threatened or frustrated in any relationship with abusive behavior in the marital relationship. Also, they can feel threatened by their female partners when the latter group attempt to exert independence from them or when the latter group appears to them to be dependent, thus, not able to meet all of their needs.

The abusive male is typically very jealous and possessive. He will try to isolate his female partner. He expends a great deal of energy controlling her in their day to day lives. He will try to control her thoughts, emotions and behavior.

The characterization of abusive men as mainly poorer, working-class people keeps coming up again and again in the literature. Brenner (in Stark, Flitcraft and Frazier, 1979) also emphasizes unemployment and under-employment as important factors in abusive men. Eyer & Henry & Short (same source) see abusiveness as correlating with the business cycle. Basically, what they say is that when economic times are tough, stress rises and men become more violent. There is a higher incidence of male abusiveness in lower class families than in middle or upper class families. Income and occupation are more important predictors of abusiveness than race. Goode (1979) says that abusive men typically see

their economic superiority to their female partners as giving them the right to behave as they do inside the home. Lachman (1979) also subscribes to an economic model but seems to add to it. Abusive males here are described as financially stressed and at the same time are at a high stress point as a consequence of a situation in the family life cycle. The suggestion here is that family stress level becomes very high after the birth of the second child.

A recent research report put out by the "Centre For Women Policy Studies" (1981) describes abusive males in a very interesting fashion. Abusive men who see their friends daily are less likely than those who see their friends less often to stop the violent behavior.

Purdy & Nickle (1982) see abusive men as victims of domestic violence. What they basically are saying is that these men are victims of their own lack of skills at communicating fear of intimacy and dependency on the women they abuse. They are also victimized by a society that teaches men to be inadequate through a rigid support of male sex-role stereotypic behaviors. Specifically society trains abusive men from the outset to be: 1) out of touch with their own feelings; 2) dependent on their female partners to take care of

feelings in the family and the relationship; 3) problem and action oriented as opposed to process oriented and, 4) programmed that anything less than perfect behavior is failure.

Purdy & Nickle (1982) go on to characterize abusive men as not crazy or hideous monsters but otherwise nice people who usually function just fine as long as the situation they find themselves in does not require intimacy. When placed in an intimate situation or relationship these men tend to be either very passive with occasional outbursts of physical, emotional or sexual abuse on their partners or children, or are generally and consistently abusive. Only a small number, perhaps 15 - 20% of men who abuse their female partners are abusive outside of the home. This population may be psychotic or sociopathic and not easily changed in therapy.

Bernard & Bernard (1984) describe abusive men who come to them for treatment as men who in varying degrees present a facade. Upon early contact these men specifically present images of amiability and communicativeness especially to male group leaders. Toward female group leaders they are more distant upon early contact. Abusive men initially portray themselves as being adequate communicators in their relationships with female partners and are not abusive of alcohol or chemicals. They impress as feeling guilt and remorse after behaving abusively toward their female partners. They also impress as people eager to change. Over a long period of contact, however, these men shed their facades and an underlying set of characteristics present themselves. Abusive men without their facades are almost universally men with intense feelings of social and personal inadequacy and possess

frustration due to unmet dependency needs. They are men who consistently deny and minimize their abusive behaviour whether the issue being discussed is frequency of intensity of the violence. On the one hand they accept responsibility and at later points blame their victims for their behaviour. They are typically very jealous men who do not see this in themselves, indeed, fail to be able to identify many of their own emotions. They usually have difficulty appropriately expressing anger and alternate between passivity and explosive aggression. They lack basic trust and are generally loners. They also are much more abusive of drugs including alcohol than they at first admit. MMPI results for these abusive men in treatment indicate they are generally: angry, irritable, erratic and unpredictable. They have a lot of trouble with impulse control leading to social acting out. They reveal themselves as distrustful of others, isolated, insecure and alienated. They have a strong masculine identity although at the same time are concerned about their masculinity and sexuality. They often act with little forethought or control. When they interpret the behaviour of others as hostile or rejecting, they respond in anger followed by feelings of guilt and a period of overcontrol. They alternate between periods of insensitivity to the consequences of their abusive behaviour to periods of overconcern and contrition.

Weitzmen & Dreen (1982) similarly characterize abusive men. They see them as masking weaknesses behind exaggerated masculinity. They have strong dependency needs, feelings of inadequacy, inferiority, personal failure and helplessness. They come by these characteristics, furthermore, in three distinct ways. They are products of a

socialization process which is sexist and encourages thoughts that men should dominate women. They often times are products of environments in which they were abused and/or witnessed abusive behaviour. Finally, many may have experienced deprivation and neglect as children.

Many abusive men are characterized here as having come from childhoods in which they were required to be overly responsible. They had to accept parenting roles such as contributing to the family's financial needs. The typical abusive man, then, experienced unmet dependency needs as a child. (Weitzman & Dreen, 1982)

Abusive men use repression and denial as a way of coping in life. Specifically, they deny experiences in which they were victims of childhood abuse. They learned as children to distance themselves from their feelings in general. They are similarly distanced and unaware of their own dependency needs, intimacy fears, need to control, and social conditioning, all of which lead to a yearning for power in their lives. To these men, their abusive behaviour is regarded as rewarding to themselves. (Weitzmen & Dreen, 1982)

Abusive men behave in coupled relationships in an inflexible manner. Their relationships with their female partners are highly rigid. Roles in their relationships are sex-related and polarized. They are highly enmeshed in their relationships with female partners. Abusive males have a high degree of difficulty coping with stress and change.

In parallel relationships, each partner can exercise the right to alter rules about how each will behave in the relationship toward each other. Control in the relationship is shared. The symmetry-

complementarity ratio is balanced. However, in relationships in which the male partner is abusive to the female partner, this balance does not exist. Instead, their's is mainly a complementary relationship in which rules are rigid. Little opportunity exists to negotiate rules about how each will behave toward the other.

Coleman (1980) says a prominent characteristic of abusive men is their belief that to be a man one must be strong, dominant, superior, and successful. To perceive oneself as inadequate by any of these standards results in feelings of personal devastation. It devastates both his level of self-esteem and self-regard. If he loses a job, does not provide enough money for the family's needs, or is ordered to do a particular thing by his female partner his response is to feel intensely helpless. He both desires and fears intimate behaviour from his female partners.

An abusive male partner will constantly devalue his female partner in order to mask from himself his own feelings of dependency on her. If she leaves him, he feels betrayed and abandoned. He does not or chooses not to appreciate how devastating to her his abusive behaviour actually is. His thoughts and feelings are narcissistic. He expects his female partner to help him maintain a positive self-image. (Coleman, 1980)

He sees his main roles as financial provider and final decision maker. He does not accept or share responsibility for the emotional needs of other family members. He leaves this completely to his female partner. If she does anything which he perceives as a challenge to his authority he feels provoked by her. These men have great difficulty

identifying anxieties in themselves and expressing them. In crises, however, his previously denied or repressed emotions can overwhelm him. Feelings of inadequacy suddenly emerge and abusive behaviour is employed to re-establish his sense of being in control and having power.

(Coleman, 1980)

Saunders (1984) says if abusive men have one thing in common it is low self-esteem. Jealousy, depression, and sensitivity to criticism so characteristic of these men seems to stem from low self-esteem. It is likely a consequence of experiencing abuse as children. In these men, hurt and fear are quickly converted to anger and aggression. Abusive men can be described as being on one end of continuum of male socialization. Abusive men are like all other men only more so.

Descher (1984) describes abusive men as people satisfied with their behaviour. They feel possessed by a sudden overwhelming urge to take action. Although they may convince themselves that they cannot stop the abuse, they in fact, do not want to stop. The abuse is satisfying to them. When angry he feels he is 100% right and his female partner 100% wrong. The angry man therefore is illogical in his thinking and feels self-righteous in meeting out punishment even if it exceeds any transgression.

In addition to the characteristics of abusive male partners listed to this point, the "Centre for Women Policy Studies Report" (1980) describes them as people who:

1. externalize problems
2. display suicidal gestures
3. feels depressed
4. cannot empathize with others
5. are manipulative
6. defy limits

These characteristics may be displayed in different combinations and at different times. Rarely, does an abuser display all of them. Certain commonalities appear. Many abusers have low self-esteem manifested in their depression, suicidal gestures and lack of closeness in relationships with others. Anger and rage are key motivators of abusive behaviour but the man does not always feel them until they peak. Feelings of frustration, powerlessness, inferiority, insecurity, or an inability to identify and express non-hostile feelings may all be causes of this anger. Abusive men are very dependent on their female partners partly because of this low level of self-esteem but also because it enables them to have someone on whom to project their anger. Most abusive men learn to mask these characteristics and can project an image

of charm but the abusive habit is sufficiently compulsive that it surfaces easily.

CHAPTER 5 - SERVICES AVAILABLE TO ABUSIVE MALE PARTNERS

DESCHER'S TREATMENT MODEL

This chapter contains descriptions of eleven different treatment models. Some commonly employed strategies used in these models are described. These include the time-out procedure, assertiveness training, cognitive restructuring and relaxation training among others. Some of the models are designed to target the abusive male partners only, while others include groups for the female victims simultaneously with subsequent groups for couples.

The literature describes different modes of intervention. The circumstances of the couple gleaned in assessment appear to have a significant influence on how treatment will be delivered. If, for example, the intervener feels quite sure that the individuals in a relationship have a high level of self-control and are able to stop the cycle of abuse while living together and receiving treatment, marital counselling has been used. If doubt exists regarding the issue of safety of the female partner, then this mode of intervention is risky at best.

Meeting with the abusive male partner alone or in a group for abusive men sends an important message. Initially, at least, for the abuse in a relationship to stop permanently, the male partner must accept that changes in his cognitions and behaviour are critical and necessary. It highlights the male partner's responsibility for change.

Abusive male partners meeting in groups can be seen as having clear advantages over couples or individual counselling. The experience can be potentially very helpful to the men in that it allows them the

opportunity to become aware that other men have similar problems. The group experience can help break down for individual members, feelings of social and emotional isolation from other men in particular. The group experiences, nevertheless, are not without their reported problems. Saunders (1984) tells of his experience in treating abusive male partners. He found that professional men were especially resistant to joining groups perhaps because they felt they had too much at risk by so doing, in terms of social and economic status.

Overall, then, the group treatment format may very well be the choice that stands the best chance of stopping the abuse. It can serve to break down feelings of social and emotional isolation as well as allow for the gradual development of an emotional support system. Out of this mutually supportive process, the men are able to achieve greater individual self-esteem together. The opportunity to be able to help others in similar life situations can be very valuable and rewarding. They can watch each other develop new ways of thinking and behaving and practise them together.

After the treatment group process has terminated, the availability of self-help groups for the men to participate in, can be an important factor in the continuation of the changed thinking and behaving. As in all self-help groups, participation in them allows individuals access to others with similar past problems and current challenges. They can provide mutual help, understanding and support in meeting these challenges as individuals.

Depending on whether both partners in a couple relationship are still committed to making the relationship work, couples counselling may

be appropriate after the group treatment process. Some agencies offer treatment group services to male abusers as well as female victims simultaneously.

Descher (1984), among others, stresses anger control as the most critical focus in any process designed to get men to stop abusing. She maintains that for men a secret truth about anger is that it feels good. When angry, a person feels strong, powerful, brave and assertive. The angry person will also feel some fear but just enough to add to the individual a sense of excitement and alertness. If the anger impels the person to aggression and if that aggression, in turn, brings a sense of victory, then the original anger can be seen as highly rewarding.

Feshbach (in Descher, 1984) reports that a person who feels angry, if encouraged by another to express it in the hope that it will then go away, will actually become more likely to feel anger at later dates. The expression of anger should not be encouraged because it has a rehearsal effect on the person feeling it. Even to listen to another talk about his angry feeling has a negative effect. One can unwittingly confirm the angry person for his feelings.

For the abusive behaviour to stop, anger has to become controlled by the person who would otherwise be feeling it. Anger control can be thought of primarily as a cognitive process. It depends on the changing of mental precepts and decisions that regulate feelings of rage and the behavioural response of aggression. The point here is that cognitive decisions regulate the timing, degree and duration of all emotional behaviour because the neocortex must first determine if one is being attacked. The neocortex functions to analyze perceptions of

external stimuli and/or internally produced stimuli which come from imagination or memory. Also, it is here that self-talk is conducted. They convey attitudes and decisions about the precepts.

As earlier stated, the angry person feels he is totally right and his partner totally wrong. Anger produces thoughts of illogical self-righteousness. That person perceives his partner as bad or wrong and when angry this also means that she is an enemy--dangerous to him and to be defended against. When angry and in an argument with his partner he will see her as a serious threat to his life. Although we who read and contemplate this idea, and who are not at the moment angry, can see the illogical reasoning involved, the angry man does not.

Regardless of one's level of anger at a given time one is still responsible for one's own actions. The angry person does not at any time simply stop thinking. The angry person, for example, chooses where, in whose company and how he will express his anger. One is not likely to vent his anger on someone physically bigger than himself nor is likely to engage in such behaviour while certain others are also present.

Cognitive processes also serve to control the length and intensity of rage and the abusive behaviour. Few men keep attacking until their female partners are dead. They are capable of stopping themselves at a given point. They are able to decide when they have completed and when justice has been done. Submission on the part of the victim might serve as a signal to stop but it is pointed out that it might also serve to arouse the assailant to more and greater abuse.

Ellis (in Descher, 1984) also talks about anger and aggressive

behaviour as well as the cognitive processes that control them. He explains that when one experiences rage, one makes absolutist and irrational demands. They usually have to do with getting one's own way. An angry person makes absolutist demands when he says, for example, "She should have listened!" "She ought not to do that!" "I can't stand this!" (or, "You must obey me!"). What the angry man is actually doing is drawing a false conclusion. Because he is wanting something of his female partner he should be able to get it. If, however, he was to take a more reasonable and rational approach by saying to himself, for example, "This frustration I feel is unfortunate, but the world is not arranged just to suit me" then he can effectively prevent himself from feeling rage. He would be better able to cope with the frustration he feels.

Hauck (1974) used this idea of rational self-talk of Ellis' to develop a six step model of the irrational decisions that leads a person to anger:

1. I want something.
2. I didn't get it and am frustrated.
3. It is awful and terrible that I did not get what I want.
4. You shouldn't frustrate me! I must have my way!
5. You're bad for frustrating me.
6. Bad people ought to be punished.

He emphasizes that it is this last step or decision which gives the abuser justification in his own mind for his behaviour. The abuse is justified because he uses it for the purpose of self-preservation. This mental construction makes his act a self-righteous one. The abuser,

given his cognitions, can then tell his female partner that the abuse was deserved and necessary. For him to change his abusive behaviour, he must first realize that the destructiveness of his behaviour will not translate into any long term gain either for him or the relationship.

Feazell (in Descher, 1984) also stresses cognitive anger-control training. Basic to the treatment is the teaching of how to modify their cognitions by using such methods as thought stopping or mental rehearsal.

Ellis (in Descher, 1984) describes yet another approach to cognitive anger control in Reality Therapy. Here, the stress is on taking responsibility for one's own life and using rational thinking and plan making to replace impulsive aggression.

Ellis (in Descher, 1984) says an important first step in treating the abuser is to make him aware that his beliefs about external events, and not the events themselves, trigger anger. If the man was abused as a child then he knows what his partner is going through when he abuses her. As a child victim he was terrorized and experienced repressed rage. He, then, as an adult projects these feelings on his partner. He, therefore, can feel fear and re-experience being a victim even while they are doing the abusing. The therapist identifies these fears and resentments with the client for the purpose of disputing them because they elicit behaviour which actually work against their own best interests. Their belief system works to push their female partners away. Blaming others for their own behaviour must be replaced by a more realistic assessment of their own frailties.

Finally, the therapist must dispute the client's feelings of

helplessness at stopping his rage. It must be realized by the client that it is not really terrible or unmanly to not get one's own way and, also, how self-control can prove rewarding to him in the long term.

Weiss and Birchler (in Descher, 1984) taught couples to take time-outs as a way of defusing anger between them. They stressed that time-outs should only be used after a time for getting back together had been arranged. Walker employs the same technique advising couples to give themselves at least one half hour breaks to ease the tension.

The philosophy behind this intervention, obviously, is to allow couples sufficient time to cool off while physically apart. Vantress & Williams (in Descher, 1984) reported that an angry person, when separated from the situation in which the anger was produced, requires only about two minutes on average to experience a return to a normal blood pressure. When the noxious event involves one's partner, however, more time is required of the individual to return to feelings of calm. It is stressed to couples that time-outs must not be used as a form of punishment but as an opportunity for both to consciously direct themselves back to rational thinking. Each should be able to trust the other that when the time-out is concluded, both are able to carry on in a rational way in the interaction.

Another way to help clients to stop abusive behaviour is to give them assertiveness training. The view here is that both submissive and aggressive behaviour often results in violent eruptions, whereas behaving assertively helps one to avoid these destructive episodes that work so much against one's best interests. The suggestion here is that a person who alternates between submissive and aggressive behaviour,

however unconsciously, is attempting to control the other. In relationships in which both partners behave assertively, however, mutual trust is gained. Assertiveness allows each to communicate thoughts and feelings and to expect cooperation and respect for them even if the receiver of the assertive message does not entirely agree with the content. This basic trust and respect gives both courage to express thoughts and feelings openly.

The clients are taught that assertive behaviour can be rewarding to both as long as the receiver at any one time is able to engage in responsive listening. This process allows for negotiation instead of controlling behaviours which interfere. Negative, blaming statements are avoided. Men begin to learn a way of becoming less dependent on their partners. They are also able to learn how to express themselves verbally and responsibly. Clients are taught not only how to speak words assertively but also to be consistent in their nonverbal messages.

Responsive listening is a technique taught to couples. It is critical in the process of reaching settlements by negotiation instead of by control. Many abusive male partners are usually submissive to female partners. Many are childlike in their dependency on female partners. They are usually less effective than their female partners in communicating verbally. They tend, of course, to find this reality very frustrating. They allow this frustration to lead them to abuse.

Assertiveness training, then, helps male partners to become less submissive and aggressive in their interaction with female partners. Assertiveness training stresses how non-verbal messages can sabotage a desired impression if they are inconsistent with the verbal messages.

Bolton (in Descher, 1984) says that for a message to be appropriately assertive, it must contain three parts: a description of the behaviour of the partner, one's own emotional reaction, and the reason that reaction was experienced, stated in terms of effect. "When you.....I feel.....because.....".

It is important that the client is well versed in each of these parts. The first part has to be very specific in order for it to be effective. It must not include words which convey blame or judgment. When the receiver interprets a message as judgmental her likely reaction will be to become defensive. The assertive message should be brief and about the real issue being discussed. The second part of the assertive message is to be used to communicate the related feelings of the sender. How clearly these distressed feelings are sent, will, in large part, determine how appropriately the receiver will respond to the expressed problem. The third part communicates the effect the receiver, by her behaviour, has had on the sender. This part should clearly communicate effect in terms of loss, harm or interference.

A part of reflective listening involves paraphrasing the message received. This communicates understanding on the part of the original receiver as well as a willingness to participate in the assertive process. Reflective listening communicates respect and trust: so crucial to lessening the risk of aggression erupting. It is stressed that more than one reflective message may be in order. They should be sufficient in number to reduce tension, such that further interaction is possible and resolution is ultimately gained.

Assertiveness training is most helpful in the stopping of abusive

behaviour if both partners in the relationship participate in the learning experience.

Descher's treatment process involves five weeks of anger control training in parallel male and female support groups. This is followed by another five weeks of sessions involving members of both groups together. This process allows both partners in each relationship to begin at the same time, receive the same learning experience and enjoy similar levels of peer support.

The author stresses that leaders not attribute blame at any point in this process no matter which of the partners appears to initiate the conflicts or does the most hurting. Leaders should identify with clients' interactions that have led to conflict in the past. If the abuse is to stop, both partners need to work equally hard at acquiring the necessary skills to avert this behaviour.

Participants of this treatment process complete, at the outset of each session, a one page "Weekly Anger Diary". Leaders then ask participants to share with the others their written reports. In this manner, disputes between partners are discussed as well as how they handled each. Out of this comes further discussion on possible underlying problems between the couples. This sharing and problem solving is given one half hour to complete.

The same sex sessions last for three hours with a one half hour break in the middle. The training material is the same in both groups. In this way, both partners learn alternative ways of interacting, and can be supportive of each others efforts.

The first of the five anger control sessions stresses consciousness

raising. Participants share with one another childhood experiences that helped turn them into perpetrators and victims as adults. They are then asked to describe most recent abusive experiences. Feelings just prior to the event are explored in order to identify internal stress signals that would indicate abuse is likely to occur. This helps the client to know for another occasion when to call a time-out. The session concludes with the signing of pledges not to behave abusively.

In the second session, after a review of how the previous week went for the participants, sources of physical stress in their lives are discussed. Specific attention is paid to the influences of alcohol, drugs, sugar and coffee which can cause irritability. This session ends with about one half hour of relaxation therapy.

The third sessions for both groups begin with one hour discussions of individual Anger Diaries of the previous week. The balance of the session is expended on the presentation of cognitive realignment. This deals with the control of angry feelings by changing self talk that arouses rage into more rational thoughts that help to maintain calm in both the individual and the relationship. The session ends after participants practise using calming, rational self talk in otherwise stressful situations.

The fourth session deals with the Anger Diaries and assertiveness training. The three basic parts of the assertion message are presented. Each participant composes an assertive message. Reflective listening is then introduced with participants practising the skill in pairs.

In the fifth session, after the Anger Diaries discussions,

assertion and reflective listening skills are reviewed. Finally, the ten step assertion method called "Diplomatic Corrections" detailed on page 99 is presented to participants. The goal of this latter process is to help participants change the nature of a particular interaction with their partners such that abuse is avoided.

The sixth week marks the beginning of the sessions in which both men and women meet together. Over time these sessions come to resemble regular marital group therapy. If a large enough number of participants are now single or have partners who choose not to be involved in treatment, a division may be indicated with a singles group and a couples group running simultaneously.

In this last set of sessions, the Anger Control Diaries are still completed and discussed. They also continue to practise the five anger control strategies outlined above. As the sessions go by and participants gain confidence they are encouraged to take the leadership role in coaching couples in their practise.

In the couples group, a leader may take opportunities to present additional communication skills. These can include eradication of jealousy, negotiation of conflicts and contracting for exchange of pleasing behaviours. The couples group should conclude by participants sharing their thoughts regarding the entire treatment process.

In addition, on the ten weeks of group treatment, the participants meet once weekly with leaders on an individual basis. Individual interviews actually begin prior to the first group session. This allows the participant and leader an opportunity to form a

relationship. It also serves as an orientation to the program. Other individual sessions are used to help participants practice the anger control strategies. This allows the participants to rehearse how they will behave in stressful situations at home. The individual sessions, in addition to the group sessions, were found to be very useful in that participants gained by the extra support. They also conduct individual interviews with all participants after the group sessions are concluded. These are used to assess changes in behaviour. Decisions are made with each participant at this time to plan continuation of service, referral or termination.

The author states that if a group experience is not available to a client, then the entire treatment process can be done on an individual basis. The client, however, loses out on the opportunity for the additional support that a group can afford. From a delivery of service standpoint, it is also, of course, not as efficient. They have delivered it, however, on a one person and one couple basis and they feel it was a worthwhile endeavour.

A serious issue which all potential helpers of couples who have experienced abuse must face is whether by intervening they are not actually raising the danger level. One could argue that if no intervention was offered these couples might just separate, thus reducing the risk for female partners of continued abuse. If treatment proved ineffective and couples remain together after the service has concluded, frustration and tension levels could even go higher than ever before witnessed by the couples. Once treatment has begun, much is at stake. The initial intervention, therefore, must be

successful in the drastic reduction, if not elimination, of risk.

The first session in anger control teaches clients to be aware of the value of taking time-outs. At points when the tension level is high and it would appear to either that the risk of abuse is rising, each has the right to call for a break in the interaction. This helps couples to avert abuse even when there is serious argument occurring.

The time-out (hereafter referred to as "T") procedure is presented in seven steps:

1. Deciding when to call a time-out -- it is important that individuals become aware of their own anger cues that are experienced prior to abuse. Time-out is initiated by the person who is experiencing the anger.
2. Making a T - Communicating to one's partner one's desire for a time-out should be accomplished as a referee in a football game would do it. This involves straight hands, one being horizontal and one vertical. This is regarded as a safe way because the act itself is not likely to appear aggressive to the receiver as say the statement "I'm getting angry" might. Any gestures considered hostile at this point are likely to escalate the tension and the danger.
3. Returning the T -- Taking a time-out of course, requires a high level of cooperation between the initiator and the receiver. It can be argued that cooperation on the part of the receiver is a bigger challenge than it is for the initiator. The receiver must accept the other's wishes whether he agrees with the need for a time-out. The receiver is obliged to acknowledge that he has

gotten the time-out message. After that neither is to speak or touch. The receiver does not have an opportunity to debate the appropriateness of the initiator's decision for a break.

4. Leaving silently - Usually it is the responsibility of the initiator of the time-out to physically leave the scene. The expectation is that this person will do so in a quiet manner as opposed to a manner which would indicate anger or aggressiveness such as door slamming.
5. Taking a walk - Before the couple begin using timeouts as an anger control procedure, they must first decide who will leave the house and pass some time walking during each timeout. The male partner usually takes this responsibility because it is his anger that could potentially escalate to abuse. Physical action is considered an effective way of relieving stress. Aggressive physical activities, however, should be avoided. While walking, the person is expected to stop themselves from conscious thoughts of the situation occurring immediately prior to the timeout call. This has the potential for re-arousing anger. The person is, instead encouraged to consciously concentrate on pleasant thoughts as a way of calming down.
6. Thinking negative thoughts regarding a counterattack during timeouts can be considered so natural and pleasurable that it takes a great deal of discipline to stop it. The person is encouraged to try to delineate from memory of the situation in which the timeout was called, how they possibly did things which were technical mistakes from a strategic standpoint. Regarding

timeout activities the persons involved should stick to physical exercise and remain alone. This person should not get behind the wheel of a vehicle during this time nor should he discuss the stressful event with anyone.

It is primarily the responsibility of the one person who physically left the scene at the beginning of the timeout to determine the appropriate time for both to resume their interaction. Resumption of discussion should only occur when all feelings of rage have subsided and both are ready and able to pursue rational thoughts and behaviour. A person can tell when his rage has subsided when he can think in terms of having shared in responsibility for the difference that occurred in the first place. If he really is in a rage he will feel self-righteous--that he was 100% right and his partner was 100% wrong. If he is rational he will accept in his own mind some responsibility. He will say things to himself such as "Maybe I didn't listen" or "Maybe I pushed her too hard."

7. Exchanging technical Errors - It is the responsibility of the person who took the walk upon resumption of the interaction, to verbally communicate his acknowledgement that he should share in the blame for the argument. He should also describe how he thinks he behaved in the earlier interaction that helped to escalate the tension level culminating in the call for timeout. If this admission is accepted by the receiver and met with reciprocal behaviour the couple then know it is an appropriate time to resume. If the receiver does not reciprocate, however,

then the one who took the walk knows it is still too soon to resume. It is this person's responsibility now to give the other more time. Actually two or more timeouts can be taken in a series in response to the same anger and tension producing situation. Reconciliation without abuse is the ultimate reward of this process.

Descher (1984) stresses the added value of having a male and a female as co-leaders. This provides a more realistic situation for role playing an argument employing the time-out procedure. One of the two calls for a timeout. This is followed by the two beginning discussion once again after admissions of errors are exchanged. All participants in the two group situations are then given an opportunity to role play the same process with the leader of the opposite sex while the other leader coaches. Participants are encouraged to practice the timeout procedure at home. It is stressed in the groups that it can only work if both cooperate with one another and agree to using the procedure.

The timeout procedure is taught in the first session as an emergency strategy for couples while they learn the more basic anger control skills presented in sessions two and three. These more basic skills consist of managing the physiological factors of rage and realigning the cognitions that exacerbate anger.

The second session, then, focuses on the body's response to pain and fear. These feelings are associated with adrenal hormones. Discussion follows regarding dietary and drug habits of participants that may lead to irritability. Participants are encouraged to stop

using certain foods if they think they may be affecting them. Common offending substances are sugar and caffeine. Leaders should be prepared to make referrals to medical professionals if high blood pressure and headaches are found to be common in certain individuals. They must also be prepared to make referrals for treatment of alcoholism. Alcohol treatment must occur prior to inclusion in groups for abusers even if it raises the risk of potential candidates not returning for service designed to stop aggressive behaviour. The relationship between anger and anxiety and fear is presented. Deep muscle relaxation and systematic desensitization procedures are taught to help participants to stop feeling anxiety about certain life situations.

Session three focuses on cognitive realignment. Internal cognitions play a key role in the appearance of abusive behaviour. Changing participants self-talk and beliefs about anger is a crucial step of the program. Anger generating self-talk tends to steer people away from their goals and into a confrontation with others. According to Descher (1984) cognitive realignment helps them to steer clear of confrontation.

In order for a participant to successfully control anger by cognitions, he must first accept that it is himself and not his partner who makes him angry. They can control their own emotions by means of changing their own self-talk. Their emotional reactions in certain situations with partners are not automatic. In the group each man is asked to recall a situation that made him angry, to feel that anger over again, and finally, to change that feeling of anger to one of, say disappointment, or perhaps of being challenged. The men share with each

other how they helped themselves reduce their anger levels. They may say to themselves such things as "Oh well, it's all part of the game", "It's not as bad as it seems", or something like "It goes with the job".

The male clients are made aware that they have several opportunities to detour themselves from reaching anger and rage. A five step road to anger is illustrated for them to help in their understanding of how they can make conscious choices so as to avoid feeling angry.

The Road to Anger (Descher, 1984)

How to Start: Pain or frustration occurs.

Choice Point 2: Fear is added to the pain.

Choice Point 3: Evil intent is assumed.

Choice Point 4: Judgement is passed.

Choice Point 5: Retaliation begins.

Arrival at Primitive Rage: Violence seems good and
necessary behaviour.

The group leader emphasizes that people actually choose at several points to make themselves angry. Participants are encouraged to rehearse self statements to cope with the rise in feelings that could culminate in rage and abuse. Another list of possible self statements is presented:

How to keep from starting: Pain or frustration occurs.

- This too shall pass. It's not a big deal.

- When the going gets tough, the tough get going.
- Take a big breath and relax, I can handle this easily.

Choice Point 2: Fear is not added.

- Calm down, anyone can make a mistake.
- When I understand this problem I will find a solution.
- I don't understand what other people do: but I am strong enough to handle it.

Choice Point 3: Evil intent is not assumed.

- Look for reasons; everyone has a reason from their point of view.
- B is probably doing the best he/she can at this time.
- Most problems come from poor communication. Find the communication problem.

Choice Point 4: Judgement is not passed.

- B made some errors and so did I. That's normal.
- Probably B lacks the skills to do any better. I can still like B as a person.
- What is B feeling? Reflecting feelings will help us both calm down.

Choice Point 5: Retaliation never begins.

- Focus on the issues and try to solve them one by one.
- No one is to blame for the misunderstanding. Now, how can we solve it?
- I made it through all right. I'm controlling myself, and that is all that matters.

The leader's task is to discuss with participants how to practice coping with provocation by using the detouring self-talk using the format above described.

In the fourth session leaders present assertion skills. The three parts of an effective assertion message are presented first. The first part should clearly indicate the behaviour of the receiver being targeted. The second part should communicate the speakers feelings about the targeted behaviour. The third part should clearly indicate why change in the targeted behaviour is desired, stated in terms of how the targeted behaviour affects the speaker. The structure of the assertion message should read:

<u>Behaviour Description</u>	<u>Disclosure of Feeling</u>	<u>Tangible Effect</u>
"When you....."	"I feel....."	"because....."

This illustration comes from Descher (1984)

Assertion messages are demonstrated in a fashion such that they appear brief, factual and void of judgements.

Examples of assertion messages developed by participants of Descher's groups are as follows:

<u>Behaviour Description</u>	<u>Disclosure of Feeling</u>	<u>Tangible Effect</u>
When you stayed out late	I felt angry	because I got no help with kids.
When you got drunk	I was afraid	because you might hit me.
When you threaten to leave me	I get upset	because I need you.
When you talked an hour to your Mom	it made me mad	because I want you to spend time with me.

As stated earlier, participants are instructed on how to appropriately respond to an assertion message. Initial reflections should be of a paraphrasing nature. For example, "You are angry because I called Mom instead of spending time with you." The reflection should communicate to the partner that the idea and related emotions have been received and understood. It is stressed with all participants that this kind of acknowledgement is required of them whether they agree with the initial assertion message. Participants separate into pairs and practice on each other assertive and reflective exchanges. Leaders are expected to pay particular attention to participants nonverbal messages which must be congruent.

Session five outlines for participants in detail the appropriate systems of response to use when their partners present as verbally aggressive notwithstanding the earlier treatment experience. This session begins with assertion and reflection review. Leaders then move on to presenting further information. Part of the risk in being assertive is that one may discover their past angry feelings were unjustified. It is important for participants to accept that they were sometimes wrong in the past.

Smith (in Descher, 1984) presents a set of three techniques designed to help the participant feel accepting of himself even though he was in the wrong at particular times in the past while still maintaining his ability in the present to be assertive. The first of these techniques is called negative assertion. It is to be used when one sends an assertive message and it is met with an aggressive counterattack. It

consists of the initial sender accepting the verbal counterattack and then assertively accepting being wrong. Leaders are to role play the technique to give examples.

First leader: "Anyhow, you keep telling me not to call you at work, because you are too busy. So how am I to let you know?"

Second leader: (negative assertion) "That's true, I did tell you not to call me during working hours. I've put you in a double bind, haven't I?"

The second technique presented to the group is called fogging. It is to be used when the aggressive counterattack is either untrue or only partly true. Fogging is much like a negative assertion except that the word "probably" is incorporated.

First leader: "I did try to call you but the phone was busy."

Second leader: (fogging) "You're probably right. Sometimes the other clerk ties up the phone with personal calls."

The third technique is called negative inquiry in which the receiver of the counterattack deliberately invites even more negative feedback. The idea is to encourage openness.

First leader: "That phone is always busy."

Second leader: (negative inquiry) "You are right about the phone being busy a lot. Is there anything else wrong with my wanting to know when you are coming in for dinner?"

Reflective listening plus negative assertions, fogging and negative inquiry are all taught as protective techniques against verbal

aggression.

The second half of this session is spent on the presentation of a ten-step method of diplomatically correcting one's partner.

1. Initial Positive Affirmation - Participants are encouraged to begin their assertions with positive affirming kinds of statements. The person thereby communicates to his partner that even though he is frustrated about a particular behaviour at a particular time he still sees her as a very worthwhile person for whom he very much cares and respects. The receiver will be more receptive and accepting of the assertion that follows the positive affirmation. The sender of the positive affirmation message is better able to keep himself from becoming angry. The message can simply consist of a gesture of affection, a statement of caring, a praise statement related to the topic of the assertion to come, or a paraphrase of an assertion the intended receiver has just sent.

2. Description of inappropriate behaviour. This simply refers specifically to the "When you....." part of the assertion message. The participants are encouraged to take care in being very brief but clear in describing the behaviour thought of by the sender as inappropriate.

3. Rationale - Why it is inappropriate. This relates to the second and third parts of the assertion message. Again, it is emphasized with participants how important it is to be clear but not judgmental, for this can elicit defensive feelings in the receiver. Once defensive feelings have been aroused it is very difficult for a couple to maintain an assertive stance.

4. Description of appropriate behaviour. This statement should

follow the third part of the assertion message. "How about doing it this way,...".

5. Rationale - Why the new behaviour will be rewarding. This message should clearly communicate to one's partner why, in the sender's opinion, the new behaviour would serve the receiver's interests better than the targeted behaviour. ".....then it will be easier, more convenient, less troublesome etc. for you." The main idea here is that the speaker is trying to get his partner to change not by coercing her but by showing her the merits of another way of doing things.

6. Offer of incentive - "If you do it this way, then I'll do that for you." The idea is to offer a reward to the receiver if she changes her behaviour in the desired way. The offer should be related to the desired behaviour change. If it is not, the offer could be perceived as manipulation.

7. Request for assent. "Does what I've said make any sense to you?" or "Would you be willing to try that?" This is a message requesting assent and conveys respect to the receiver.

8. Rehearsal of the appropriate behaviour. "Why don't we try it this way together?"

9. Feedback during practice. "That looks terrific."

10. Praise and reward. The sender praises the receiver for changing her behaviour and rewards her for her efforts by doing the thing he promised to do when he offered an incentive to change.

Session six is the first session in which both groups come together to form one. Participants are paired and they practice assertion and reflection messages on each other. Spouses are not coupled at this

point. This allows participants to become introduced and comfortable with group members who are new to them at this point as well as to refine their previously learned skills simultaneously. Also in pairs, participants in this session practice other newly acquired skills in handling aggressive verbal messages. Participants whose spouses have either left the relationship or not involved in treatment are able to feel more comfortable in this situation than if people were immediately paired by virtue of marital relationships.

Sessions seven to ten are intended to be flexible. Couples practice here too on their communication skills but more of the coaching is done by the participants rather than leaders. If the situations of group participants warrants, they are presented with specific new learning. Presentations may focus on jealousy eradication, contracting for pleasers and negotiation skills.

Descher (1984) feels it is most valuable if couples discuss jealousy with each other. An immediate objective is to confront each other with evidence of jealousy in the other. With both, a major treatment assumption is that jealousy is rooted in fear of losing one's partner. Getting rid of jealousy is attempted with the use of a four step plan.

1. Decide jealousy must go.

The initial step every jealous partner must take is to accept that the feeling is very unpleasant and must go. The jealous one must accept that the effect of the feeling on both is worse than the effect of the real or imagined unfaithfulness.

2. Cease all checking up.

People commonly check up on their mates not so much out of feelings of love as they might have another believe, but because they are jealous. Partners are encouraged to confront each other with evidence of how the other has interfered with personal freedoms by checking up behaviours. All such evidence must be aired because even if a particular checking up behaviour appears harmless it can still serve to block the eradication process if it is considered irritating by the receiver.

Participants must be made aware that jealousy can not be eradicated simply by one partner appearing totally devoted to the other. It will not cure the problem. Their mutual decision about jealousy should be stated as if it were another exercise in cognitive realignment: "I would like it if you were faithful to me, but whether you are or not I resolve not to feel or act jealous, because it is too unpleasant for both of us."

3. Thought Stopping.

This is a technique Descher (1984) teaches to participants who want to eliminate obsessive thoughts or ruminations. When a partner experiences a jealous thought he is to say to himself "stop" or "get out". It is designed to be attention grabbing and should serve to interrupt the obsessive thought process within oneself. This should give the person some much needed time to control or change his thinking. The obsessive thought should be replaced by a rational one. Thus the thought "Is she dressing so nicely to attract other men?" is changed to, for example, "Women like to look pretty."

This process of thought stopping is to be monitored by individual

participants. They are to record on a card how often they must use it. For some this process will be sufficient for eliminating jealous thoughts, but for others an additional step will probably be necessary to curb the unwanted behaviour.

4. Systematic Desensitization.

This final step is based on the premise that jealous thoughts and feelings are a type of anxiety reaction. The person still experiencing jealousy even after the first three steps are taken is required to list all the kinds of events that elicit anxiety about the partner. The participant should be able to visualize these events and rank order them by the amount of anxiety each raises, from least to most anxiety producing. When visualizing each event, the participant is to consciously try to maintain complete calm within himself. The process may take several sessions before the individual can visualize the worst imaginable scene of infidelity on the part of his partner while still remaining relaxed. This process is a practice, should an event in real life occur, that would otherwise elicit jealousy.

Couples must agree on which behaviours they have each displayed, are jealous ones. They must be committed to helping each other eliminate them. One thing a non jealous partner can do is to not be attentive to jealous messages of the other. For example, she should ignore a question like "Was that a man on the phone just now?" Answers to such questions will only serve to reward the jealous partner for his jealous behaviour.

If both people in a relationship are determined to eliminate all feelings of jealousy then they might engage in deliberately re-enacting

formerly jealousy producing events in their lives. The non jealous partner might then reward the other in some way for not becoming jealous the last time the event was experienced. In effect, one purposefully sets out to please the other.

Couples may be encouraged to deliberately set out each day to please the other by many different behaviours. An objective here can be to try to outdo the other in the number of things each does for the purpose of pleasing the other. Couples are cautioned to not wait for a rewarding behaviour from the other but simply to go on doing it without regard to reciprocal behaviour. If their contract is for reciprocal exchange it is much more likely to cause them to fail to reach their goal of eliminating jealousy.

Leaders encourage participants to make lists of pleasing behaviours they would like to receive as well as those they could enact for the benefit of their partners. Participants then go into same sex pairs to enrich their lists. Finally, participants join their partners for the purpose of giving each other feedback on their respective lists. Items may be added or deleted at this point. Couples are to agree on specific days in the near future called "Caring Days" at which time each is to deliver from five to twenty pleasing behaviours. Again, reciprocal behaviours are not to be used by a partner in determining how frequently he or she deliberately pleases the other. Each is to keep track of how many pleasers he or she delivers and receives. Notes regarding pleasers are shared between partners in the following group session.

Another common area of concern that is expressed in these couples stems from their sexual interaction. Sensate focus exercises are

introduced to participants as another way of relieving anxieties which exist in partnership relationships. Masters & Johnson originally developed the treatment to resolve sexual anxieties. Descher adopted it as a strategy for resolving anxieties in formerly abusive relationships. It requires partners to stop having intercourse for a period of two weeks. This is designed to help partners overcome performance anxiety. During this two week period couples practice giving each other sensate pleasure by stroking and massaging each other's nude bodies at first avoiding genital areas. Partners are to tell each other what kinds of touching are pleasant and unpleasant to improve the skills of each at giving sensate pleasure.

The primary purpose of sensate exercises is to help the individual concentrate on effectively giving the other partner tactile pleasure. It helps one to control both sexual anxieties and appetites. They learn that the best way to receive sexual pleasure is to give it.

Another strategy is to teach participants conflict negotiation skills. Participants are paired with their partners to work through a six step process.

The first step in conflict negotiation begins with one partner initiating an assertion message about a particular problem he or she is experiencing. The other partner is expected to receive the message and reflect it back.

The second step is to communicate the issue in behavioural terminology. If a problem is experienced, for example over child-rearing, the communication should focus on "our disagreement" rather than "that naughty child".

The third step employs a strategy similar to the final stage of the previously learned timeout procedure. It requires of participants to verbally admit to their partners some level of responsibility for the problem being experienced. This establishes a climate of cooperation rather than coercion. It communicates a willingness to change as well as a willingness on the part of the other partner to help bring about the change.

The fourth step calls for creative brainstorming on the part of both partners. Together they are to make a list of new ideas regarding alternative behaviours designed to ultimately resolve the problem. They are to pay particular attention at this point to quantity of ideas rather than discuss the merits of each.

The fifth step involves each partner in discussions regarding the potential value of each idea. Out of this process a particular alternative action is selected and put into practice.

Finally, couples are encouraged to evaluate the efficacy of their chosen alternative behaviour. If it is less than desired by either, they should refer again to their list for the purpose of making another mutually agreeable selection. Discussion should focus on other listed alternatives rather than on blaming for the fact that the first attempt did not work out to complete satisfaction for both.

Sonkin & Durphy's Treatment Model

Sonkin & Durphy (1982) present a treatment process which involves the male partners alone from start to finish. It is remarkably similar, however, in other ways to the model above described. It too stresses

the importance of using timeout procedures to stop the violence initially while other skills are learned.

Their sessions on anger control are premised on the idea that anger is a healthy emotion that need not be repressed by men in order for them to stop behaving abusively. In fact, to repress anger, is to make abuse a more likely outcome. Anger should be expressed when it is felt in a direct but non-intimidating fashion. Men need, first of all, to begin recognizing it when they are becoming angry and to pay attention to it.

Their participants are taught that anger can be handled in different ways. When we feel it we can deny it, present ourselves with low self-esteem thoughts, become sympathetic with partners, doubt ourselves, intellectualize the feeling, become withdrawn, get depressed, blame, and finally become abusive.

The alternative behaviour in response to angry feelings stressed here is again using more positive self-talk procedures and to use assertion messages. The men are taught to be in touch with their feelings and to recognize when the real emotion being experienced is something other than anger.

Saunders' Treatment Model

Saunders (1984) has developed a twelve session group treatment program for men. About 30% of his participants were court referred. The balance were engaged voluntarily. Some were screened out because of untreated severe alcohol abuse or extremely low motivation. Leaders were either two men or a woman and a man. The number of participants

ranged from four to eight. They targeted for each group having six participants. In light of the fact that this author has an attrition rate of approximately 45%, he elaborated on details designed to keep participants motivated.

Individual interviews were conducted prior to group sessions for the purposes of assessment and orientation. Leaders, at these times, communicated understanding of the man's feelings while also stating that the violent behaviour was unacceptable. Leaders, as well, helped the men change self statements about help seeking from negative to positive. The nature and structure of the program was elaborated on and an incentive deposit was collected, portions of which were returned depending on attendance at group sessions.

The author found that the attrition rates of both voluntary and involuntary participants were about the same even when the court specified with the latter group that attendance was required as a condition of probation. They found that the most powerful motivating force for participation was the risk to these men of losing their partners.

At the beginning of the first session it is emphasized with participants that the primary goal of the treatment is to end the violence. Members introduce themselves to one other member in dyads. Each then introduces the other to all group participants. Every man is asked to speak to the group of an episode in which he behaved abusively toward his partner. A former group member attends the first session to share his treatment experience. Assertiveness training is started in the first session by teaching, practising and feedback. Anger diaries

are kept from the outset.

The steps in the instruction of assertiveness are:

1. Coping with criticism.
2. Making assertive requests.
3. Saying "no" assertively.
4. Empathizing with others feelings.
5. Expressing feelings.

Participants here too, are taught the process of systematic desensitization by means of relaxation and cognitive restructuring. Participants are required to practice relaxation three times a week. Anger producing self-talk is targeted and changed by the same process described in Descher's model of treatment.

Participants learn that their abusive behaviour is a learned response through family and cultural conditioning. Jealousy and alcohol abuse are two behaviours specifically addressed.

In the final session all of the treatment skills are integrated. The participants relax, think constructively and speak assertively in complex role playing.

Individual, couples and self-help group services are available to participants both during the time they are in group treatment as well as after its completion. More recently active membership in the self-help group was made a requirement while in the treatment group. Both groups meet once weekly.

A Workshop Treatment Model

Bern & Bern (1984) have developed a workshop format for treating

abusive men in New York. It is a resource of their Family Court. Whenever they receive ten referrals they start another workshop. They also accept voluntary clients. The workshops meet six times. Each session is one and one half hours long. Their purpose is to teach men that:

1. Domestic violence is illegal and damaging.
2. They are not alone in having this problem.
3. It helps to talk about it.
4. They are responsible for their violent behaviour.

A goal of the agency after a workshop is completed is to refer all participants for ongoing treatment. They use an educational workshop model as opposed to a therapeutic model. In addition to the referrals to outside agencies the Agency receiving the workshop service keeps in touch with participants once monthly for a year.

They use one male and one female team as workshops leaders. They model assertive, non-abusive male-female relationships. The role of sexist stereo-typing in female partner abuse is revealed.

The first session consists of introductions and presentation to participants of the program.

The second session teaches men how to express anger verbally and safely. Violent behaviour is condemned but at the same time the participants are supported and accepted. A distinction is drawn between anger and violence.

The third session begins with a film which communicates to participants that attitudes in society about violence are how people can change. Responsibility and control are stressed as healthy replacements

for feelings of inadequacy, powerlessness and victimization.

In the fourth session anger control techniques are taught. Participants learn to be conscious of their own feelings including tension levels. The men are given phone numbers to call when they feel they may lose control.

In the fifth session participants share recent experiences of stressful situations and how they handled themselves differently.

The sixth session is involved in termination and information about Agencies to which participants are being referred.

As of the time of writing of this article, early testing of the effectiveness of the workshop service had been completed. There is some evidence that the program may be effective. In the group of men who went through the workshop and stayed in touch with the Agency as requested of them nineteen percent reported recurrences of violence. A no service group studied for the same length of time indicated frequency of violence of over fifty percent.

Domestic Abuse Project

A treatment program for abusive men and their families was developed and is available as a service in Minneapolis, Minnesota. The Therapy Program is a twenty-eight week group therapy approach. The primary goal of the program is to stop the abuse. When safety permits, the service is made available so that entire families receive treatment together. The program is also available to men whose partners do not wish to participate.

The intake process is completed in two sessions. Each of these

sessions takes two to three hours to complete. A goal of the intake process is to help participants develop control and protection plans so as to immediately stop the violence. Another goal of the intake process is to familiarize people with the program and allow them some opportunity to decide whether they want to participate.

The treatment process is divided into two phases. Phase one involves eight weeks while phase two takes twenty weeks to complete. Adult clients participate in their same sex groups twice weekly in the first phase. This is the structured peer therapy component. Violence is presented to clients as a learned behaviour derived from family experience and reinforced culturally. Participants in the first phase are taught alternative responses to stress and anger and a means of protection through a cognitive behavioural approach using didactic, experiential and affective techniques. Most of the integrating of this knowledge is done in the second phase.

In phase two the participants continue meeting in their same sex groups but now just once instead of twice a week. This is an unstructured peer process group experience. Also during the twenty weeks in phase two, a client may attend a structured couples' group (one time per week for ten weeks), parenting group (one time per week for four weeks) and multi-family group (one time per week for four weeks).

The entire children's program consists of meetings once weekly for twelve weeks. The goal is to have the children prepared for the multi-family sessions by the time the parents are ready. While the group therapy program is going on clients have several private sessions either as individuals with their partners or other members of their family.

Summary of the Minneapolis Treatment Model:

Phase I - 8 weeks

Men's Individuation Group	- 20 weeks, one time per week
Women's Individuation Group	- 20 weeks, one time per week
Couples Group	- 10 weeks, one time per week
Parenting Group	- 4 weeks, one time per week
Multi-Family	- 4 weeks, one time per week
Children's Group	- 12 weeks, one time per week

After completing both phases of the group treatment program, adult clients are referred to local self-help groups consisting of earlier program graduates.

In this treatment model then there are actually six different therapy groups. There are the men's group, women's group, children's group, couples group, parenting group and multi-family group.

I quote from notes I took at a Workshop I attended in Winnipeg in 1983 in which this treatment model was presented.

The primary goals of the men's therapy group is to help the men end their abuse by learning alternative ways to express their anger; deal with stress; think about their relationships; broaden the realm of feelings available to them and decrease their dependency on their partners. The group sessions are structured with educational and experiential components and with time for processing new learnings as it relates to their own experience. The sessions build upon each other, session to session, guiding the men through stages necessary for ending their violence. The stages are: immediate behaviour control and cognitive/affective awareness, exploring the roots of their violence in

their family of origin and in the culture at large, and developing new , conflict resolution and communication skills. The last stage - integration - is completed primarily during their aftercare in peer self-help groups.

Women's Therapy Group

The primary goals of the women's program are to increase a woman's capability to protect herself, to break down the social isolation, and to expand her support system. Areas of focus are protection plans, assertiveness skills, dealing with anger, sexual abuse, women's own violence, self-defense and dependency issues.

Children's Therapy Group

The children's therapy program offers age-specific groups, the age ranges being 4-7 year olds, 8-12 year olds and 13-18 year olds. For the children who participate in the therapy groups, a combination of verbal and play therapy techniques, including role-playing, mime, art and dance therapy are used to identify child abuse and to work on developing self-esteem, expressing feelings, understanding family violence and how they can protect themselves as children. Children attend group one time per week for twelve weeks. Families are also seen for family therapy and parenting counselling, dealing primarily with issues surrounding domestic violence and child abuse prevention.

Couples Therapy Group

Following the eight weeks of individuation, those couples choosing

to stay together participate in ten weeks of couples' group. Relationship counselling is important for those couples staying together but must come after focusing on the violent behaviour has brought it under control. The women's and men's therapists are jointly involved in facilitating the eight-session couples' therapy groups. Goals of couples groups are to process the effects that violence has had on the woman, as well as the man, and to teach effective communication skills. Issues of staying together as a couple or breaking up are addressed, along with conflict resolution skills building.

Parenting Group

Because the purpose of the Minneapolis Treatment Model is to deal with spouse violence, the primary goal and underlying theme of all treatment and prevention activities with both parents and children is cessation of violence. This includes developing alternatives to violent behaviours and promoting responsible nurturing relationships between adults and between parents and children. The goals of parenting groups are to help parents communicate with and understand their children better, to teach them to work together as parents and to teach them non-violent methods of discipline and limit-setting.

Multiple-Family Group

The Domestic Abuse Project places emphasis on creating a process for improving total family relationships. For families where the parent(s) have attended parenting group and the children have attended children's group, they offer multiple-family group. The goals of family

group are to end the family secrecy about the violence, and to provide families with experience in positive problem-solving techniques. Other important family issues are also surfaced and directions set for how the family can address them.

Abusive Men Exploring New Directions (AMEND)

Brisson (1982) speaks of AMEND as a program for abusive men. It was developed in Denver, Colorado. The emphasis is to teach men appropriate ways of expressing their emotions. They initially screen out men who are potentially dangerous or are clearly inappropriate for group therapy. Therapists act as group leaders but the expectation is that the men will take an active part in running the group. Again, women who have left or threaten to leave the relationship, are the primary motivators of participants to attend.

When a man is accepted into the program he goes to one of three groups. Four to twelve men participate at a time in each group. They meet once a week. Each session goes for two to two and one half hours. They are ongoing and open-ended so that new clients begin participation as others leave. The more experienced participants tend to take on some of the leadership role.

The four major steps of the program leading to change are:

1. Putting an immediate end to the violence. The men are encouraged to call a fellow group member if they feel they are losing self-control. They are also encouraged at such times to go for a walk or going to another room. They also refer to such activities as time-outs.
2. Getting the man to accept responsibility for his actions.

Participants are made aware that becoming abusive is different from disagreeing with someone or with what the other person does. Violence is not justified no matter what a woman does. Using alcohol is not a cause but a catalyst.

3. Heightening self-perception and insight into others. Leaders encourage discussion on how family background affects present behaviour. They learn to express feelings such as fear, pain, rejection and love.

4. Broadening interpersonal relationships and building up the skills that men need in those relationships. Abusive men may also be outgoing socially, but usually only at a superficial level. They do not become close emotionally with others. The group provides men with the opportunity to become close to other men and break out of their dependency on partners. The group serves to break down macho attitudes.

EMERGE

This treatment program was developed in Boston in 1977. They work only with male abusers. The perspective of this program according to Roy (1982) is that all men can be seen on a continuum of violence. They believe that almost every man is capable of violent behaviour at some time in their lives. They teach non-violence. The style of the program is called "supportive confrontation". It is based on the belief that abuse is a learned behaviour. Use of violence to solve problems develops in men in three inter-related ways:

1. socialization.
2. reinforcement by parents, teachers, media, television, films and the use of violence by police and military.

3. the social norms of patriarchal society which dictate that men are the dominant gender and are free to exercise this power in family life, social relationships and in the institutions which direct our lives.

EMERGE decided to use the group treatment approach for two reasons. It is beneficial in the change process if peers are used. Groups also provide people with opportunities for insight and practising new behaviours. One problem encountered might be homophobia. This is a fear of intimacy between men. The group runs for twenty-four weeks.

Tasks of group leaders in sessions 1, 2 & 3:

1. building linkages between group members in order to enhance interaction and establish a more here and now group focus in the process of accepting responsibility for the abuse.
2. encourage members to verbalize their feelings of nervousness and apprehension about being in a group.
3. suggesting and soliciting alternatives to abusive behaviour including removing oneself from the situation and talking to a friend.

In the middle phase that includes sessions 4-18, leaders intervene less but continue to provide support, guidance and direction as needed. Members are more accepting of responsibility. They become more introspective and learn alternative behaviours and methods of expression. As group members take more risks, they become more vulnerable. This leads to a more cohesive and dynamic group.

In later and ending sessions in weeks 19-24, feelings of loss and separation are experienced.

If the couple decides to stay together, conjoint therapy is offered to them after the group treatment. The focus in conjoint therapy is teaching abusers anger-control, using nonviolent behaviours.

I. Three assumptions of most treatment programs:

1. violence is a learned reaction to stress.
2. alternatives to violence can be learned.
3. the abuser is responsible for taking the steps necessary to stop his violent behaviour.

II. Change itself, let alone treatment, may be threatening to some men.

Reasons for resisting change are:

1. not knowing why change is needed.
2. change produces anxiety as old habits are shed.
3. it upsets perceptions of what is normal.
4. it violates patterns that are learned early in life.
5. it might be seen as an admission of failure.
6. it feels like a challenge to one's authority.

III. Men can come to terms with their abusive behaviour by:

1. learning to talk about it.
2. learning to ask for help.
3. recognize the difference between feelings and actions.

IV. Goals of treatment can be attained by:

1. helping men to perceive abusive behaviour as learned and that it can be changed.
2. accept the fact that partner abuse is illegal, never justified and has serious consequences.
3. identify alternatives to hitting and being responsible for

learning how to apply them.

V. Issues with which violent men need help:

1. overcoming denial of abuse including the denial of his victims pain, terror and injury. As long as he denies the suffering he inflicts, he will not seriously consider the consequences of his abuse. A way to address this issue is to break down isolation which supports denial.
2. understanding the consequences of his abusive behaviour on himself, partner and children.
3. naming the emotions that set up abuse.
4. focusing on changing himself rather than others. The more he tries to control his partner, the more problems he creates for himself.
5. recognizing options to abuse. He can ask for help and seek out friends.

VI. Men can use the option of not hitting when they:

1. admit to the impulse to abuse.
2. think about the consequences.
3. name their emotions.
4. practice alternatives to abuse.

VII. Ideas to be explored in the helping process with abusive men:

1. as a man, I have the right to show my feelings and express my fears.
2. to change and choose the direction of that change.
3. to ask for help when needed and to help where need is perceived.

4. to ask for what I want, knowing I cannot always have it.
5. to tell others when I cannot meet their expectations.
6. to consider new ways of thinking, acting and relating.
7. to not feel obliged to live up to stereotypes.
8. to acknowledge my frustrations, disappointments and anxieties.
9. to choose to take responsibility for my own actions.
10. to show strength by choosing not to abuse someone who angers me.

AWAIC Treatment Model

The "Abused Women's Aid in Crisis" was first used as a treatment model for abusive men in New York in 1980. Fleming in Roy (1982) describes the treatment as beginning with a look at the violence and reconstructing a healthier sense of self. This is an insight-oriented therapy and considered a long term change process. The major forces behind the behaviour are examined with less emphasis being spent on the partnership relationship per se.

The focus of the first session is developing a contract. The contract is based on recognition that the client has deep rooted internal problems which are vented aggressively. The treatment provides an opportunity for the man to drop his facade in a safe environment. Most of these men have never spoken of their feelings as they relate to their partnership relationships. As they do so, however, it is expected that an underlying depression will surface.

The counsellor's role is to find a basis for identification with the client's goals, aspirations and frustrations in an empathic manner.

Men in general see counselling as a sign of weakness or inadequacy so trust must be established early in treatment.

For the first eight weeks clients meet once a week with counsellors for one hour sessions. Clients have the option of re-negotiating the treatment contract after this period. These sessions focus on the abusive behaviour and the communication patterns associated with it. The primary form of treatment is intensive reconstructive psychotherapy. Participants must be ready and motivated for this long term insight-oriented treatment. The emphasis is on reconstructing the impaired ego and working through early developmental conflicts.

Roy's Treatment Model

Roy (1982) developed a classification system for abuse in order to provide appropriate treatment. She sees three basic groups of abusers.

1. Abuse as a direct outgrowth of a primary psychiatric condition. An example would be abuse as a result of psychotic delusions. Abuse as a result of psychiatric conditions most commonly occurs in the organic, toxic, and paranoid states. Examples of organic conditions which often lead to abuse are epilepsy, brain damage and brain injury. Another common psychiatric condition found among abusers is paranoid schizophrenia.
2. Episodic dyscontrol syndromes--this is seen as a spectrum of disorders. At one end are organic factors and at the other psychosomatic factors. In the middle are disorders which mix these two sets of factors. Abusive behaviour here is seen as explosive in nature and a protection for the individual from becoming psychotic or suicidal.

A man is placed in this group if he is explosively abusive both inside and outside of the partnership relationship.

3. Domestic violence. Men of this group are only abusive inside the home with partners or children. They do not present with a psychiatric condition or indicate episodic dyscontrol. This type of abuse arises as a result of a breakdown in social stability. Examples might be unemployment and poverty. Such environmental stress can result in a deterioration of interpersonal bonds and lowered morale.

Prospective clients are diagnosed and based on this assessment and are placed in one of the three treatment processes. If psychosis is seen as the main reason for the abuse, chemotherapy is indicated. If it is seen as a result of an organic disorder, neurological evaluation and treatment is prescribed. If the abuse occurs only when the client is toxic then this is treated first. If episodic dyscontrol syndrome is present, psychotherapy is employed. For those in the domestic violence group, family therapy, marital and group therapy are recommended for perpetrators and victims.

Purdy's & Nickle's Treatment Model

Purdy & Nickle (1982) set down the necessary values and assumptions all treatment group leaders must possess:

1. The abuser is solely responsible for his abuse. The victim cannot cause or eliminate the abuser's behaviour.
2. Once abuse is used to cope with stress it rarely stops spontaneously. Abusive behaviour is addictive and immediately effective, even though destructive in the long term.

3. Abuse is a learned behaviour. It is learned from parents and culturally reinforced.
4. In treatment, relationship problems cannot be the immediate focus until all family members are safe. Couples counselling can only be carried out if the abuse has stopped and the victim is no longer afraid.
5. Group treatment is much more effective than individual counselling. Groups lessen the shame, guilt and isolation of perpetrators and victims by demonstrating the commonality of abuse. Participants can learn from others and practice skills together.
6. Group leaders must be aware of their own attitudes about abuse. Leaders provide information, positive role models, and confront abusive values and behaviours. They should be sensitive to the destructiveness of violence. A male-female co-leader team appears to be the most effective method for modelling, teaching, and discussing nonviolent communications skills and behaviours and the effects of socialization.

All group treatment models for abusive men should contain six basic steps:

1. Safety checks should be carried out before and/or after each session. Previous victims must have protection plans in case of abuse occurring at home again.
2. Breaking through the abuser's denial. Denial can be spotted by leaders when clients:
 - blame their victims.
 - justify their abuse as an only alternative.

- externalize by blaming alcohol, bad day at work etc.
- omit and lie about what is really going on at home.

All types of abuse and anger must be defined. Most often anger is a secondary feeling. Common feelings misunderstood by men as anger are: hurt, fear, insecurity, inadequacy, guilt, being ignored and helplessness.

3. Anger control developed by:

- cueing. This is teaching clients to be aware of early warning signs of abusive behaviour and how to use self-talk to avoid it.
- relaxation techniques training.
- self-care including proper nutrition, sleep, exercise and chemical/alcohol habits.

4. Unlearning Abusive Communication. The client pledges never to use abusive behaviour again. He becomes familiar with assertive behaviour.

5. Unlearning Destructive Myths or negative self-talk. Examples include:

- Work twice as hard as the next guy but expect no reward.
- A woman should know how to please a man.
- If she loves, she will not criticize me.
- Men know more about sex than women.
- Women are always too hysterical.
- A man must be right in his own home.
- A man who shows weakness is a sissy.
- There is only one right woman for each man.

- When pushed, a man must stand up and fight.
 - Kids should be seen and not heard.
 - Men need sex more often than women.
 - I need her because I love her.
 - A man's emotional care is a woman's responsibility.
6. Maintaining Non-violence. The client must develop a peer support group.

EVOLVE

The following was derived from personal notes of a presentation by staff of KLINIC INC. in 1985.

This Agency offers a twenty-eight week program for men with the purpose of eliminating abusive behaviour. The group meets once weekly for two and one-half hours. The staff do one or two assessment interviews with prospective clients prior to admission to the group.

The program appears to be patterned after models above described. The goal in the initial weeks is to stop the abuse. They go into the value of timeout procedures.

The middle phase of the program involves relaxation training and developing connectedness between group members such that they can count on each other for support. They also discuss the role of self-talk and assertion messages in the anger control process.

In the last phase of treatment, group leaders go into discussions about childhood experiences of members. How was love and affection expressed? How did Dad handle his anger? What must it be like for your wife? Discussion then moves to how the abuse learned at home and is

culturally reinforced.

PART II: THE INTERVENTION

CHAPTER 6 - THE PRACTICUM

A. SETTING

The two treatment groups were held at the Provincial Services Building at Brandon, Manitoba. The treatment was offered jointly by the Family Services and The Community & Youth Correctional Services Programs of the Western Manitoba area. At the time these groups were conducted, both of the Programs were within the Manitoba Community Services Department. While Family Services remains so situated, as of May 1988, Community and Youth Correctional Services is now within the Manitoba Department of the Attorney General.

The clients for this study were drawn from the South Western part of Manitoba. This geographical area extends from but does not include the Riding Mountain National Park in the north to the Canadian and American border in the south. The area also extends as far as the Eastern sides of the Rural Municipalities of North and South Cypress to the Manitoba and Saskatchewan border in the west. It contains 12,288 square miles and has an estimated population of 120,000. Approximately one third of these people reside in the City of Brandon while the remaining two thirds live in the surrounding rural municipalities, towns and villages.

Family Services, of which I am a part, provides individual, marital and family counselling on a voluntary basis. Upon analysis of the nature of our referrals it was quite clear that abuse was frequently in evidence. When information about abuse is elicited we have offered individual or couples counselling. With the provision of the treatment

group we are now able to offer a third alternative.

In the co-sponsoring program, Community and Youth Correctional Services, court referrals of abusive men were frequently received. Its response to such clients has also been to offer individual counselling which was designed to help the abuser. The group treatment format, then, was a much needed option when intervening. As well, with the establishment of the group treatment, Courts in this area have begun, in certain instances, to directly order clients to participate. At the present time, they are referring at a frequency of approximately one person per month.

Notwithstanding the manner in which clients come to the service, the ultimate goal of the group treatment is to stop abuse or the threat of it in intimate relationships.

B. THE CLIENTS

At the planning stage we concluded that ideally, eight to ten men would participate at a time in the treatment group. Candidates would be individually interviewed prior to treatment in order to assess suitability. Candidates who present as extremely angry and hostile at the idea of participation will be screened out. The eligible candidates had to demonstrate some degree of acceptance of responsibility for their abusive behaviour. Also, individuals who have an addiction to alcohol or other drugs and has not taken treatment for it prior to group selection would not be considered. If it was determined that a candidate was involved in some kind of service for alcohol addiction such as a treatment program for chemical dependency or participated in an Alcoholics Anonymous Group and appeared to be functioning at a level

such that alcohol was not a serious problem, then he would be considered.

It was expected that participants would be either voluntary or non-voluntary. We anticipated some non-voluntary referrals would come from Courts as a condition of probation.

Before placement in the treatment group the prospective participants and I completed a series of three interviews for the purpose of ascertaining suitability. During this initial process I was also in contact with each of the female partners for the purpose of determining her level of safety and to help her with a safety plan should she not have one.

The first way of determining suitability of each of the prospective candidates was to discover his own childhood experience. How did he feel about his early childhood experience? How did he get along with other family members? How was he disciplined? Was he a victim of abuse as a child? Did he ever live apart as a child from his family of origin? Why? The specific purpose here is to help him make a connection if any can be found to exist between his childhood experience and his present behaviour pattern.

The second issue addressed was that of frequency of abusive behaviour he was displaying. What does he perceive as abusive behaviour? When did he first behave abusively? Has he been or is he being abusive toward children or in any relationships other than in partnership relationship? How has or is he being abusive? What are his cues to becoming abusive? How did his abuse impact on his partner and himself?

These kinds of questions assisted me in determining what level of responsibility he was accepting for his abusiveness. They also helped him to see a pattern and the consequences of that pattern. Finally, these questions helped him to begin to believe that he can control his abusive behaviour.

The third set of questions deals with drug use including alcohol. Is he using or abusing drugs? For how long? Has he taken any steps to control the abuse? Such questions help me to determine if drug use is a big enough problem to require intervention for that problem before entering a treatment group. Also, they can help him to begin to understand how drugs affect his behaviour toward his partner.

A fourth issue is that of his support system. Who does he regard as his closest friends? Does he turn to them when he feels the need for support? How do these interactions affect him? These questions help me to become aware of his support system; how dependent he is on his partner for support; and how this support system encourages or discourages abusing behaviour.

The fifth area focused upon is that of the primary relationship. How does he view it? What does he think of his partner? How does he think she feels about him? Does he think they might intimidate each other? Has he ever seriously considered separation? Such questions help him to consider the alternative of separation rather than remain in a destructive relationship.

The sixth issue concerns the children and his relationship with them. How is he involved with them? How close are they? How does he share in the caring of children? Is he abusive toward them? How does

his behaviour affect them? Are the children afraid of him? Such questions allow me to assess his relationships with his children.

The final issue that was addressed in the screening process involved his motivation to change. Why is he wanting to join the group? Does he believe he has behaved destructively in the past? Does he want to change? Is he still willing to engage in a change process if permanent separation occurs in his partnership relationship? Without signs of some degree of motivation to change the treatment process has little chance of success. A man in the group with little or no motivation to change can make the process more difficult for other group members even though they may enter treatment with greater levels of motivation.

A fact that I stressed in these initial interviews is that the safety of participant's partners must be my highest priority throughout the treatment process and beyond, in follow-up contacts. If the female partner chose to accept the contacts, I was in touch with her once weekly for the twelve session time period. Follow-up contacts occurred once monthly for six months.

This study involved two treatment groups which ran consecutively. In the first group we began with seven participants and three completed. We started with eight in the second group and six of these completed the treatment process.

Of the nine men who completed the treatment all admitted to behaving abusively toward their female partners at some points in the past. Three of these nine were non-voluntary and six were voluntary. They ranged in age from 23 to 58 years with the average age being 35.9

years. All lived with their partners while in treatment. Eight were married and one was in a common-law relationship. The age range of partners of participants was from 24 to 56 years with the average being 33.7 years. The number of children at home per couple ranged from nil to three with the average being 1.4 children per family. The age range of these children was from a few days to 15 years with the average being 7.5 years.

All nine participants who completed the group treatment had at least some secondary level of education. Two of the men had University education; one in the field of teaching and one in nursing. The remaining seven participants held blue-collar employment. One of the University educated participants was unemployed. Of the eight who had jobs only one felt that he was under-employed. The remaining seven felt quite satisfied with their particular positions and work.

With regard to the partners of the participants, one had a University level of education and a professional position. The remaining eight partners had some level of secondary education. Four of these worked full time in the home, three had remunerative but low income type of employment and one was self-employed.

Two of the nine couples separated just prior to the conclusion of the treatment. In one of these relationships it seemed to be the female partner who wished more strongly for the separation while in the other the breakup seemed to be initiated by the male partner.

C. PROGRAM PERSONNEL

The two treatment groups were co-lead by myself and one social worker from Community & Youth Correctional Services. The particular

social worker from this co-sponsoring program differed in each group. Both of these co-leaders were male.

D. PROGRAM PROCEDURE

Role of Leader and Treatment Elements

1. Cognitive Restructuring - for the abuse in a relationship to stop permanently the participant must accept that changes in his cognitions and behaviour are critical and necessary. Anger control may very well be the most important focus in any cognitive restructuring process with participants.

Anger control can be thought of primarily as a cognitive process. Cognitive decisions regulate the timing, degree and duration of all emotional behaviour. Anger produces thoughts of illogical self-righteousness and makes abusive behaviour a much more likely choice.

Cognitive anger control training will involve teaching how anger makes abuse more likely, thought stopping, taking time-outs, completing and discussing weekly anger diaries, and relaxation training.

2. Assertiveness training - is generally considered in the literature to be critical to stopping abusive behaviour. One who alternates between submissiveness and aggressiveness can be seen as controlling. Assertive behaviour requires both trust and respect between partners.

Role of Leaders and Recording of Group Process

According to Balgopal (1983) group process "refers to all the happenings within the group, and to the interactional and communication patterns among all members, between some members, between all members and the worker or between some members and the worker." Group process

"refers to an inference about the meaning of behaviour in the group. Behaviour may be verbal, as in discussion, or non-verbal as in keeping silent or facing a particular person while addressing the group" according to Luft (in Balgopal, 1983). Whitman (in Balgopal, 1983) defines group process as "the dynamics, emotional developments and unfolding affective patterns of the group."

The essential elements in recording of group process, then, may be seen in the interactional units such as patterns of subgroups, cliques, coalitions, conflict, scapegoating, cohesion, group norms, group roles and decision making. According to Balgopal, it is the responsibility of the worker to guide and direct group process as opposed to controlling it. The worker must always be conscious of the fact that process of the group is constantly changing.

1. Subgroups

Because certain group members will see themselves as having more in common with certain other members, subgroups will probably develop. The larger the group, the greater the likelihood that subgroups will develop. People will form in subgroups to reduce anxiety by providing for themselves a safe haven.

Subgroups may impact negatively on the total group process if they develop out of a sense of discontent. In this instance, they may work to sabotage group work. In order to prevent this occurrence, the group leader might actively direct interaction in such a way that boundaries are not allowed to become rigid.

2. Coalitions

Members who tend to dominate in groups also tend to coalesce,

according to Balgopal, with more passive members. Those perceived to be high in power positions tend to influence others in the group the most. The implication of this for the co-leaders is that certain participants will tend to adopt the values of certain other participants.

3. Scapegoating

Scapegoating is the name for the process of attributing blame to others. According to Balgopal, group workers should always be conscious of these acts and check them. They are potentially very destructive for both victims and perpetrators.

Balgopal draws on Freud to speak of the ego defense mechanism of projection. He was detailing how the individual might protect oneself from perceived danger. It is the attributing of the wish or impulse of one's own to another person. This defense, Balgopal contends, is incorporated into the scapegoating behaviour.

4. Group Roles

The worker should be aware of the possibility that the person in the scapegoat role may not present as having the same level of adherence to group norms. He may appear to lack commitment to group work and be low in influence. The worker should also be conscious of the fact that there cannot be a "scapegoat" without other members assuming the "persecutor" role. Also, where there is a scapegoat, there is oftentimes at least one person in the "healer" role. According to Balgopal, the sources of tension that lead to scapegoating in groups are attempts to control conflict. "The worker has to sustain, support, clarify, mediate, and neutralize the member-group-agency-environment process that maintains or triggers scapegoat dynamics. Helping groups

face their discontent, creating and supporting new role patterns for their victims, neutralizing explosive situations by anticipating and being ready for their occurrence, are all practical ways in which to deal with victimization.

The group worker can interpret, reinforce, create, or neutralize role patterns if the particular strategy is considered as facilitating group process and goal attainment.

5. Conflict

The assertion here is that the group worker in recording group process should pay particular attention to evidence of differences between members. Differences, although almost inevitable in the group context, can escalate into conflict. If we are to have personal growth, then change is necessary, and change furthermore, can at times give rise to conflict.

It is not necessarily the case that a worker should diffuse conflict but at the same time it is of value for him to be aware of its existence. Perhaps most conflicts have rational and irrational elements, being both functional and dysfunctional at the same time. The group worker according to Birnbaum (in Balgopal, 1983) is faced with the reality that the effects of group differences can be understood, lived with and controlled but never totally eliminated.

Norms

Homans (in Balgopal, 1983) defines a norm as "an idea in the minds of members of a group, an idea that can be put in the form of a statement specifying what the members should do, ought to do, are expected to do under given circumstances."

According to Balgopal (1983), "the extent to which members accept or reject the influence of a group.....is related to how cohesive the group is." The more cohesive the group, the more likely members are to influence and be influenced by others, the more willing they are to listen, participate, endure stress and express differences. Norms can facilitate achievement of group goals but they can also provide obstacles if cohesion becomes an end itself.

Workers should challenge members who are particularly quiet out of a felt need for comfort and security within the group. This lack of assertiveness can stifle change. Without conflict there is little chance of change occurring. In understanding the recording group process the worker should keep in mind that conflict and cohesion exist side by side as essential elements for change.

E. Evaluation Design

I propose to employ the AB single system design. Baseline data collection would involve the administration of the measures three times prior to intervention. Frequency of abuse prior to intervention by self-disclosure will be necessary for the purpose of comparison to frequency of its occurrence by the conclusion of the B phase.

By use of the AB design I can discover when, by how much and in what direction change is taking place in participants on an individual basis. Although one is not able, by use of this design, to clearly indicate that the group treatment actually caused any changes which may take place it does give one tentative ideas about causal factors.

F. EVALUATION INSTRUMENTS

As indicated, the study consisted of two treatment groups. The two

hour sessions were held twice weekly so that the treatment process of each group spanned six weeks. While conducting these groups I had weekly supervision with Dale MacKenzie for the purpose of gaining feedback.

Treatment Goals and Objectives

The development of the specifics of my treatment was shaped by my review of the literature regarding other existing models. Some factors I kept in mind included my desire to reach the participants quickly with the message that abuse is both destructive and self-destructive and that participants can leave the very first session with a simple plan to avoid being abusive at home. This first basic instruction in the form of a presentation of the merits of the time-out procedure was designed to give participants a greater level of self-confidence in their belief that they can change.

Once the men became aware of the time out procedure I was, then, left with some time that I could devote to helping participants develop more sophisticated systems of avoiding use of abusive behavior. At this point, then, I included such strategies as cognitive restructuring, relaxation techniques and assertiveness training.

Also, I specifically incorporated such discussions as participant's most abusive behavior, most recent abusive behavior and childhood experience in families of origin so as to assist them in drawing each other out in a process of mutual sharing. In addition, such discussions provide the opportunity to frequently reinforce the theme that abuse is learned, that it is habit forming and that one has the inner capacity and responsibility to control oneself so that the abusive behaviors are

extinguished.

Further, I incorporated discussions regarding sources of stress in the lives of participants as a way of providing them with opportunities to give and receive from each other, acknowledgement and support. Discussion regarding stress factors also provides opportunities to reinforce the message that even though stress can be difficult, the experience of it never justifies abusive behavior.

The introduction in treatment of the topics of the socialization of anger and abuse, and the cycle of abuse in intimate relationships, helps to raise participant's awareness. It also helps participants use caution when being influenced to behave in ways that they know are in the long term, potentially destructive to themselves and their partners.

The primary goal contained in the treatment outline (Appendix B) is to stop the abusive behaviour. This is accomplished in part by delivering anger control training using cognitive restructuring and time-out procedures. Treatment also consists of assertiveness training and relaxation training.

Objectives include: building self-esteem, reducing feelings of depression and enhancing feelings of trust and self-confidence in relationships with peers.

I wish to present to the participants the purpose of the group in a ten step outline (Appendix C). This outline I believe incorporates the above goal and objectives. This ten step outline is presented with the permission of the staff at "Evolve" in Winnipeg. In addition, participants at the outset will receive a set of group rules (Appendix D), contracts for non-violent behaviour (Appendix E) and some theory

relating anger and aggression (Appendix F and Appendix G).

In cognitive restructuring, the specific techniques are, according to Beck (1979), designed to delineate and test one's misconceptions and maladaptive assumptions. An outcome of the process is participants beginning to question prior self-talk (Appendix H). The participant will ask himself such questions as: "What is the evidence for my conclusion? Are there other explanations? How serious is the loss? How much does it actually subtract from my life? What is the degree of harm to me if a stranger thinks badly of me? What will I lose if I try to be more assertive?" Until the participant begins to ask himself such questions he is bound to a rigid destructive pattern of thinking, feeling and behaving.

Cognitive techniques enable one to actively contradict erroneous beliefs such as "I am inadequate". The process focuses on here and now problems. One's negative view of oneself is challenged. He attributes his unpleasant experiences in life to defects in himself. He sees life as unfair in that it makes tremendous demands on him, thus hindering his personal development. He inaccurately sees himself as being defeated and deprived in life situations. He tailors facts to fit preformed negative self-perceptions. He has a negative view of the future. If a person inaccurately thinks he is rejected he will respond to that situation with the negative affect and anger that accompanies actual rejection.

Beck advocates the use of written charts in cognitive therapy. Participants are asked to record situations as well as their emotional responses to each. This is followed by a description of the thoughts left with the writer as a result of the experience and, finally, what other thoughts may have been elicited. These help the participant to understand how negative self-talk can be averted and a more positive interpretation gained. A typical chart, then, may appear as follows:

<u>Event</u>	<u>Feelings</u>	<u>Conditions</u>	<u>Other possible Interpretations</u>
Female partner rejects input - "No, I can do this myself."	hurt slight anger anxious	She doesn't need me. She doesn't love me.	She is under pressure for unknown reasons. She really cares but wishes to accomplish the task alone for sense of satisfaction.

Beck calls such charts a "Daily Records of Dysfunctional Thoughts." He suggests that participants should keep them for future reference as a reminder of the kinds of situations and errors in thinking that maintained or accentuated past behaviour.

For the participant who finds anger an emotion difficult to control, Novaco (in Beck, 1979) points out the value of his becoming task-oriented when he experiences its onset. He describes the angry person as one who is "generally flooded with irrelevant thoughts revolving around intolerance for others and of the necessity for retaliation. The participant is encouraged to use self-talk designed to cool him down rather than self-talk that heat him up". Participants are taught to empathize with others which leads to acceptance as opposed to anger. The participant role-plays with

another person playing the part of the one who is the focus of his own anger.

Measures

The Generalized Contentment Scale (Appendix I) will be employed to measure the degree of depression in participants. By the use of the Index of Self Esteem (Appendix J) we can measure the degree of a problem each participant has with self-esteem. Finally, we can measure the degree of a problem each participant has with his peer group by use of the Index of Peer Relations (Appendix K).

All three of these measures are recommended by Bloom & Fischer (1982) for use in single system research. All of the scales are brief, simple, stable and valid.

Bloom and Fischer (1982) consider these measurements to be stable in the sense that they do not appear to change merely as a result of being administered repeatedly over time. In addition, they are reported to have internal consistency reliabilities and test-retest reliabilities (stability) of 0.90 or better. "They are all reported as having high face, concurrent, and construct validity. In addition, the scales have good ability to discriminate between people known to have or admittedly having problems and people who are known or claim not to have problems in each area. In other words, these scales clearly appear to be measuring what they are intended to measure." Scoring these tests (Appendix L) is relatively simple.

These scales can be administered once weekly over several weeks with confidence in their stability. I am proposing, therefore, to do just that. I will administer them in the last ten minutes of each session. I will

explain their value to the individuals themselves as well as to the leaders. The scales are to measure the severity of problems participants are likely to be feeling and whether and by how much these problems are being reduced over time. Between group interviews individual participants can be guided by test scores to that point. They can provide feedback to participants and leaders as well as a basis for individual discussion regarding change or lack of it.

These scales may measure fulfilment of treatment objectives but they do not clearly and directly measure fulfilment of the primary goal of the intervention: to stop all abusive behaviour of female partners by participants. I propose to employ the "Anger Control Diary" described in Chapter 5, in part, to measure individual movement toward this goal. Each participant records all disputes with his partner between each group meeting as well as how he handled himself in the disputes.

I believe that structure of the anger diary should be such that it reveals to the participant after completion how he could have responded to a particular event, in addition to how he actually did respond. It should also reveal to the participant the kinds of self-talk which would prove more satisfying to himself during and after the particular interaction recorded.

Rather than using words like thought process, cognitions or emotional consequence in the diary structure, I would prefer such headings as "what were you thinking?" and "what were you feeling?" I believe the latter headings would be more likely to elicit written response. Also, as opposed to the structure employed by Beck in his "Daily Records of Dysfunctional Thoughts", I would prefer to have the participants respond with their

thoughts before their feelings. Past experiences with male clients lead me to strongly hunch that if asked for feelings first, they will talk about their thoughts and physical behaviour instead. They are inclined to talk about almost anything other than their feelings. Without a great deal of focusing by the interviewer, the only feeling word likely to be admitted is anger. If, however, a male is asked his thoughts first, he is then slightly more inclined to explore feelings when asked. Also, as feeling words are presented in the group, I believe it will help participants to be more comfortable with the idea that they too experience them from time to time.

The diary, then, will look like this:

Event	What were you thinking at the time?	What were you feeling?	What did you do?	Other ways I might have responded.
_____	_____	_____	_____	_____

CHAPTER 7 - EVALUATIONA. RESULTS OF EVALUATION

TABLE I

Results of mean scores on the Index of Peer Relations

<u>SUBJECTS</u>	<u>PRE TEST</u>	<u>POST TEST</u>	<u>DIFFERENCE</u>
A	26	13	13
B	23	23	0
C	54	49	5
D	11	12	-1
E	22	7	15
F	54	3	51
G	30	16	14
H	21	17	4
I	12	8	4
Total	253	148	105

(t = 2.20)

Using the paired t test, I found the results on this measure to be statistically significant at the .05 level. This would offer support that the intervention affected the way subjects felt about their peers. Subjects experienced more satisfaction with themselves in their peer relationships, thus achieving one of the objectives.

TABLE II

Results of mean scores on the Generalized Contentment Scale

<u>SUBJECTS</u>	<u>PRE TEST</u>	<u>POST TEST</u>	<u>DIFFERENCE</u>
A	38	17	21
B	24	23	1
C	61	50	11
D	35	18	17
E	49	19	30
F	37	10	27
G	45	20	25
H	31	21	10
I	7	7	0
Total	327	185	142

(t = 4.3)

Using the paired t test, I again found the results on this measure to be statistically significant at the .05 level. This would offer support that the intervention affected how subjects felt about their lives and surroundings. Subjects showed a greater degree of contentment about themselves, thus achieving another objective.

TABLE III

Results of mean scores on the Index of Self-Esteem

<u>SUBJECTS</u>	<u>PRE TEST</u>	<u>POST TEST</u>	<u>DIFFERENCE</u>
A	41	25	16
B	35	32	3
C	59	44	15
D	33	17	16
E	47	25	22
F	51	11	40
G	45	23	22
H	34	23	11
I	9	8	1
Total	354	241	146

(t = 4.21)

Finally, using the paired t test I also found the results on this measure to be statistically significant at the .05 level. This would offer support that the intervention affected how subjects viewed themselves. Subjects held a much more positive self-regard, thus achieving another objective.

Examination of the subjects' "anger diaries" revealed that two of the nine men were involved in abusive incidents with their respective partners while participating in the group treatment. These are the same two subjects who separated from their partners during treatment. They are described as subjects C and G in tables I, II and III. The partners of these two subjects confirmed these reports of abuse. There was one abusive incident in each case.

No other subjects reported any abusive incidents during treatment. The partners of those subjects who reported no abuse confirmed that, indeed, none had occurred.

At the conclusion of the six month period of follow-up contacts, those seven subjects who remained living together with their partners at the end of treatment were still so situated. In all of these seven relationships which remained intact, no reports of abuse arose. Both subjects and their partners agreed their relationships were happier and without incident during the six months of time.

As for the two subjects who separated during the treatment phase, they remained single at the end of the six months of follow-up time. Both of these subjects as well as their respective ex-partners were quite certain there would be no reconciliations. No reports of abuse occurred in either of these more distant relationships during the six month period.

B. Individual Assessment

The following provides a brief description and an account of the process for each subject in treatment as observed by myself. Also included, is an analysis of the test scores of each. All names are fictitious.

Subject A

Adam, 32, and Pamela, 30, are married and have one child; a two year old boy. They lived together throughout the treatment and follow-up phases. Pamela works full time in the home. Adam actually held two casual jobs. Both were as a maintenance man for different companies.

Adam sought admission to the group on a voluntary basis. He readily admitted that he had behaved abusively toward Pamela in the past. Although Adam used alcohol occasionally neither he or Pamela felt that he had any problem with it. Both are from southern Ontario and, therefore, do not have physically close support from relatives. He reports he was abused as a child. They both indicated, however, that they do enjoy the supportiveness in various friendship relationships.

Neither Adam/or Pamela progressed beyond a grade 9 level of education. They were continually struggling for financial security. Adam presented as very energetic in the sense that he would wait by the telephone and when called to work on a casual basis he was enthusiastic and prompt. He would go at very odd hours for any length of time. The work he does is very low paying, but this fact never seemed to discourage him.

I was impressed by how close Adam and Pamela seemed to be. They behaved in a manner that was mutually supportive. They worked together in the home and at child caring when he was not remuneratively employed.

Adam presented in the group as a quiet and sensitive person who very much wanted to be liked by people with whom he came into contact. He was tearful, at one point, in the group, while trying to convey the nature of his past behaviour toward his partner, as well as the impact this behaviour had on himself. When challenged by other group members to not minimize, he readily responded with honesty. Adam had very little difficulty in letting go of provocation arguments in his explanations of past behaviour toward Pamela. He readily accepted support given him in the group and was eager to reciprocate when appropriate. He engaged in group interaction with increasing ease. He attended all group sessions. He began as one of the

quieter members but became increasingly talkative. By about the end of the first one third of the group treatment phase he was actually, from time to time, extremely talkative. He did always impress as very sincere in his efforts to change.

His scores indicate that at the time of admission to the group he actually felt a reasonable level of satisfaction with regard to his peer relations and this satisfaction significantly increased by the end of the follow-up phase. The change in level of satisfaction here was a slightly better than average one for the group. At the outset of treatment, his other scores indicated that he was having some problem with his levels of self-contentment and self-esteem but these problems seemed to have completely disappeared by the time of termination.

Subject B

Tom, 44 and Vivian, 40, were both previously married. Vivian is the natural mother of Greg, 13, who lives with them. This couple remained together throughout the treatment and follow-up phases. Vivian was actually not very receptive to contact and I, therefore, did not come to know her very well.

Tom holds two bachelors degrees. He held a teaching position in the past but is presently unemployed. Vivian works full time as a registered nurse. Tom came to the group on the direction of the Court. Although he seemed to accept the merits of the theory that abuse is potentially destructive he felt quite sure that his apparent abusive behaviour was not more than a set of defensive actions. He quickly began to understand and to accept the assertion even if this is completely true he still has choices which if made could easily extricate himself from situations which

formerly required that he become defensive. Neither felt that alcohol use by either was at all a serious issue.

Tom was raised by his mother in a local rural community. His parents separated when he was in infancy and he never knew his father. He and his mother lived with his maternal grandmother. These two women shared in parenting Tom as his mother held full time remunerative employment. In general, his was a happy childhood and he continues to have a happy, supportive relationship with his mother. He never witnessed nor was he a victim of family violence as a child.

In general, Tom presented in the group as a soft spoken fellow who really thought through a position before speaking. He did not readily challenge assertions by others in the group but at the same time, was never unwilling nor defensive about accepting challenges from others. No incident of abuse was reported by either during the treatment and follow-up phases. He had no difficulty understanding the potential destructiveness in clinging to provocation types of arguments.

The changes in Tom's scores between pre tests and post tests on all measures were minimal. I did not see this as problematic, however, because he actually came into the group feeling reasonably satisfied with his peer relations and generally content in his life situation. Although his level of self-esteem improved slightly over the course of treatment and follow-up, it was still marginally above that level which is considered non-problematic. I think his unemployment contributed to this score more than the nature of the marital relationship by the time of termination.

Subject C

Stan, 29, was the third man to complete the first treatment group. He

and Lynn, also 29, were living together when the group started but they separated during treatment. They have three children aged 12, 9 and 1. Stan is a taxi driver. Lynn works primarily in the home. After separation, the children remained living with their mother. Money was a very serious problem here. Both were quite discouraged due to financial difficulties. Another overriding factor here contributing to his discouraged disposition was his feeling that he was under-employed.

Stan was a voluntary participant in the treatment group. He was quite open and verbal regarding past abusive behaviour. In fact, he was in general a very verbal person in his personal style of presentation. He is an active member of a local Alcoholics Anonymous Group. That might perhaps in part at least explain his level of comfort in a group setting. He described himself as having been abusive of alcohol in his past but has maintained sobriety for a considerable length of time.

Although Lynn is originally a local person, Stan was born and raised out of province. He spoke of his childhood without much fondness. He reported that his father was rather strict and physically harsh when it came to discipline. He reported that considerable sibling and peer rivalry existed and that he was physically aggressive in many of his childhood relationships. His contact with members of his family of origin is infrequent.

Stan was frequently in a leadership role in the group. He was naturally at ease in groups. He was also quite articulate which suggested that his mid-level of secondary education seemed quite inadequate for his intelligence. He was supportive of other group members and seemed to really concentrate on them as they spoke. He was inclined to frequently

minimize his offenses but at the same time did not engage in efforts to attempt to excuse himself. He clearly accepted the group principle that abuse does not justify abuse and he did not challenge it beyond the earliest stage of treatment and even then he did so without much conviction. At the same time, however, he did admit to an abusive behaviour while in treatment. He spoke of it with some regret and actually wanted to leave the group at this point. The others persuaded him to remain but were clearly on side with Stan when he said that his abuse was completely avoidable -- he simply chose not to avoid it. There were no other abusive incidents after this point. It was within one week of this incident that Stan and Lynn separated.

Stan's performance demonstrated by his test results indicated he was at high risk of abusing again. It was abundantly clear by Stan's scores that he was having serious problems in those areas measured. He had a very low level of self-esteem which did not improve very much by the end of the follow-up. He continued to derive a very low level of satisfaction regarding his relationships with his peers. Again, positive or desired change was minimal. He remained feeling quite low within himself throughout treatment and follow-up.

Subject D

Mel, 58, remained together with Patricia, 56, throughout treatment and follow-up. After joining the treatment group neither reported any further abusive behaviour. All children of this relationship have grown to adulthood and have moved away from home. Patricia is not remuneratively employed. Mel works locally as a firefighter.

Both partners agreed that alcohol use on his part was never a

problem. They disagreed when it came to the issue of her behaviour toward alcohol. She used it but felt she did so in a moderate and controlled fashion. He felt that she had a problem with alcohol. She has never taken treatment for an alcohol problem.

Mel was directed to the group by Court Order. Nevertheless, he appeared very committed to change. He seemed quite receptive despite his non-voluntary status. He recognized and took increasing responsibility for his abuse.

Mel seemed to maintain a fairly high level of respect from his fellow group members. I think a critical factor for this was his age. He appeared to be regarded as an elder with considerable life experience. The other fellows seemed particularly receptive to his responses to their situations. His relationships with others in the group bordered on the fatherly type. The manner in which he spoke seemed to have a calming effect on himself and the others.

At the outset, he concentrated on his wife's alcohol use implying that her behaviour in this regard constituted participation in any abuse which occurred between them. He also stressed how in the past his defensive behaviour was misunderstood as aggression. He became receptive, however, without much inner struggle to the perspective that he could be more sensitive to cues so that he was not placed in positions requiring defensive action on his part. He came to understand that her alcohol use did not justify his past responses. Mel readily took up this challenge of ceasing thoughts which centred on provocation and employed this same challenge in his responses to other group members. He had considerable influence with his fellow participants and as he seemed to incorporate the

fundamental principles of the group, his power grew. Others took cues from him. When certain fellows seemed to be getting tense, he would soothe and slow the action down without giving in to pleas of helplessness in others in controlling themselves at home.

Throughout, Mel's scores in the Index of Peer Relations indicated that he got along well with peers and derived satisfaction from these relationships. He showed no difficulty here at all in treatment and follow-up. He showed a slight problem with a pretest score of 35 when it came to his level of self-contentment at the outset of the group but by the conclusion of contact this had improved significantly with a post test score of 18, to a point where no problem was apparent. The same can be said of his self-esteem. It improved significantly also while in treatment and no longer seemed to pose a problem for him.

Subject E

Peter, 40, is currently in his second marriage. His wife Emily, 27, is a hairdresser. The children, aged 15, 9 and 7 are his by his first relationship. He works as a repair man. The company he works for fixes sewage systems in the area.

Both agreed that alcohol was not a problem in their relationship. Peter and Emily impressed as an emotionally close couple. They were both anxious to work out their differences and were mutually supportive in their respective efforts. The age difference between them and that between Emily and the children did not seem to present too big a problem. Peter was a voluntary participant.

Peter was one of two participants who seemed to behave aggressively in his past in relationships outside of marriage. He spoke of his past

lifestyle at length in the group. It was marked by frequent physical fighting. He once prided himself on his ability to "win" at fights. It did not really matter to him at one time who his opponent was. He was inclined to hit with skill and tenacity if another offended him in some way. He looked forward to the excitement of a bar room brawl.

This was the Peter of old but by the time he came to the group he was much more mellow. He no longer prides himself on his past pugnacious behaviour. Indeed, he now shakes his head as he contemplates what he sees as his incredible past immaturity. He does not try to defend his past behaviour either inside or outside his intimate relationships.

Peter, also, held a high status in the group not because of his age or any paternal style as was the case with Mel but because he was so obviously fierce in his past coupled with the fact that he was now giving up his role as a tough guy. We were witnessing his 'hanging up of his guns,' so to speak. He was tired of the fighting and his run in with the law. A substantial challenge Peter faced from the group was to stop meeting the same groups socially and doing the same things for entertainment as it would likely bring him into contact with old and not so pleasant acquaintances of his past.

In light of the kind of transition process Peter was going through in his life, his scores on the Index of Peer Relations proved particularly interesting. Although he did not seem to have any problem in this regard when he came into the group the difference between his pre test and post test scores was well above the group average change. By termination, he scored very high on level of satisfaction derived from relationships with peers. Over the period of treatment and follow-up he improved greatly in

terms of level of self-contentment and self-esteem. He started with problems in both of these areas and ended with an absence of problems as far as the measurements are concerned.

Subject F

Glen, 23, was the youngest participant in treatment. He and his partner, Donna, 24, had been married less than one year when he first came to the group. They had their first child while he was in the group. They continue to live together without further incident of abuse. He was a voluntary member. Both are hairdressers. Alcohol use was not an issue with them.

Although Glen admitted his abuse he held fairly strongly to provocation excuses. He took considerable time but did finally begin to let go of these arguments. He began by holding up a strong facade of toughness. Subject D and Subject E served to a large extent to break down this mask. He presented as fairly self-assured and only gradually began questioning his past behaviour after persistent challenges from the group. He was inclined to feel quite defensive when challenged and was cautious regarding change. Over time he presented as less and less sensitive to queries regarding his past conduct toward Donna. He seemed to equate maleness with aggressiveness and weakness with nonaggressiveness. By the conclusion, however, he seemed much less rigid in his outlook and more inclined to be introspective. He seemed to gradually accept that with personal change comes some level of insecurity and that this insecurity was not a bad or wrong kind of feeling to have in oneself. Over time he seemed to let go of some of his initial bravado which often seems to accompany a lack of certainty about oneself. The bravado showed itself to the other

group members in his relative loudness and urgency in trying to make a point in the interaction. He gradually became more calm and was more inclined to listen to others who had more life experience than himself.

Glen seemed to have a youthful perspective on life. It is one of black and white, rightness and wrongness, strong and weak and so on. He seemed a bit bewildered at times that the other members frequently displayed a lack of sureness about themselves. I think this bewilderment was in itself, an important first step for Glen in his change process. Suddenly for him there was this reality thrust upon him that life is not simple and we as people are complicated. We can admit to ourselves that we as individuals do not have all of the answers but we can nevertheless still feel comfortable about ourselves.

All of Glen's initial scores were very high indicating that he came to the group with problems in all areas measured. He felt quite low about himself, had a low level of self-esteem and was quite dissatisfied in his peer relationships. In contrast he scored very low on all these same tests by the end of follow-up indicating an absence of difficulty in all three areas. His degree of change manifested in his different scores was quite dramatic and it showed in his altered behaviour in the group. Although he consistently presented as very self-confident he changed in the sense that the self-confidence displayed became more real than pretend.

Subject G

Ryan, 31, and his common-law partner, Charlene, 30, separated mid way in the treatment process. The separation followed an incident of abuse. Their relationship lasted less than one year. They had no children. Ryan is a labourer in a local factory. She held a low paying job in the service

industry. Lack of money was a problem and stress factor for this couple. Neither identified alcohol as a problem. Neither had much high school education. Ryan was a voluntary participant in treatment.

Ryan, like Peter, had a very turbulent past marked by a great deal of violent behaviour and clashes with the law. Unlike Peter, however, Ryan has spent the majority of his adult life in prison. This fact made him unique in the group. Ryan spoke at length about his past violence, assaults, break-ins and destructiveness. He also spoke of the violent culture in which he was forced to live as an inmate. There was shock effect in much of what he described. What he revealed on many occasions frightened other members. When he spoke, everyone else listened intently. In this sense he was a leader in the group. He bore witness to a great deal of brutality in life, participated in it himself, and wants very much never to see a prison again.

Ryan looked the part he played in his past, complete with jeans, muscle shirts, tattoos, long hair and beard. He did not, however, behave in the group as brutal. When I would lead discussion using words descriptive of emotions he quickly responded. It was like he had wanted, for a long time, to talk of feelings but never felt he was in a situation before where it was considered appropriate. By the end of treatment he was able to apply his awareness of the impact of violence on victims to how it must feel for a female partner to be abused. He seemed to enjoy the group process immensely. He became very verbal about his feelings and also emotionally expressive at times. He was another who very much wanted to hang up his guns in life but, as it was put to him by the group, it is one thing to want something and quite another to make it a reality. Based on

my impressions of Ryan, I think he will be successful in stopping his abusive behaviour.

All of Ryan's pre test scores indicated he was experiencing some difficulties in those areas being measured. He felt in general, quite low. He was not experiencing a high level of satisfaction in his peer relationships and his level of self-esteem was low. By the end of the follow-up phase all three sets of scores were considerably lower indicating a significant improvement in all aspects. The change was more than sufficient to indicate a complete disappearance of these problems within himself. I attribute his abuse while in the group, in part, to the lack of time he was exposed to the treatment strategies before the occurrence.

Subject H

Ron, 38, and his wife Val, 37, have two daughters aged 9 and 12. This couple remained together throughout the treatment and follow-up phases. There were no reports of abuse by either during this same period. Val works full time in the home. Ron is a nurse. Neither identified alcohol as a problem in their marriage. Ron was a voluntary participant in the program.

Ron was frequently in the care giver role with other members of the group. He was looked upon by the other fellows as one they could count on to hear all that they had to say. In turn and in appreciation of this image he projected to them all, members would come together to ensure sufficient air time was created for Ron as he felt the need for it. Ron is a warm fellow who worked with sensitivity in the group. He was cautious to challenge another member but he would respond to challenges put to himself. His role was more in the area of drawing out the feelings of his fellows.

Ron spoke a great deal about his past. He found the group quite helpful in this sense alone. He felt considerable discomfort regarding his childhood. He described his father as quite remote in his memory. Ron saw him as quite irresponsible toward his family. I could sense old anger in Ron as well as old frustration with his mother that she was instrumental in creating a degree of enmeshment in this mother-son relationship. Ron has not had contact with his father for many years and prior to that he saw little of him. Ron is attentive to his mother in her old age. I sense some tension between him and Val in this regard. This, coupled with my perception that Ron is one who feels very uncomfortable with argument, results in his placement in an intensely uncomfortable position with his partner. Ron became more clear in his understanding that he had a habit of losing himself in situations in which demands were being placed on him by Val and his mother.

Ron's scores improved on every measure. His initial scores were not high in the first place. They indicated that he might have experienced slight problems in the areas of self-esteem and general inner contentment when he came to the group. By the end of follow-up even these slight difficulties had disappeared. Ron did appear a noticeably less troubled fellow by the conclusion of the process.

Subject I

Vern, 28, and Edna, 30, have two boys aged 1 and 9 years. Vern was directed to the group by Court Order as a condition of his probation. Financial security was a stressful issue for this family as well. He is a labourer in the construction sector but is having difficulty staying fully employed. Edna works full time in the home. Vern was quite up front about

his past abusiveness and made no effort to minimize it. No reports of abuse were made by either partner during the treatment and follow-up phases. Coincidentally, Vern was caught up in a personal crisis quite unrelated to his marriage while he was in the group. He, therefore, employed the group as a source of support for himself in his crisis and consequent grief reaction.

It took several sessions for Vern to begin to feel comfortable as a speaker in the group. Just as he seemed to be getting more comfortable and giving to the group he became involved in this new and sudden crisis throwing him into a different state of being. Assessing his involvement in the group process at the level of his participation in the strategies employed, is therefore, rather more complex a matter.

About midway through the treatment phase one of Vern's sisters was diagnosed as being at a very late stage of terminal illness. The time between his first awareness of her health status and the point at which she died was only a matter of about two weeks. His family of origin came together physically and emotionally during the crisis. Vern participated in that caring process while with us. He spoke at some length in the group of the matter and the fellows were supportive. Vern drew on this support and was verbally appreciative in his struggle.

Although Vern was just beginning to give and to receive with reasonable comfort in the group his personal crisis hindered his ability to maintain that level of giving. He was, however, able to continue to seek and receive support from the others, thus demonstrating his very active participation in the group even though he may not have been as verbal as his fellows. Vern's strength as well as that of the group in relation to

him was at times truly moving and inspiring.

Vern scored very low on all the pre test and post test measures indicating no difficulties in these areas at any of the points of administration. Because all of his pre test and post test scores were so low the range between these two sets of scores was minimal. Nevertheless, he did build slightly on the level of satisfaction he experiences in his peer relations as indicated in his difference score of four points. He appears by its measurement to have a very high level of self-esteem and this increased even higher during the treatment and follow-up phases but not significantly. Actually, for him to have changed in the desired direction at a rate that was equivalent to the extent that the total group changed on level of self-esteem, he would have had to go completely off the scale. In other words, if it is the case that an individual, as in Vern's situation, comes to treatment with an already very high level of self-esteem then there is little room left for desired change to occur in that area during and following treatment.

C. Evaluation of Group Process

As previously stated, these nine participants were actually from two different treatment groups. The second group began three months after the first group completed the treatment phase. Three fellows completed treatment in the first group and the remaining six in the second group. The interventions in each were the same in the sense that the treatment strategies were not altered.

As a co-leader, I found the work in facilitating communication between group members was actually quite easily carried out in both groups. A factor contributing to this reality, no doubt, was the sizes of groups.

Given that both were quite small I did not perceive the formation of any subgroups. Specific members might interact frequently with one another in a given session over a specific issue but these pairings changed so frequently that one could not discern the formation of coalitions. In different aspects of interaction different fellows seemed to carry the initiative. Certainly some were more verbal than others but the differences were not so dramatic as to cause one concern. All came to the groups with varying degrees of comfort in groups, but no individual member proved difficult to draw out. Power in each group seemed fairly equitably shared.

At the initial group session, I assigned myself the duo roles of information giver and challenger. When a given fellow, for example, related his interpretation of an aspect of interaction with his partner which seemed to contain adherence to the provocation attitude, I would pursue it with him. I would focus my questions on how he reasoned within himself that he behaved as he did. The purpose, of course, was to raise his awareness of how he was actually very active in determining his own behaviour by means of making choices not obvious to himself unless played back and examined. A difference between myself and the other member would thereby evolve. This led to my second purpose for putting forth the initial challenge. The other group members would observe me in action and, at another point, assume from me the role of challenging yet another's path of rationalization. Over time, I found that participants would begin challenging each other without my prompting. In this sense, differences were frequently created in the group. Each fellow participated in each of the two basic roles of reporter and supportive challenger. I say

supportive quite purposely, as challenging kinds of questions were put with sensitivity and an understanding manner. These differences within the groups appeared to me to be quite constructive in the sense that challenging kinds of questions were met with receptive thought, and further shaped responses. Directing kinds of enquiries did not produce defensive rejoinders but ultimately led to general agreement on the level of validity of the initial interpretation communicated to the group, as well as how it might have been more constructively handled. The level of conflict between group members never went beyond a point at which it became potentially destructive.

I found differences or conflict in the group to be operating at two basic levels. One level was just described in the previous paragraph. Those differences were created either between myself and another member or between two other group members. The second level of conflict could be seen within each fellow himself. One common way this inner conflict was manifested was in the form of what I describe as "pot shots". Especially at the initial phase of the group's development and gradually at a decreased rate, the fellows would seemingly quite spontaneously turn to me with assertions that were contradictory to the fundamental principles which form the underpinnings of the theory presented by myself in the group. These assertions were put in a "Yes I did 'such and such' but she did 'such and such', therefore, I was justified" kind of fashion. The comments may have also taken the form of directly disputing and minimizing the potential value of a given strategy presented in the group. "I've tried that idea (like taking a time out) but it didn't work....She was still mad"...or... "I still couldn't drop the matter." I found these kinds of comments

particularly useful in my attempts to help the fellows resolve inner conflict. These kinds of inner differences so expressed and handled led to higher levels of understanding and inner conflict resolution. A point for me as a co-leader to make to myself is to not become defensive in my stance. Although at one level, one might look at an aspect of interaction as a challenge to me to alter my position, it can also be more appropriately interpreted as a situation in which one group member is experiencing an inner struggle and is asking for further clarification. I found that as it became easier for me to refrain from defending, it also became easier for me to help maintain a smoother flow in the group. I think a leader in this kind of group, when perceived as defending, is actually undermining that which he is attempting to communicate. Defending behaviour falls outside a leader's area of responsibility and can only serve to interrupt the process.

CHAPTER 8

CONCLUSIONS AND RECOMMENDATIONS

A. Conclusions

The two treatment groups met with the goal for which they were designed. All nine participants in the program had been abusive toward their partners prior to admission. During the treatment process seven of the nine participants stopped behaving abusively. Over the six month periods of follow-up no abuse was reported by either participant or their partners.

The program met the three objectives related to the treatment goal of stopping female partner abuse. After treatment and follow-up the group levels of self-esteem, satisfaction derived from peer relationships, and inner contentment were higher. All three of these differences were statistically significant.

Prior to my involvement with the treatment groups, I was interviewing abusive men on an individual basis. In comparison, I found the group mode of intervention far more efficient and beneficial. The men were accessible to peers, more than to me, and receptive to their suggestions of how one might behave differently. When I put the provocation arguments back to peers rather than address them myself, I found the fellows would more readily shed those lines of reasoning. They listened to others who had already made it clear that they were in exactly the same struggle to change. All were safe from any fear of condemnation or humiliation in their disclosures.

The treatment process and the follow-up reports of absence of abuse occurring, reinforced the assertion that it is always quite within one's

realm of control to not be abusive.

In the groups, the fellows began with a fairly fierce adherence to not only the provocation excuses but to their anger. It seemed that this was all they were willing to risk sharing. As the process moved along, however, and after my consistently using feeling words, the fellows responded in kind. The groups provided them a safe place to see beyond their anger and look at other feelings even if that really was what they happened to be experiencing at a given time. Here, they could admit out loud that they experienced hurt, loneliness, fearfulness, sadness and so on without risk. They were then able to discuss the validity of these feelings and how to manage them constructively.

B. Recommendations

- 1) The treatment groups should be offered on an ongoing basis in South Western Manitoba.
- 2) The group treatment approach should be adopted as the first choice of intervention with men who have been, or are abusive toward their partners.
- 3) By the time the second treatment group was held we had a women's group in place and running simultaneously. The men found this advantageous in that their partners had support and insight into the content of the treatment process. It took away the mystery for the women. They knew what was going on and could identify and participate in changed interactional patterns initiated by their partners.

The attrition rate in the second group was lower than in the first group. I attribute part of the reason for this to the existence of the women's group in the second treatment process. I believe this

format should be continued.

- 4) When screening candidates for admission I believe the issue of literacy should be carefully addressed. Whether one is functionally literate need not be a critical factor. What I believe to be more central is the candidate's attitude toward his level of literacy. Is he very sensitive and defensive about it? I believe one participant withdrew out of fear that others might discover his level of literacy. If I had been more sensitive to his fear perhaps I could have helped him confront his inner struggle and accept that such a personal encumbrance need not be a source of intense discomfort.
- 5) The participants and I felt the existence of a mutual support group subsequent to treatment would be both welcome and beneficial as a way to help members remain steadfast in their resolve to be nonabusive. Leaders can facilitate development of self help groups. If participants wish it, leaders can usually offer meeting space within their Agencies.
- 6) Another suggestion shared by myself and participants was that of developing a more extended treatment format to include female partners. With such an expanded process participants could practise together in a more structured manner the treatment strategies.
- 7) Group momentum appeared to flag slightly if for any reason we met less than twice weekly. The fellows seemingly needed the two sessions per week in order to allow for retention of presentation material and circumstances of other members. When we met less than twice weekly, significantly more group energy seemed to get consumed in the process of refreshing each others' memories.

- 8) Members of the first group expressed their collective opinion that should a support group for the partners of participants operate simultaneously, a leader from the support group should attend for one session. The purpose would be to give the fellows a feel for what is happening in their partners' supportive process and how they are progressing in their challenges.

In fact, we acted on this recommendation in the second treatment group. A leader of the womens' group attended one of the meetings. The reaction of the men was to listen quite intently and to gain understanding regarding the impact of abuse on victims.

- 9) I found it effective to reserve the first hour of each session for my presentations while leaving the second hour open for group discussion. This allowed me to complete my agenda without risks of cutting short the time for anyone else in the group.
- 10) Inevitably, in any group, participants will come with varying degrees of comfort with the language used in that group. Some, for example, will have a first language other than English. Others may have English as their first language but because of their past life experience do not possess a large repertoire of skills in communication and comprehension. Caution on the parts of leaders to adopt a style of presentation that is simple and free of complex expressions will assist in maintaining a smoother flow to the process.
- 11) Western Manitoba is generally a rural area. Agriculture provides a substantial element in local economic activity. Much of the service industry is engaged accordingly. Weather conditions are such that other economic activities are seasonal. Work, here, commonly requires

substantial commitment after the Spring season begins and until Winter sets in. In the off season, personal commitments geared to earning a livelihood are generally less demanding. In light of these factors, I believe it is important that some treatment groups be made available in the Winter months. One can argue that just as one is responsible for one's own behavior one is also responsible for making the necessary sacrifices in seeking help. On the other hand, I believe it is not necessary to infringe on the pursuit of maintaining a livelihood, as long as a little effort on the part of planners is employed.

- 12) The literature contains cautions for those seriously thinking of leading treatment groups for men who have been abusive. One can assert that one must be clear on and certain of one's own attitudes regarding the issue. A critical question one must pose is whether one truly believes in such basic assertions as "abuse never justifies abuse", and "there is no justification for abuse in intimate relationships". Steadfast adherence to such beliefs, I would suggest, is necessary for any successful treatment group leader as he/she can be sure that he/she will be tested many different times on his/her conviction. To appear to waiver on this basic conviction I would suggest would be to hinder the process toward the group's ultimate goal. One way a leader can unwittingly communicate uncertainty in his/her belief is to get trapped into pieces of interactions in which he/she attempts to defend this attitude or to persuade another in a confrontational manner of its validity. I would recommend, to the person seriously thinking of leading these treatment groups, to

separate these critical convictions in his or her mind into a class of items that is not negotiable.

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APPENDIX

- A - A Brief History of Freemasonry
- B - Goals of the Group
- C - Ten Step Outline of Group Purpose
- D - Group Rules & Cautions
- E - Contract for Non-violence
- F - Anger and Coping with Stress
- G - The Road to Anger
- H - Examples of Self Statements for Various Situations
- I - Generalized Contentment Scale
- J - Index of Self-Esteem
- K - Index of Peer Relations
- L - Scoring the Tests

APPENDIX AA BRIEF HISTORY OF FREEMASONRY

It might seem ironic that such an honoured and respected institution as is Freemasonry should be surrounded by so many uncertainties as to its' genesis. For historians and students of history alike it must be very frustrating that little is known for sure how this particular kind of helping began. Nevertheless, it can be traced in a factual way as far back as the fourteenth century and this much of its history does allow us a reasonable account of the practice. What has been adopted by the craft since but which is not found in the writings of this era regarding the origins cannot be verified. Indeed, it can only be regarded as folklore and legend and yet whether these stories are authentic or not, it is interesting how they serve very real purposes by enriching the Fraternity and better enabling it to help.

Many of the historical texts on Freemasonry available and read today were written as much as one hundred years ago. It is an incredibly interesting and fascinating subject to me. Gould (1904) writes "who the early Freemasons really were, and whence they came may afford a tempting theme for enquiry to the speculative antiquary. But it is enveloped in obscurity, and lies far outside the domain of authentic history. In proceeding retrogressively, and attempting to trace the origin of the Society, when we reach the fourteenth century, the genealogical proofs are exhausted. Still, from the documentary evidence that has carried us thus far, we shall at least be justified in assuming that the Masonry practised in the Lodges of that period was of no recent institution. Beyond this

conclusion, nothing further can be confidently laid down with regard to the more remote past of the sodality."

Prior to 1300 what is now Great Britain was characterized primarily by architecture of Norman origin. What stone work existed was relatively rough and rounded in wide fashions. As Gothic architecture became more popular and began to predominate, however, more exact skills were required of stonemasons. This later type of construction design called for more exact corners, levels, perpendiculars, centers and squares. Stonemasons and especially master stone masons in this period gained and enjoyed an elevated level of respect in society as expert craftsmen. They were much sought after for their skill. Royalty were common employers in this period as were the churches. Adding to their high esteem was the fact that during this time most construction of any significance was done by stone.

As the skill level required of stonemasons rose, they began by themselves, as tradespeople with pride, to organize according to level of personal ability in order to maintain top quality workmanship. Of all the people who worked with stone at this time only a very few were actually described as "freestone masons". Other groups of stones workers were: cutters, transporters, rough masons, plasterers, etc. The freestone mason, however, was most esteemed and sought after of stone masons. He worked with the greatest skill at cutting, dressing, and laying of stone and, what is more, he worked only with the finest of the day called "freestone." Actually, there were only a very few freestone masons in England at this time and this fact caused them considerable hardship. Because they were so necessary and few Royal Houses imposed a very severe system of impressment on them frequently ordering and forcefully escorting freestone masons

across the country to work sites where they were compelled to both work and supervise less skilled tradespeople involved in the construction. They were clearly very oppressed. This situation, furthermore, led freestone masons to gradually establish a network or fraternity that was to become known as Freemasonry. It looked out not only for the welfare of each other but for their families. In so doing, for example, a fellow freestone mason would help in every way possible the family of a brother who was required to be absent due to impressment.

Compelled to work and travel for low wages and poor benefits probably did more than anything else to draw freestone masons together. In their absence, masons' families were often little better than destitute. In England and Scotland up to the fifteenth century, masons and their families typically had small farms which they tended to supplement income. This system was essential to survival as income was not only meagre but very irregular depending on where work sites were located.

Out of all this oppression freestone masons began to meet in a clandestine manner in the medieval period. These lodge meetings were usually held in rural inns. Their purpose was three-fold. The first was to provide food and refreshment for travelling masons in their geographical area and, secondly, it served as an opportunity for socialization, camaraderie and conviviality. In a significant sense, it was the goal of the lodge to raise each others spirits and hope for the future at a time when there was not much to cheer about. This outcome, furthermore, made matters much more conducive for the masons' third purpose; to assist in every way possible the wives and children of brothers who for whatever reason were left alone and in need.

Now, one might ask, did these men really respond to the plight of wives of brothers when the circumstances were such that the husband was home and behaving in an abusive fashion? I would suggest that they were very influential in minimizing the risk to women of being victimized. Their code of conduct requiring sensitivity, caring, kindness, and modesty as well as their strict enforcement of the expectation of moderate behavior toward alcohol, would have benefitted wives and children greatly.

APPENDIX B

GOALS OF THE GROUP

1. Stop violence or threat of violence.
2. Feel better about self.
3. Feel control over self and actions.
4. Create possibility for better relationships.
5. Express and deal with feelings.
6. Learn to deal with stress effectively.
7. To break down isolation and over dependance on one woman.
8. Get support from others.
9. Understand the use of anger.
10. Begin to understand the broader social nature of male violence against women.

PHYSICAL ABUSE - The open deliberate attempt to inflict physical injury or the actual inflicting of physical injury onto another person.

SEXUAL ABUSE - Examples include forcing a female partner to have sexual intercourse, oral sex or participate in an act of sodomy. It might also include forced sex with animals, forcing a person to have sexual intercourse or sexual activity with another person or (forced sexual activity with objects.)

PSYCHOLOGICAL ABUSE - Might be seen as persistent derogatory name calling. It includes intense continuous mental degradation, threats of violence, controlling someone's actions, behavior, etc. by threatening that person's well-being or psychological manipulation that may be a form of brainwashing.

EMOTIONAL ABUSE - Is a chronic attitude or act on the part of one spouse that is detrimental to a positive self-image. It can involve public humiliation, loss of adult independence, sharing in decision-making, loss of affection, security, sense of belonging and recognition. The victim perceives herself as less intelligent, less desirable and inadequate to meet the demands of a spouse.

APPENDIX CTEN STEP OUTLINE OF GROUP PURPOSE

1. Stop violence or threat of violence.
2. Feel better about self.
3. Feel control over self and actions.
4. Create possibility for better relationships.
5. Express and deal with feelings.
6. Learn to deal with stress effectively.
7. To break down isolation and over dependence on one woman.
8. Get support from others.
9. Understand the use of anger.
10. Begin to understand the broader social nature of male violence against women.

APPENDIX DGROUP RULES AND CAUTIONSRules

1. No alcohol/illicit drugs on day of group.
2. No violence or threat of violence to staff or other group member.
3. No hitting wife/partner while involved in group.
4. Regular attendance - only one missed session allowed.
5. Be on time.
6. Call if unable to attend - 726-6189.
7. Confidentiality.
8. Follow through on assignments.
9. Mutual support and feedback - feedback is encouraged.
10. Quality of work will be as important as your attendance.
11. No smoking - except during break.
12. Refer to your partner by name.

Cautions

1. Share what's happening in group with partner/spouse - what you are learning.
2. Don't expect miracles or magic.
3. Don't feel discouraged if she does not respond.
4. If you have an argument or violent incident, come back and talk about it.
5. Changing your behavior may change your relationship in positive or negative ways.
6. If anyone is viewed as being in danger to themselves or others, the people in danger and/or the police will be alerted.

APPENDIX ECONTRACT FOR NON-VIOLENCE

PHYSICAL:

FANTASY/IMAGES:

EMOTIONAL:

RED FLAG WORDS/SITUATIONS:

PLAN FOR CONTROLLING VIOLENCE:

I agree to use this control plan to be non-violent while participating in counselling at TIME OUT. I understand that the agreement to be non-violent applies to my behavior towards:

1. My wife or partner.
2. Children.
3. Pets.
4. All other people.

Participant's Signature: _____

Counsellor's Signature: _____

Date: _____

APPENDIX F

ANGER AND COPING WITH STRESS

Among the many feelings that people experience, anger is probably the most complex and confusing. In order to control or regulate an emotion like anger, we must first understand it. The more we know about our anger, the easier it is to manage it. This manual will give you some ideas about the nature of anger and how it affects us. It will also introduce you to some methods of regulating anger and dealing with situations that arouse anger.

I. What is Anger?

The arousal of anger is an emotional reaction to certain kinds of stress-producing situations, both external and internal. Anger is a feeling, an emotion. It is different from aggression which is an action that is intended to cause injury or harm. When we become angry, we lose our patience, increase our blood pressure, and act impulsively. But becoming angry also gives us strength, determination, and even satisfaction. Thus, anger has desirable as well as undesirable effects. In learning to regulate anger, our aim is to minimize the negative effects and maximize the positive ones.

II. When Does Anger Become a Problem?

1. When it is too frequent. There are many situations for which becoming angry is justified and proper. For example, if someone were to steal something that you worked hard to get or if someone were to callously abuse a person you cared about. However, we often get angry when it is not necessary or useful. For example, when things don't go exactly as we want them to go, or when we jump to conclusions about what someone else is trying to do.

We must begin to make a distinction between the times when it is all right to be angry and when getting angry isn't such a good idea. That way we won't feel uncomfortable about being angry when anger serves a useful purpose. On the other hand, we can start to cut down the times that we get bent out of shape and it isn't at all necessary or useful.

2. When it is too intense. Anger is something that occurs at different levels of intensity. A small or moderate amount of anger can be used constructively at times. But high degrees of anger seldom produce positive results. When we get really mad or lose our temper, we say and do things that we later regret. High

levels of arousal also prevent us from thinking clearly. We jump to conclusions or act on impulse rather than carefully evaluate alternatives and act in ways that are strategically wise.

High levels of anger are a stress on our body. During anger, our blood pressure increases, the heart beats faster, blood sugar increases, and muscle tension increases. Anger mobilizes our body's resources. But when it occurs frequently and with high intensity, it causes an unnecessary wear and strain on the system. Anger is best kept at moderate levels.

3. When it lasts too long. The duration of anger can present a problem. When our anger is prolonged, we maintain a level of arousal or stress that goes beyond normal limits. We often think of this as "making much of something". When anger does not go away, our body's systems are prevented from returning to normal levels, and it makes us more susceptible to further aggravation and annoyance. That is, it becomes easier to get angry the next time something goes wrong.

One way that anger is prolonged or prevented from going away is when we remind ourselves of past incidents that have upset us. By doing so, we start the anger all over again by our own thoughts. Memories, recollections, and the things we say to ourselves can bring back anger live and in color.

4. When it leads to aggression. As you well know, aggressive acts get you into trouble. When we feel that we have been abused or treated unfairly, we sometimes want to lash out at the person who has just offended us, even though that may be the person we are closest to and not the person we are really angry at. Anger, particularly when it is intense and personal, prepares us for an aggressive response. Our muscles get tense, the volume of our voice gets louder, and we do things like clench our fists and stare sharply. During these moments, there is a greater tendency to act on impulse. That is, we sometimes explode before we think of the consequences to ourselves as well as others.

Anger does not automatically become aggression. Wanting to hit somebody and actually doing it are two different things. But sometimes we attack someone who has offended us because it is the only way we know how to act. Verbal aggression (like calling someone names or being sarcastic or ridiculing) and physical aggression (like punching, smacking, or pushing) are ineffective ways of dealing with conflict. They cause injury to other people and have a way of backfiring on us.

5. When it disturbs work or relationships. This refers to the harmful effect that anger can have. When anger interferes with doing a good job or makes it hard for people to relate to us, then it starts to have a high cost. It can keep us from concentrating on our work and from being satisfied with our job.

Anger often pushes people away and can make it difficult for them to like us.

Anger is often misused as a way to solve conflicts. We seem to think that if we shout loud enough the other person will eventually do what we want. Anger is an easy way to assert ourselves, or to take charge of a situation. But by keeping anger at moderate levels, we can be assertive without being antagonistic.

III. What Causes Anger?

When we get angry, it is due to a combination of several factors. Anger is the result of things that happen, how we experience those things, and how we behave when they happen. Anger is the result of external factors, internal factors, and the interaction between them which is our behavior.

The external factors are the things or events that happen to use and the circumstances under which they occur. The internal factors concern what these events mean to use, how we are prepared to experience them, and how we do experience them. These external and internal factors then interact through our behavior. That is, the way we act in a situation will determine what will happen thereafter and how we will feel about it.

APPENDIX G

THE ROAD TO ANGER
(Descher, 1984, p. 156)

How to Start:	Pain or frustration occurs.
Choice Point 2:	Fear is added to the pain.
Choice Point 3:	Evil intent is assumed.
Choice Point 4:	Judgement is passed.
Choice Point 5:	Retaliation begins.
Arrival at Primitive Rage:	Violence.

The group leader emphasizes that people actually choose at several points to make themselves angry. Participants are encouraged to rehearse self statements to cope with the rise in feelings that could culminate in rage and abuse. Another list of possible self statements is presented:

How to keep from starting: Pain or frustration occurs.

- This too shall pass. It's not a big deal.
- When the going gets tough, the tough get going.
- Take a big breath and relax, I can handle this easily.

Choice Point 2: Fear is not added.

- Calm down, anyone can make a mistake.
- When I understand this problem I will find a solution.
- I don't control what other people do: but I am strong enough to handle it.

Choice Point 3: Evil intent is not assumed.

- Look for reasons; everyone has a reason from their point of view.
- B is probably doing the best he/she can at this time.
- Most problems come from poor communication. Find the communication problem.

Choice Point 4: Judgement is not passed.

- B made some errors and so did I. That's normal.
- Probably B lacks the skills to do any better. I can still like B as a person.
- What is B feeling? Reflecting feelings will help us both calm down.

Choice Point 5: Retaliation never begins.

- Focus on the issues and try to solve them one by one.
- No one is to blame for the misunderstanding. Now, how can we solve it?
- I made it through all right. I'm controlling myself, and that is all that matters.

APPENDIX HEXAMPLES OF SELF-STATEMENTS FOR VARIOUS SITUATIONSPreparing for a stressful situation:

What is it that I have to do?
 I can work out a plan to handle this.
 I can manage this situation. I know how to regulate my anger.
 If I find myself getting upset, I'll know what to do.
 There won't be any need for an argument.
 Time for a few deep breaths of relaxation. Feel comfortable, relaxed and at ease.
 This could be a test situation, but I believe in myself.

Confronting the situation:

Stay calm. Just continue to relax.
 As long as I keep my cool, I'm in control here.
 Don't get all bent out of shape; just think of what to do here.
 You don't need to prove yourself.
 There is no point in getting mad.
 I'm not going to let him get to me.
 Don't assume the worst or jump to conclusions. Look for the positives.
 It's really a shame that this person is acting the way she is.
 For a person to be that irritable, he must be awfully unhappy.
 If I start to get mad, I'll just be banging my head against the wall, so I might as well just relax.
 There's no need to doubt myself. What he says doesn't matter.

Coping with Arousal and Agitation:

My muscles are starting to feel tight. Time to relax and slow things down.
 Getting upset won't help.
 It's just not worth it to get so angry.
 I'll let him make a fool of himself.
 It's reasonable to get annoyed, but let's keep the lid on.
 Time to take a deep breath.
 My anger is a signal of what I need to do. Time to talk to myself.
 I'm not going to get pushed around, but I'm not going haywire either.
 Let's try a cooperative approach. Maybe we are both right.
 He'd probably like me to get really angry. Well, I'm going to disappoint him.
 I can't expect people to act the way I want them to.

Self-Reward:

It worked!

That wasn't as hard as I thought.

I could have gotten more upset than it was worth.

My ego can sure get me in trouble, but when I watch that ego stuff I'm better off.

I'm doing better at this all the time.

I actually got through that without getting angry.

I guess I've been getting upset for too long when it wasn't even necessary.

APPENDIX I

GENERALIZED CONTENTMENT SCALE (GCS)

Today's Date _____

NAME: _____

This questionnaire is designed to measure the degree of contentment that you feel about your life and surroundings. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Some of the time
- 4 Good part of the time
- 5 Most or all of the time

Please begin.

1. I feel powerless to do anything about my life _____
2. I feel blue _____
3. I am restless and can't keep still _____
4. I have crying spells _____
5. It is easy for me to relax _____
6. I have a hard time getting started on things that
I need to do _____
7. I do not sleep well at night _____
8. When things get tough, I feel there is always someone
I can turn to _____
9. I feel that the future looks bright for me _____
10. I feel downhearted _____
11. I feel that I am needed _____
12. I feel that I am appreciated by others _____
13. I enjoy being active and busy _____
14. I feel that others would be better off without me _____
15. I enjoy being with other people _____
16. I feel it is easy for me to make decisions _____
17. I feel downtrodden _____
18. I am irritable _____
19. I get upset easily _____
20. I feel that I don't deserve to have a good time _____
21. I have a full life _____
22. I feel that people really care about me _____
23. I have a great deal of fun _____
24. I feel great in the morning _____
25. I feel that my situation is hopeless _____

APPENDIX J

INDEX OF SELF ESTEEM (ISE)

Today's Date _____

NAME: _____

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Some of the time
- 4 A good part of the time
- 5 Most or all of the time

Please begin.

1. I feel that people would not like me if they really knew me well _____
2. I feel that others get along much better than I do _____
3. I feel that I am a beautiful person _____
4. When I am with other people I feel they are glad I am with them _____
5. I feel that people really like to talk with me _____
6. I feel that I am a very competent person _____
7. I think I make a good impression on others _____
8. I feel that I need more self-confidence _____
9. When I am with strangers I am very nervous _____
10. I think that I am a dull person _____
11. I feel ugly _____
12. I feel that others have more fun than I do _____
13. I feel that I bore people _____
14. I think my friends find me interesting _____
15. I think I have a good sense of humor _____
16. I feel very self-conscious when I am with strangers _____
17. I feel that if I could be more like other people I would have it made _____
18. I feel that people have a good time when they are with me _____
19. I feel like a wallflower when I go out _____
20. I feel I get pushed around more than others _____
21. I think I am a rather nice person _____
22. I feel that people really like me very much _____
23. I feel that I am a likeable person _____
24. I am afraid I will appear foolish to others _____
25. My friends think very highly of me _____

APPENDIX K

INDEX OF PEER RELATIONS (IPR)

Today's Date _____

NAME: _____

This questionnaire is designed to measure the way you feel about the people you work, play, or associate with most of the time, your peer group. It is not a test so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Some of the time
- 4 A good part of the time
- 5 Most or all of the time

Please begin.

1. I get along very well with my peers _____
2. My peers act like they don't care about me _____
3. My peers treat me badly _____
4. My peers really seem to respect me _____
5. I don't feel like I am "part of the group" _____
6. My peers are a bunch of snobs _____
7. My peers really understand me _____
8. My peers seem to like me very much _____
9. I really feel "left out" of my peer group _____
10. I hate my present peer group _____
11. My peers seem to like having me around _____
12. I really like my present peer group _____
13. I really feel like I am disliked by my peers _____
14. I wish I had a different peer group _____
15. My peers are very nice to me _____
16. My peers seem to look up to me _____
17. My peers think I am important to them? _____
18. My peers are a real source of pleasure to me _____
19. My peers don't seem to even notice me _____
20. I wish I were not part of this peer group _____
21. My peers regard my ideas and opinions very highly _____
22. I feel like I am an important member of my peer group _____
23. I can't stand to be around my peer group _____
24. My peers seem to look down on me _____
25. My peers really do not interest me _____

APPENDIX L
SCORING THE TESTS

All three of these scales are scored the same way and, therefore, contribute to simplicity for the evaluator. Every positively worded item is reverse scored. Scores of all negatively worded items are left unchanged. Scores are added and the total is then subtracted from twenty-five. Lower scores are to be viewed as indicating an absence of or minimal problems. A high score indicates the presence of problems.

For those who do not respond to one or more of the items in a particular measure the authors provide a different scoring procedure:

1. Reverse score the appropriate items.
2. Add up all the items you reverse scored.
3. Add up all the items you did not reverse score.
4. Add these two sums together.
5. Subtract from that figure the number of items that were completed.
6. Multiply this figure by 100.
7. Divide the results by the number of items completed times four (if 22 items were completed, this would be 22×4 or 88).
8. The resulting figure is the score which also has a possible range of 1 to 100.

If a client completes less than twenty items the authors suggest the measure not be used at all because its validity might be affected. They also suggest, however, that if the evaluator is thorough in checking back with the client this should not be an obstacle. Perhaps the client did not

understand the items or perhaps the client finds certain items pertaining to particularly difficult personal issues which, if specifically addressed, can be overcome.

On all of these scales the higher the score the greater the problem in the individual. Those who score over 30 are considered as having a problem in the area being measured. However, the authors note that this is meant to be a rough guideline. A score of 29, therefore, should not be considered as evidence for the idea that the participant is experiencing no problem at all in the area being measured.

An ideal aspiration would be to have every group participant score lower than 30 on all of the scales by the end of the intervention.

These scales are not free of the possibility of measurement error. Changes in one's score of 5 points or less over time may be the result of measurement error. Only changes of more than 5 points over time and in either direction should be considered real change.