Couple Counselling in Spousal Abuse: Using a Systems Framework for Intervention

A Practicum Report

by

Louise Zachidniak

Submitted to the Faculty of Graduate Studies

in Partial Fulfillment of the Requirements

for the Degree of

Master of Social Work

Faculty of Social Work

University of Manitoba

Winnipeg, Manitoba

August, 1993

ISBN 0-315-85977-6

Name _____

Dissertation Abstracts International is arranged by broad, general subject categories. Please select the one subject which most nearly describes the content of your dissertation. Enter the corresponding four-digit code in the spaces provided.

Social Work
SUBJECT TERM

0452
SUBJECT CODE

U·M·I

Subject Categories

THE HUMANITIES AND SOCIAL SCIENCES

COMMUNICATIONS AND THE ARTS
Architecture 0729
Art History 0377
Cinema 0900
Dance 0378
Fine Arts 0357
Information Science 0723
Journalism 0391
Library Science 0399
Mass Communications 0708
Music 0413
Speech Communication 0459
Theater 0465

EDUCATION
General 0515
Administration 0514
Adult and Continuing 0516
Agricultural 0517
Art 0273
Bilingual and Multicultural 0282
Business 0688
Community College 0275
Curriculum and Instruction 0727
Early Childhood 0518
Elementary 0524
Finance 0277
Guidance and Counseling 0519
Health 0680
Higher 0745
History of 0520
Home Economics 0278
Industrial 0521
Language and Literature 0279
Mathematics 0280
Music 0522
Philosophy of 0998
Physical 0523
Psychology 0525
Reading 0535
Religious 0527
Sciences 0714
Secondary 0533
Social Sciences 0534
Sociology of 0340
Special 0529
Teacher Training 0530
Technology 0710
Tests and Measurements 0288
Vocational 0747

LANGUAGE, LITERATURE AND LINGUISTICS
Language
- General 0679
- Ancient 0289
- Linguistics 0290
- Modern 0291

Literature
- General 0401
- Classical 0294
- Comparative 0295
- Medieval 0297
- Modern 0298
- African 0316
- American 0591
- Asian 0305
- Canadian (English) 0352
- Canadian (French) 0355
- English 0593
- Germanic 0311
- Latin American 0312
- Middle Eastern 0315
- Romance 0313
- Slavic and East European 0314

PHILOSOPHY, RELIGION AND THEOLOGY
Philosophy 0422
Religion
- General 0318
- Biblical Studies 0321
- Clergy 0319
- History of 0320
- Philosophy of 0322

Theology 0469

SOCIAL SCIENCES
American Studies 0323
Anthropology
- Archaeology 0324
- Cultural 0326
- Physical 0327

Business Administration
- General 0310
- Accounting 0272
- Banking 0770
- Management 0454
- Marketing 0338

Canadian Studies 0385
Economics
- General 0501
- Agricultural 0503
- Commerce-Business 0505
- Finance 0508
- History 0509
- Labor 0510
- Theory 0511

Folklore 0358
Geography 0366
Gerontology 0351
History
- General 0578
- Ancient 0579
- Medieval 0581
- Modern 0582
- Black 0328
- African 0331
- Asia, Australia and Oceania 0332
- Canadian 0334
- European 0335
- Latin American 0336
- Middle Eastern 0333
- United States 0337

History of Science 0585
Law 0398
Political Science
- General 0615
- International Law and Relations 0616
- Public Administration 0617

Recreation 0814
Social Work 0452
Sociology
- General 0626
- Criminology and Penology 0627
- Demography 0938
- Ethnic and Racial Studies 0631
- Individual and Family Studies 0628
- Industrial and Labor Relations 0629
- Public and Social Welfare 0630
- Social Structure and Development 0700
- Theory and Methods 0344

Transportation 0709
Urban and Regional Planning 0999
Women's Studies 0453

THE SCIENCES AND ENGINEERING

BIOLOGICAL SCIENCES
Agriculture
- General 0473
- Agronomy 0285
- Animal Culture and Nutrition 0475
- Animal Pathology 0476
- Food Science and Technology 0359
- Forestry and Wildlife 0478
- Plant Culture 0479
- Plant Pathology 0480
- Plant Physiology 0817
- Range Management 0777
- Wood Technology 0746

Biology
- General 0306
- Anatomy 0287
- Biostatistics 0308
- Botany 0309
- Cell 0379
- Ecology 0329
- Entomology 0353
- Genetics 0369
- Limnology 0793
- Microbiology 0410
- Molecular 0307
- Neuroscience 0317
- Oceanography 0416
- Physiology 0433
- Radiation 0821
- Veterinary Science 0778
- Zoology 0472

Biophysics
- General 0786
- Medical 0760

EARTH SCIENCES
Biogeochemistry 0425
Geochemistry 0996
Geodesy 0370
Geology 0372
Geophysics 0373
Hydrology 0388
Mineralogy 0411
Paleobotany 0345
Paleoecology 0426
Paleontology 0418
Paleozoology 0985
Palynology 0427
Physical Geography 0368
Physical Oceanography 0415

HEALTH AND ENVIRONMENTAL SCIENCES
Environmental Sciences 0768
Health Sciences
- General 0566
- Audiology 0300
- Chemotherapy 0992
- Dentistry 0567
- Education 0350
- Hospital Management 0769
- Human Development 0758
- Immunology 0982
- Medicine and Surgery 0564
- Mental Health 0347
- Nursing 0569
- Nutrition 0570
- Obstetrics and Gynecology 0380
- Occupational Health and Therapy 0354
- Ophthalmology 0381
- Pathology 0571
- Pharmacology 0419
- Pharmacy 0572
- Physical Therapy 0382
- Public Health 0573
- Radiology 0574
- Recreation 0575
- Speech Pathology 0460
- Toxicology 0383

Home Economics 0386

PHYSICAL SCIENCES
Pure Sciences
Chemistry
- General 0485
- Agricultural 0749
- Analytical 0486
- Biochemistry 0487
- Inorganic 0488
- Nuclear 0738
- Organic 0490
- Pharmaceutical 0491
- Physical 0494
- Polymer 0495
- Radiation 0754

Mathematics 0405
Physics
- General 0605
- Acoustics 0986
- Astronomy and Astrophysics 0606
- Atmospheric Science 0608
- Atomic 0748
- Electronics and Electricity 0607
- Elementary Particles and High Energy 0798
- Fluid and Plasma 0759
- Molecular 0609
- Nuclear 0610
- Optics 0752
- Radiation 0756
- Solid State 0611

Statistics 0463

Applied Sciences
Applied Mechanics 0346
Computer Science 0984
Engineering
- General 0537
- Aerospace 0538
- Agricultural 0539
- Automotive 0540
- Biomedical 0541
- Chemical 0542
- Civil 0543
- Electronics and Electrical 0544
- Heat and Thermodynamics 0348
- Hydraulic 0545
- Industrial 0546
- Marine 0547
- Materials Science 0794
- Mechanical 0548
- Metallurgy 0743
- Mining 0551
- Nuclear 0552
- Packaging 0549
- Petroleum 0765
- Sanitary and Municipal 0554
- System Science 0790

Geotechnology 0428
Operations Research 0796
Plastics Technology 0795
Textile Technology 0994

PSYCHOLOGY
General 0621
Behavioral 0384
Clinical 0622
Developmental 0620
Experimental 0623
Industrial 0624
Personality 0625
Physiological 0989
Psychobiology 0349
Psychometrics 0632
Social 0451

COUPLE COUNSELLING IN SPOUSAL-ABUSE:

USING A SYSTEMS FRAMEWORK FOR INTERVENTION

BY

LOUISE ZACHIDNIAK

A practicum submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of

MASTER OF SOCIAL WORK

TABLE OF CONTENTS

FIGURES

ABSTRACT

I completed the clinical requirements of my M.S.W. program in the area of couple counselling in spousal abuse using a systemic framework for therapy. The couples that I engaged with clinically had to meet two program prerequisites:

1. they had to have addressed the issues of denial/minimization by having previously attended either individual or group counselling; and
2. they had to also demonstrate a commitment to wanting to remain in their relationship and be able to focus on changing and improving the relationship.

Systemic interventions that were utilized included approaches based on structural, strategic and family of origin exploration. These interventions were used to assist the couples to assess, evaluate and change the numerous problematic issues in their relationship resulting from their abuse patterns. It was my objective to address the enmeshment and disengagement issues and to provide the couples with direction in moving towards a level of differentiation both individually and within their couple system. This would allow for more effective normative, independent functioning thereby reducing the risk of further spousal abuse.

In order to measure my effectiveness with these couples I utilized two systemic scales and took both pre- and post-measures. The results of these measures indicate successful interventions with the couples that I clinically engaged with, however, relationship issues will continue to require ongoing effort on the part of the couples.

ACKNOWLEDGEMENTS

I am deeply grateful to a number of people who contributed significantly to this particular learning experience.

The members of my committee: Dr. Barry Trute (my adviser), Dr. Harvy Frankel (my committee member), and Dale MacKenzie (my out of faculty committee member), for challenging me on my journey of growth both professionally and personally. Their support, direction and encouragement expanded my skill level in a very profound manner.

I am also extremely indebted to my friends and colleagues that I have encountered throughout my professional career as their knowledge, support, wisdom and encouragement contributed significantly to the success of this endeavour.

I would like to express appreciation to my family for their patience, tolerance, praise, support, encouragement and understanding throughout this experience. My husband, Len's, unconditional support in filling in the gaps and providing encouragement made this experience a reality. My children, Jason and Shanon, demonstrated support and encouragement in ways which they were not even aware. Their understanding of my unavailability and tolerance of this was deeply appreciated. This practicum is dedicated to my family.

Finally, I would also like to express profound gratitude to the couples that I engaged with clinically. Had they not been willing to risk sharing their personal issues with me, this journey would not have been possible.

CHAPTER I

INTRODUCTION

Although spousal abuse has been highly prevalent for centuries, it was not until the 1960's that it became a focused area of social concern. This concern was largely influenced by the women's movement. Prior to the 1960's, what happened in the context of the family and home was considered a personal and private matter. Traditionally, the family has been viewed as a haven from the chaos of everyday stress, an "oasis of calm in an otherwise violent world" (Walker, 1979, p. 42). Violence in the home contradicts both common societal views and stereotypes of family life: "the home as a place of safety and the family as a focus of warm emotions, of love and affection, the family as a unit with common interests" (Pascall, 1986, p. 51). Spousal abuse has been known to result in death and this problem appears to have increased in frequency. According to Bergman (1991, p. 26), "Feminists charge and statisticians acknowledge - that men have always abused women. The number of women being killed - 234 in Canada in 1990 - has grown in recent decades roughly in line with the population increases."

In Manitoba, the picture was equally grim according to The Winnipeg Free Press (Teichroeb, 1991). The following provincial statistics were noted by this reporter:

- 1 in 6 Manitoba women have been physically abused;
- 2,415 women and 3,502 children fled to Manitoba shelters in 1990;
- 13 Manitoba women died due to male partner violence in 1990;

- 12 Manitoba women died due to male partner violence in 1991; and
- Winnipeg police reported 800 domestic assaults and 759 sexual assaults in 1990.

Spousal abuse is a crime sometimes referred to as "the hidden crime" (Sinclair, 1985). Many actual incidents of assault between spouses go unreported. It is difficult to get accurate statistics on the true extent of this problem. This is affected by the fact that spousal abuse occurs within the privacy of the home and it is often not witnessed by outsiders. Many women that are assaulted by their partners are ashamed to admit this to outsiders or to seek assistance.

Another factor influencing the hidden nature of spousal abuse is that violence and abuse are not seen or recognized as conceptually equivalent. Abuse is seen as a subset of violent behaviours resulting in either probable or real injury. Abuse includes a wide spectrum of behaviours from maltreatment to acts of physical aggression. Violence is a difficult term to define although attempts have been made to distinguish between legitimate acts of force and illegitimate acts of violence. The "cultural normative view" supports that what happens in families is personal, private and acceptable. Stark and McEvoy (1970) report that one in four men and one in six women feel that they think it is acceptable for a man to hit his wife under certain circumstances. Thus, demonstrating how society condones violence in the family, minimizing and legitimizing violence within this context by categorizing it into acts that are socially defined as acceptable.

Spousal abuse occurs within the context of intimate family relations. All family members are affected by the impact of violence in the home. When violence is present in the family, one would be hard pressed to imagine that any of the individuals involved are content. Women in these situations often have no sense of safety and their everyday life can be a struggle for survival. Men that batter are also often troubled. It is hard to imagine that a man who uses violence to dominate a spouse is either emotionally or mentally healthy. Children that witness violence between their parents have been noted to display a number of adjustment problems in many areas of their lives including health, socio-emotional development, overall school performance and in their interaction with peers (Hilberman & Munson, 1978; Levine, 1975; Prescott & Letko, 1977; Roy, 1977; Walker, 1979). The lives of all the people involved in an abusive family situation are an emotional roller coaster beyond their conscious control and their family relationships are often plagued with problems related to enmeshment, symbiosis and an inability to differentiate individually and as a collective unit (Elbow, 1982; Lipchik, 1991).

A systemic, "contextual resource oriented approach" to abuse was developed by Ivan Boszormenyi-Nagy and Spark (1973) providing both a theoretical framework and a treatment strategy when assessing and intervening in spousal abuse.

According to Cotroneo:

> "... it considers the individual and systemic dimensions of human relationships to be dialectically related within a given relational context. The goal of contextual work is to help family members find a balance of giving and receiving that leaves no family member in a condition of permanent benefit or burden. This balance enables family members both to live as separate persons and to remain

> available to each other as resources . . . . A contextual approach to intra-familial abuse means acknowledging and working to re-balance a situation of injury and injustice while simultaneously attempting to move each family member toward a more trustworthy position" (1986, p. 413).

For the purpose of this practicum report, I built upon Ganley's (1981) work and defined spousal abuse as assaultive acts between two individuals involved in an intimate, sexual and usually cohabitating relationship. Thus, "assaultive acts" includes violence of a physical or sexual nature and recognizes the resulting emotional/psychological strain experienced within these intimate relationships. This definition considers the behaviourial and psychological aspects, and acknowledges the context of the couple's relationship, associated with spousal abuse.

Learning Objectives

The main learning objective of this practicum was to utilize a systemic approach to assist couples who had been engaged in spousal abuse to assess, evaluate and change the numerous problematic issues in their relationship. A further goal was to address enmeshment and disengagement issues so as to provide the couple with direction in learning to differentiate individually and as a couple. I believed that this would allow for more effective normative, independent functioning and therefore reduce the risk of further spousal abuse. A third and final goal was to demonstrate the effectiveness of the use of the selected family assessment research tools utilizing a systemic intervention framework in the treatment of abusive couples.

Outline of the Remainder of the Practicum Report

Chapter II, Review of the Literature on Spousal Abuse examines the areas of research and the various factors commonly associated with the etiology of spousal abuse.

Chapter III, Systems Theory and Spousal Abuse explores the relationship between systems theory and spousal abuse. Specific areas of focus include the theoretical underpinnings and assumptions of systems theory and a synopsis of issues pertaining to assessment and interventions when using a system framework. Chapter III concludes with brief comments related to a feminist critique of the application of systems theory to spousal abuse.

Chapter IV, The Practicum Experience describes in detail the physical features associated with this practicum experience. It examines the setting, client system, client suitability, supervision and the evaluation processes implemented during this practicum.

Chapter V, Case Reviews examines in detail my work with three couples and the learning that occurred in this process. The format followed in describing these cases is: source and reason for referral, background information and etiology, assessment of system dysfunction, treatment goals, interventions, and evaluative case conclusions.

Chapter VI, Discussion on the Practicum Experience reflects on concluding comments that I believe are important and which relate to clinical and theoretical issues in the study area of spousal abuse. As well, a brief evaluative statement related to my learning objectives is made.

CHAPTER II

REVIEW OF THE LITERATURE ON SPOUSAL ABUSE

Summary of Research

Prior to the sixties there was little focus on wife abuse as a social issue. Gelles (1980), in reviewing the early literature on spousal abuse, noted that scholarly and popular literature was virtually non-existent in the sixties. The research that was in existence focused on psychopathological models to explain this problem area (Gelles, 1973; Spinetta & Rigler, 1972). Partners engaged in spousal abuse were seen as suffering from personality disorders, mental illness, or psychological disorders (Schultz, 1960; Snell, Rosenwald, & Robey, 1964). Early research tended to focus on identified clinical cases and, as a result, studies failed to employ control or comparison groups. Samples studied were small and non-representative of the general public. In summarizing this early research, Gelles (1980) pointed out that research on family violence, other than in the area of child abuse, suffered from "selective attention." It was in the seventies, that spousal abuse really came under public scrutiny. This shift in attention, to spousal abuse being recognized as a high priority area, was, according to Straus (1974), a result of three cultural and social forces. First, the public and social scientists became more sensitized to issues of violence. Second, the Women's Movement influenced the recognition of violence against women as an area of vital social concern and third, there was more widespread recognition of the need for taking a "social action" model in attempting to take steps to address problems related to spousal abuse. Gelles (1980)

added a fourth factor: the ability of social scientists to demonstrate that research in domestic violence could also be performed with non-clinical samples.

In summary, researchers on family violence in the 1970's struggled with a number of issues: establishing reliable estimates of the incidence of spousal abuse, identifying factors associated with the various types of violence; creating operational definitions; and developing theoretical models relating to causality. The extent of our understanding of the area of spousal abuse was still in its infancy. A benefit of the research in the seventies was the recognition that spousal abuse was acknowledged as being more problematic than it had been considered previously. Spousal abuse was no longer considered a "private home matter," it became recognized as a social issue requiring attention. In summarizing and reviewing the research on issues of family violence, Gelles and Maynard (1987) concluded that: "Twenty years of research and theory construction have moved thinking about the nature and causes of family violence from an individual/psychopathological model to a multi-dimensional model which examines the individual, the family system and the society ..." (p. 271).

Etiology of Spousal Abuse

The etiology of spousal abuse remains a contentious area. Researchers have commonly found several factors associated with spousal abuse, but the empirical research supporting the association of these various factors is not definitive or conclusive and is sometimes marked with methodological flaws (Gelles, 1980; Gelles & Maynard, 1987; Margolin, Sibner, & Gleberman, 1988). Contrary to a number of popular myths,

battering occurs across a wide spectrum of social categories. It occurs within all cultural and religious groups and across all socio-economic and educational levels (Gil, 1971; Gelles & Maynard, 1987; Straus, Gelles, & Steinmetz, 1980). As noted, there are several factors commonly associated with the etiology of spousal abuse.

Societal Factors

It is important to explore the structure of our societal institutions of marriage and family to appreciate the complexity of spousal abuse. Dobash and Dobash (1979) claim that in order to understand wife beating in contemporary society, it is important to understand and recognize the legacy of women as victims of a patriarchal society. Historically, within the realm of marriage it is well documented that women were seen as an extension of a man's property: it was within his legal rights to take corrective steps to correct her transgressions. Thus, the "marriage license as a hitting license" (Straus, Gelles, & Steinmetz, 1980).

Numerous studies and surveys report that many people believe and support male supremacy in marriage. Stark and McEvoy (1970) conducted one such study and found that one in four men and one in six women stated that they think it is acceptable for a man to hit his wife under certain circumstances. Other researchers have substantiated this and found that people from all walks of life will accept and tolerate acts of violence between family members that would be seen as acts of illegitimate violence if they occurred between strangers (Gelles, 1974; Steinmetz, 1977; Straus et al., 1980).

Violence within the home, although prevalent for centuries, has only recently become a focus of attention. This, in essence, was because society considered that home and family matters were private domains. Klingbeil and Boyd pointed out that: "while it has always been suspected that marital violence occurs frequently, its actual prevalence has been hidden beneath powerful and pervasive myths . . . and it has been shielded by society's reluctance to invade the sanctity of the home and the husband-wife relationships" (1984, p. 7). Straus, Gelles, and Steinmetz (1976) reported that physical violence occurs between family members more frequently than between any other individuals, and in the home more than in any other setting, except for wars and riots.

Individual Factors

Investigations of individual factors associated with spousal abuse were often based on a psychiatric framework. Both the victim and offender were portrayed as suffering from personality disorders (Schultz, 1960; Snell et al., 1964). Gelles and Cornell (1990) cautioned against wholehearted acceptance of individual factors as being the sole cause of spousal abuse. They stated that although they are relevant, many of the studies associated with exploring these factors typically failed to employ control or comparison groups. Samples were often based on small, non-representative populations and thus findings could not be generalized.

Men who assault their wives have been described as experiencing feelings of helplessness, powerlessness and inadequacy (Ball, 1977; Gelles & Cornell, 1990; Weitzman & Dreen, 1982). They have also been described

as "sadistic, passive-aggressive, addiction prone, pathologically jealous, pathologically passive, and dependent" (Margolin et al., 1988, p. 73).

Descriptions of battered women list many of the same characteristics as those detected in the men that batter them. Gelles and Cornell (1990) described abusive women as,

> "dependent, having low esteem, and feeling inadequate and helpless (Ball, 1977; Hilberman & Munson, 1978; Shainess, 1977; Walker, 1979). Descriptive and clinical accounts consistently report a high incidence of depression and anxiety among samples of battered women (Hilberman, 1980). Barbara Star and her colleagues' (1979) review of the battered wife literature concluded that the literature was replete with reports of low self-esteem, depressive illnesses, suicide attempts, and characterological disorders among samples of battered women" (p. 73).

Ganley (1981) views spousal abuse as learned behaviour. She notes that batterers have control over their behaviour in contexts other than their homes. They are able to discriminate "at what time, in what place, under which circumstances, at whom and in what way to act violently" (p. 21). Walker (1979) proposed a "learned helplessness" theory in explaining why women endure in abusive relationships, submitting that the repeated assaults and resulting lowered self-esteem leave women feeling that they lack control and are unable to protect themselves or alter their lives.

Studies of spousal abuse have also found a high correlation between alcohol or drug use and domestic violence. Brekke and Saunders (1982) noted that various studies found that between 36% and 52% of wife batterers also abused alcohol. Leonard and Jacob (1988) also noted the high prevalence of alcohol abuse in cases of domestic violence. They suggested that this does not imply that alcohol causes the violence. At best they felt, that alcohol may act as a disinhibitor and that batterers

frequently used alcohol as a socially acceptable excuse for their behaviour.

Cycle of Violence Factors

Another important factor in spousal abuse is the intergenerational transmission of violence. Males who were victims of abuse when they were children have commonly been noted to grow up to repeat the patterns with their own children and spouses (Byrd, 1979; Flynn, 1975; Gayford, 1975; Gelles, 1974; Kempe, Silverman, Steele, Droegemeuller, & Silver, 1962; Owens & Straus, 1975; Parke & Collmer, 1975; Spinetta & Rigler, 1972; Steinmetz, 1977; Straus, 1979). In other words, "violence begets violence" (Straus et al., 1980). Thus, the importance of exploring family of origin issues in regard to past abuse history in order to determine how "normalized" violence has become as a way of dealing with conflict. As well, the specific interactional pattern developed by the couple should be explored.

Walker (1979) proposed a cycle of violence theory in exploring the battering patterns between a couple. She proposed that, "this cycle also helps explain how battered women become victimized, how they fall into learned helplessness behaviour, and why they do not attempt to escape. The battering cycle appears to have three distinct phases which vary in both time and intensity for the same couple and between different couples. These are the tension building phase; the explosion or acute battering incident; and the calm, loving respite" (p. 55). An awareness of both cycle of violence factors and family of origin histories are important to

distinguish between learnt behavioral patterns and those that are unique to a specific relationship.

Socio-Economic Factors

Spousal abuse has been found to be more prevalent among those of lower socio-economic status (Gelles, 1973). However, it is not isolated to this particular group. It has been found in families across a wide spectrum of socio-economic status, from the very rich to the very poor. There are a number of stressors associated with poverty, however, as MacKenzie (1986) noted, attributing spousal abuse to poverty only would not account for the historical and cross-cultural accounts of battering within intimate relationships. Abuse may be more visible in this particular group as a result of the lack of resources available to them and the fact that the "system" is more often involved in some capacity in their lives. Couples that are better off financially are more apt to hide the abuse or use alternate means to deal with the situation.

It is also important to consider how financial status interacts with a woman's decision to remain in an often intolerable situation. MacKenzie (1986) noted that, "if a woman does decide to leave the battering situation, the alternative is poverty in many cases. This is a difficult choice for those women dependent on a husband's income who now not only alter their own financial situation drastically but also make a decision which strongly affects the lives of their children" (p. 69). Gelles (1976) noted that women's suffering at the hands of their spouses increased as their financial resources and personal power decreased, and that the result was an overall increase in being entrapped in the marriage.

Stress-Related Factors

Stress within the family structure has been a fifth consistent finding in domestic violence research (Gil, 1970; Maden & Wrench, 1977; Parke & Collmer, 1975; Straus et al., 1980). Some of the specific significant stressful events are unemployment or part-time employment, financial problems, and pregnancy. Other important relevant factors are rigid traditional sex roles and family structure, poor communication patterns, the absence of religious affiliation, and socio-cultural norms that sanction the abuse.

Social Isolation Factors

A final factor associated with this problem area is social isolation. It has been found to raise the risk of severe violence (Ball, 1977; Borland, 1976; Gelles, 1974; Gil, 1970; Maden & Wrench, 1977; Parke & Collmer, 1975). Social isolation includes the isolation experienced by each individual within the family from other family members whereby family members tend to function independently of each other rather than interdependently. The family also appears to operate almost as if in a vacuum, detached from such external support systems as extended family and community networks.

As a family becomes more isolated from the world around them and more dependent on their home environment for meeting their needs, the relationships between individual family members intensify. The increased dependency can elevate the tension, re-starting the cycle or accelerating the violence. Isolation from external support systems tends to keep the

violence a secret, preventing family members from reaching out for assistance to learn new interactional patterns so as to end the violence.

Summation

In summary, when considering these various factors, it would be safe to conclude that the causes are multi-dimensional and that there is not one specific cause, but a number of factors that interact resulting in the problem. Current theoretical approaches to family violence recognize the multi-dimensional factors and locate the roots of family violence as attributed to the individuals, their family structure, and our society. The result is a shift in the focus from spousal abuse being a private family matter, to an issue of individual psychopathology, and finally to the recognition that spousal abuse is a societal problem occurring in the context of intimate relationships and family. The shift in focus has permitted us to examine the interactional process between family members and between the family unit and their community.

CHAPTER III

SYSTEMS THEORY AND SPOUSAL ABUSE

Systems Theory: A Conceptual Framework

According to Peggy Papp (1983), the key concepts of systems theory have to do with wholeness, organization and patterning. Events are studied within the context in which they occur and attention is focused on examining the connections in relationships. Wholeness of a system is considered greater than the sum of its parts. Each part can only be understood within the context of the whole. The system is seen as regulating itself through a series of feedback loops. This provides information back and forth through the various components of the system in order to provide stability or homeostasis within the system. Behaviour is seen as linked and connected in a circular manner. Change in one part of the system affects every other part. General systems theory influenced family therapy by providing a conceptual framework for describing and explaining family phenomena. The word "systems" became synonymous with family therapy.

Assumptions of a Systems Approach to Spousal Abuse

Systems theorists believe that unilateral approaches to treating spousal abuse primarily focus on identifying the female as the victim in need of protection and the male as the perpetrator requiring control. In this view, the male is held fully accountable and responsible for the abuse. Accordingly, individual psychopathology becomes a key factor. Neidig, Friedman and Collins (1985) believe that treatment programs

designed on unilateral approaches are counterproductive because of this focus.

Bagarozzi and Giddings (1983) pointed out that it is important to recognize that violence is not just an outcome, but part of an ongoing process of family relations. According to systems theory, violence occurs when couples become locked into a recurrent cycle where each person plays a part in the cycle's maintenance (Cook & Franz-Cook, 1984). Violence is thus a by-product of interactional patterns rather than a result of individual psychopathology. The interactional patterns learned in violent families are dysfunctional and need to be addressed within a "family context" if the individuals involved are to learn healthier patterns of operating as a family unit, either within this or another family unit.

In terms of systemic assumptions, when considering a systems approach to family violence, most systems therapists are in agreement that this approach is only applicable in cases of mild to moderate violence (Bagarozzi & Giddings, 1983; Gelles & Maynard, 1987; Taylor, 1984). Straus and Gelles (1986) found that the less severe forms of spousal abuse are by far the most common.

Systems therapists also acknowledge that prior to intervening systemically in a family context, it is crucial that all family members be safe from any further violence. Often, this is accomplished through a "no violence" contract and by having family members attend separate groups designed for men, women and children prior to addressing issues within a family context. The goal in the men's group is to address issues of denial and minimization. The basic goal in both the women's and children's groups is to establish a safe setting for sharing concerns,

thereby reducing the sense of isolation. This potentially establishes a level of safety and trust in order that the parties can be free of fear when addressing relationship issues.

Systems therapists also believe that it is important to bear in mind that spousal abuse occurs within the context of intimate family relations. All family members are affected by the violence in the home. Elbow (1982) characterized violent homes as being plagued by, "having rigid sex role expectations, the use of violence to control, poor communication patterns, isolation and an inability to accept responsibility for one's own thoughts, feelings and actions" (p. 466). She stated that the quality of family life for all members suffers due to distorted and conflictual messages. Love is equated with possessiveness, control and domination. Disagreements are associated with hostility, disrespect, and a loss of self-control. Within this structure needs and wants tend to be viewed as "unwarranted demands," and thus family members tend to withhold expressing needs and feelings for fear of upsetting the delicate balance in the family.

Systemic therapists also differentiate between their personal goals and values and those of the couple. Many partners involved in spousal abuse do not want to end the relationship, they simply want the violence to cease so they do not have to live in fear. If this is the agenda of the couple, then it is important that the therapist respect their goals.

A further systemic assumption is that it is possible to break old habits and learn new patterns of interacting. It is well known that many women, after leaving the abusive relationship, return to their partner for various reasons or become involved in an equally abusive relationship.

Thus, the importance of addressing dysfunctional interactional patterns within a given relationship so as to learn new ways of interacting which will permit more positive functioning.

Systemic assumptions highlight the interactional nature of violence noting that violence in the home often leads to mutual acts of violence with the individuals having different reasons for the violence. Regardless of the reasons, violence is not a healthy means of resolving interpersonal conflict. Straus et al. (1980) noted that mutual violence occurs in many violent homes. Gelles (1979) noted that when violence is mutual, women frequently use violence toward their husbands in self-defence while men tend to resort to violence as a means of implementing control and power. Men also inflict the greatest harm. It would be fair to conclude that violence as a means of conflict resolution is a part of the dynamics between the partners and an important issue to address with both partners.

Systemic Assessment Issues in Spousal Abuse

In a systemic assessment emphasis is placed on viewing the family as an active, organized whole unit. Systemic analysis considers the rigid, repetitive sequences and habits by which families organize themselves within their various subsystems (Gelles & Maynard, 1987). It looks at family transactional patterns and both the overt and covert rules that are operating within the subsystems in such areas as communication, power-related issues, and family boundaries, hierarchies and alignments (Papp, 1983; Piercy & Sprenkle, 1986; Okun & Rappaport, 1980; Satir, 1967).

Spousal Subsystem Issues

Abusive couples are frequently found to be enmeshed in their relationship. Generally, couples present as extremely dependent on each other and with an inability to differentiate physically, psychologically or emotionally (Elbow, 1982). Primary components of complementarity and accommodation, found in successful spousal subsystems, are often non-existent due to the power and control of one person. Boundaries between the couple are blurred and diffused so that there is no process of individuation. The relationship, due to the power imbalance, is more often like that of a parent/child as opposed to that of peers. There is often no equality in the "system" (Minuchin, 1974; Walker, 1979).

Massey supports the notion of learning in family systems and noted that,

> "Peggy Papp (1982b) has depicted a family system as a 'prism.' Persons who form a system as a couple do not emerge as partners out of a vacuum. Each partner brings his or her own assumptions, beliefs, and expectations learned in previous systems (to which they remain joined to some degree). The partners have incorporated social programming from their family-of-origin systems, and they construct a social program in the present system . . . . Thus, a family system is not a uniform glob (or ego-mass) but a prism that reflects the joined-together perspectives and dynamics of the members . . . . Issues that become problems in families are based on the assumptions, beliefs, and expectations or world views of the members. Dilemmas arise when the issues that family members bring to or develop within a system are not being resolved because of systemic conflicts. A social program perpetuates dilemmas in the lives of related individuals who also possess their own world views. World views make possible complementary or incongruent perspectives that lead to harmony or dilemmas" (1986, p. 34).

Elbow (1982) noted that there are three paradoxical strategies which couples in abusive relationships use that perpetuate failure within their marital system. The first is the externalization-internalization of the blame pattern in which the abuser blames the victim, and the victim

accepts the blame. This process locks them into a very rigid pattern of interacting seen in their specific cycle of violence. Once locked into this process, both parties become overwhelmingly helpless in changing their dangerous dance of interaction.

The second paradoxical strategy involves the abuser's sense of protectiveness toward the very person who is being hurt and the victim's pattern of protecting the abuser from external stress so that the abuser will not lash out in anger again. This is related to the dysfunctional dependency between the partners. While they each aim to protect one another, their over-protectiveness intensifies their relationship resulting in an increase of tension between them which inevitably results in abuse. This is the very thing they are trying to avoid. The abuser's over-controlling and over-protective behaviour ironically creates further distance between the abuser and the victim, the exact opposite of the abuser's intent. For the victim, the increased loss of control and the inability to prevent further violence by protecting the abuser from external stress, eventually results in a discharge of anger from the abuser because the abuser thinks the victim is "hiding" things. The victim then becomes numb and confused in terms of knowing when to protect and when not to.

The third paradoxical strategy is that these people not only become socially isolated in terms of their patterns of relating as a couple but also in their interactions as a family unit, both within the family unit and externally with their extended families and the community. This results from the lack of trust and ambivalence they are experiencing. Although family members are very fused and there is an expectation of

closeness, they become preoccupied with their own survival within this chaotic structure. The symbiotic bonds prohibit actions that support growth away from the family unit. Therefore, internal growth as a family is also inhibited.

Another aspect of this third paradoxical strategy involves the generational boundaries between the couple and their families of origin. Spouses engaged in abuse commonly relate to extended family in one of two ways. They will often distance themselves from their families of origin in order to protect them from becoming aware of the battering, which results in further tension and an increase in isolation. On the other hand, they may entrap their family of origin in the triangulation of their marital problems. For example, they may turn to their parents for support or safety. The results of this can be just as negative, as parents may take sides or interfere in order to try and protect their offspring or grandchildren which, in turn, increases the stress experienced by the marital couple.

Parental Subsystem Issues

The hierarchial position of parents entrusts them with the responsibility to provide leadership, authority and role modelling in order to facilitate the growth and development of their offspring. In spousal abuse situations, this hierarchial structure is often inadequate. Parents engaged in spousal abuse are often locked into poor self-images and very rigid, stereotyped roles and regulations which impede their ability to parent effectively. Children can become trapped or triangulated in the parents' conflict. Parent/child alliances against one

spouse or the other often exist resulting in the absence of the healthy establishment of appropriate parental coalitions. Children often do not have license to be children. They can get trapped in the role of protector, nurturer or diverter as they attempt to diffuse their parents' conflict (Elbow, 1982; Sinclair, 1985).

Violent couples are often so preoccupied with their own issues that parenting may become an area that is ignored, denied or dismissed. As a result, children often have excessive demands and expectations placed on them. Battles between the couple are sometimes deflected towards the children when they fail to meet these unrealistic expectations. Therefore, the children may learn to suppress expressing their own needs either for fear of retaliation or of upsetting the delicate balance in the home (Elbow, 1982).

Gender identification may become a focus of attention. Children often do not want to identify with either the abuser or the victim due to the violence expressed by the abuser and the helplessness demonstrated by the victim. They can come to equate maleness with power, control, and license to hurt, and femaleness with being helpless, fearful, and being hurt.

Problems with self-control can also develop. The children may not experience limit-setting and therefore, not learn how to control their own behaviour or how to differentiate between internal impulses and issues of power. Children often mimic the interactional patterns they observe occurring between their parents. Often children who are raised in an abusive family exhibit behaviour problems, detected in such settings as school. Children may also experience very mixed emotions about their

family and have difficulty expressing them. The very family they love and are dependent on, is the same family they may hate (Elbow, 1982; Saposnek, 1983; Sinclair, 1985).

To adequately function, parental subsystems need to be flexible and be able to maintain a delicate balance between being controlling and promoting independence. In spousal abuse, this balance is often absent. Frequently, the home situation is very controlling and flexibility does not exist.

Sibling Subsystem Issues

In spousal abuse the sibling subsystem is often marked by enhanced sibling conflict due to alliance battles which the children are pulled into. The siblings are often unable to master skills of negotiation, compromise, sharing and reciprocity in relationships as these patterns have not been modelled for them. Learning opportunities for testing behaviours and learning from trial and error are often void in these families due to the immense fear and control that exists within the family structure. As a result of the boundaries being impermeable and rigid, privacy is often invaded and not promoted. Children are not provided with an opportunity, or encouraged, to do their own thinking. Children are often ashamed of the family's pattern of relating, especially once they become involved with other children and learn that this way of relating is not normal. Thus, they become locked into living a lie and become part of the secrecy process. Children may also feel forced into a position of parenting another sibling. That is, they may feel responsible for

protecting and nurturing their sibling(s) when the tension in the home is at a high level (Elbow, 1982; Sinclair, 1985).

Parent/Child Subsystem Issues

The features that make this a distinct subsystem are often lost in the process of spousal abuse. Parents often become another member of the child system. That is, they are often unable to operate in a manner that makes them generationally different from their children. A man who is preoccupied with jealousy, possessiveness and control is not operating in an adult mode. A woman who is helpless, fearful and being controlled is also unable to operate as an independent adult. The result for the children is a lack of clarity or a void in terms of parental modelling as no one is fully operational as a parent.

Communication/Interactional Issues

Rules and regulations that govern family behaviour are a product of the communication process. In families experiencing spousal abuse there are a number of "double bind" (Bateson, 1972) messages which may occur. One example is the mixed messages associated with love and hate. To love someone and be dependent upon them means to be controlled, dominated and beaten. An example of the double bind message for the woman in relation to her spouse is, "Go ahead, leave and I'll find you and kill you." She knows that if she leaves, he may well seek her out and kill her, however, if she stays, he will continue to beat her. The children are also trapped in this dilemma. If they express their needs, the result may be a deflection of the marital battle onto them. If they do not express their

needs, they continue to go unmet. As the family relies on its own internal processes for validation of functioning, interaction among family members becomes intensified and the freedom to communicate externally may become restricted.

Systemic Intervention Issues in Spousal Abuse

The primary goal of any therapy for spousal abuse is to stop the violence. It is not advisable to begin couple or family counselling until the abuser has taken responsibility for his/her behaviour and learned control techniques for ceasing the violence. Family members need to be safe and free of fear before relationship issues can be addressed. It is often recommended that this be done in the process of either individual counselling or groups designed separately for men, women, and children. Crisis intervention and groups are recognized as important preliminary steps and are part of a continuum of service and therapy. These types of interventions are often considered as unilateral as opposed to systemic. However, police intervention, charging the abuser, crisis lines, shelters and individual counselling are useful in that they confront denial and, basically, draw the family's attention to the fact that there is something wrong/dangerous occurring. In other words, traditional initial "crisis" intervention services should be considered as a prelude to systemic intervention.

Crisis Intervention in Spousal Abuse

Bard and Ellison (1974) defined crisis as, "subjective reaction to a stressful life experience, one so affecting the stability of the

individual that the ability to cope or function may be seriously compromised" (p. 68). In spousal abuse crisis, intervention is most often focused on services for the woman. The woman is often provided with a safe setting (shelter), emergency services, crisis line, and information regarding possible resources she may initially require. The shelter provides a safe setting and a supportive environment to address some initial issues such as financial matters, legal issues, medical concerns, and advocacy in addressing the crisis (Sinclair, 1985).

In regard to the perpetrator, crisis intervention is often aimed at either control or restraining him from further violence. It is often the police who are in the position of initially dealing with the offender. There has been much debate about the effectiveness of police intervention at the point of crisis in spousal abuse (Roberts, 1984). Police intervention, and charging the abuser, are important as a "simplistic" way of putting "the brakes" on the violence. Some police crisis programs involve a crisis team that go with the police on domestic calls, such as that of London, Ontario, and "defuse" the situation and ensure that the couple understand the importance of counselling and where to go for help.

Crisis lines also serve as a potentially useful tool for referral of information to victims and batterers. A crisis line can be a valuable outlet for volatile men in helping them cool off prior to losing control and becoming violent. Roberts (1982) noted that "an abusive male may be so resistant to therapy that a hotline (crisis line) may provide an acceptable and anonymous way for him to seek help. While the crisis is unfolding, the man is often overwhelmed by fear that he is out of control,

and the hotline worker has the best chance of encouraging the caller to begin a treatment program" (p. 235).

In summary, crisis intervention is often aimed at the individual members and the focus is mainly on establishing a sense of equilibrium or control in the situation. Although crisis intervention is beneficial, it is important to recognize it is only an initial, unilateral step. It is not the be all and end all in the process of effective treatment of spousal abuse.

Group Interventions in Spousal Abuse

Peer counselling, support and/or therapy groups have been noted to be beneficial for all family members (Sinclair, 1985). A group context has been noted to be more successful than individual counselling in addressing issues of isolation and providing valuable support in the change process.

Groups for women have been helpful in providing a safe setting to develop trust in sharing mutual concerns, addressing issues of denial and minimization, and in exploring options around safety and choice. Topics of importance that are addressed include issues such as fear, feelings, safety, sexuality, legal matters, dependency, impact of the violence on children, and the myths associated with abuse. The goal of women's groups is to assist participants in realizing that abuse is unacceptable and that women can take responsibility for protecting themselves and changing their lives.

For men, the group experience provides peer support in breaking through the denial, an educational format to change attitudes toward both

self and women, and a forum for taking control and responsibility for their behaviour. Groups provide a support system that is recognized as an essential contributor toward change and growth. The main goals of men's groups are to stop the violence and to assist men in developing alternate means of dealing with their feelings other than violence (Sinclair, 1985).

Groups for children serve many of the same functions as the groups for their parents. That is, groups lessen their sense of isolation, provide a forum for sharing feelings, and help decrease their sense of shame, guilt and responsibility. The group process provides an educational model to learn different techniques of conflict resolution and problem solving. Children learn that they can be respected and listened to when they express their needs and feelings.

In summary, group interventions have proven to be more successful than individual approaches, in that family members are able to accept that they have a problem and begin to address it. Groups also provide a support system and a forum for creating change in the individuals involved (Ganley, 1981; Roberts, 1984; Steinfeld, 1980). They set the stage for working towards change, first as a couple and then as a family.

Structural/Strategic Interventions in Spousal Abuse

Madanes (1990) identified some goals common to all therapy in the area of spousal abuse as follows:

1. To control action.
2. To control mind.
3. To control violence and anger.
4. To encourage empathy.

5. To encourage hope and humour.
6. To promote tolerance and compassion.
7. To encourage forgiveness and kindness.
8. To promote harmony and balance.

According to Gelles & Maynard (1987), relevant practice themes in terms of family therapy in this area, and which support Madanes (1990) goals, can be summarized as:

1. Facilitating change in the interactional patterns so that members perceive each other differently.
2. Establishing boundaries between subsystems.
3. Supporting the development of appropriate hierarchies between parents and children.
4. Facilitating direct marital/parental interaction.
5. Encouraging appropriate sibling relationships.

In order to facilitate change in the interactional process, efforts are directed at interrupting the repetitive patterns of dysfunctional interacting that serve to maintain the violence. The goal is to address the rigidity in the interactions and to work towards creating a better balance between symmetry and complementarity within the relationships. There are a number of treatment methods that can be utilized to accomplish this. In terms of the marital dyad, these include such steps as teaching the couple effective problem solving; encouraging the couple to start fresh in their relationship; promoting positive affectionate, emotional expression; and facilitating steps to encourage the couple to re-establish a level of trust with each other.

In spousal abuse treatment, it has been recognized that working with couples alone prior to involving the whole family in the process is often preferable (Haley, 1976; Halperin, 1981; Roberts, 1984; Satir, 1967; Trute & McCannell-Saulnier, 1984). It permits the couple to become united in their efforts to address contentious issues in a manner that does not triangulate others into their conflict. It provides them with an opportunity to develop a level of differentiation that facilitates accepting responsibility for their behaviours. It promotes the openness to hear the needs and concerns of other family members. The goal within the spousal subsystem is to help the couple individualize so that their dependency on each other is less of an issue and so that areas of conflict can be dealt with in a controlled manner. Once these issues have effectively been addressed, then the whole family can focus on the relationship issues.

In the parental sphere, the focus of intervention is aimed at assisting the parents to take joint responsibility for parenting and to enhance their ability to assert appropriate parental authority. This will reduce the tendency toward negative role modelling and the formation of parent/child alliances. Parents need to be encouraged to connect with their children on an individual level in order to re-establish trust. Parents further need to be educated in regards to healthy role modelling, and the basic needs of children and appropriate expectations of their children's abilities. It is also important for the therapist to assist the parents in acquiring skills in appropriate limit-setting. As the parents are effectively able to address these issues, they can begin to repair their damaged relationships with their children.

Another area that needs to be addressed clinically is patterns of communication. Family members can be helped to learn to express personal opinions and to accept differences in opinions as just that without placing a value judgement on them. A clinician can assist a family to develop skills such as clarifying, negotiating, compromising, and the appropriate expression of feelings and emotions.

According to Madanes (1990), "all problems brought to therapy can be thought of as stemming from the dilemma between love and violence. The main issue for human beings is whether to love, protect, and help each other, or to intrude, dominate, and control, doing harm and violence to others" (p. 5). It is thus, up to the therapist to create a framework whereby clients can clearly identify their goals, examine and discuss their values, and hope for positive change becomes possible.

Feminist Critique of Systemic Intervention in Spousal Abuse

A major critic of systemic intervention in spousal abuse is feminist theory. A feminist analysis does not support the systemic approach as an appropriate means to address spousal abuse. This perspective purports that dealing with spousal abuse systemically places unwarranted blame on the woman and that involving her in a joint, therapeutic process places her a position whereby she is at further risk of abuse. Feminists do concur with the systemic assumption that socio-cultural forces are a factor. However, they attribute spousal abuse as directly resulting from our patriarchal, cultural heritage and the hierarchical structure of the family (Dobash & Dobash, 1979) rather than socio-cultural factors being one of several major influences. They attribute spousal abuse as being

directly related to a power imbalance inherent in marital and family relationships. Feminist theory poses that violence is a result of cultural strictures which allow men the right to maintain control through acts of violence.

Feminists support a unilateral intervention approach, claiming that their primary focus is to free women, physically and psychologically from the men who have abused them and the effects of the abuse (Gushue, 1990). They argue that women must be empowered to leave the abusive relationship, and do not condone facilitating change within the relationship so that a woman can stay with her partner. An underlying assumption is that women want to escape from their abusive partners and need assistance to make a clean, lasting break (Gushue, 1990). This is in direct opposition to a fundamental supposition of the systems approach. A prevailing belief is that the only way to terminate the violence is to end the relationship (Sedlak, 1988), which means that this approach can be utilized regardless of the level of violence experienced by the woman. They use an insight-based approach to facilitate personal growth so that women can be empowered to make positive choices about their lives and their future relationships.

CHAPTER IV

THE PRACTICUM EXPERIENCE

The Setting

The Community Resource Clinic (CRC) provided the setting for this practicum from September 1, 1991 to May 29, 1992. Clinical requirements of my program were completed under the direct supervision of Dr. Barry Trute, Chairperson of my Practicum Committee. I attended the CRC one day per week and also during evenings as needed to fulfil my practicum requirements.

The CRC is a training and teaching facility affiliated with the University of Manitoba's Faculty of Social Work and Department of Psychology. This facility is designed to provide university students with a clinical setting whereby their journey of growth toward professionalism is monitored and supervised by assigned university professors. This clinic is located at 321 McDermot Avenue, Winnipeg, Manitoba.

Clients refer themselves to the CRC or are referred by various community agencies such as: Child Guidance Clinic, Child & Family Services, Probation Services, schools, native agencies and various other community agencies. The CRC provides counselling to individuals, couples, families, or groups in a wide variety of problem areas. The goal of therapy is to assist the clients in the process of change and towards resolution of their presenting problems.

The Client System

The client systems that I engaged with therapeutically were couples requesting counselling for problems related to spousal abuse. The prerequisite requirements for the acceptance of referrals were:

1. the couple's desire to continue in their relationship and more importantly,
2. that, prior to engaging in couple work, they had previously attended counselling either individually or through a group process whereby the issues of denial and minimization of the abuse had been addressed.

Clients who met these criteria were referred directly to me from a number of sources including: Employee Assistance Programs, Family Services, Probation, Acute Treatment Consultation Team, Milner Ridge Correction Centre and self-referral. A point of interest is that, although I initially canvassed a number of local agencies that specifically provide services related to spousal abuse, none of the generated referrals came from these sources. My interpretation of this is that these agencies commonly address spousal abuse from an individual or unilateral perspective. Perhaps they were uncertain of the appropriateness of couple work with spousal abuse.

In total, 12 couples were referred from the various sources for counselling related to spousal abuse. Of these couples, 7 were referred to alternate resources (i.e., individual or group counselling) because they were not at an appropriate point in their treatment to proceed with couple work. These couples were excluded for a number of reasons: a spouse (most often the male) still denied the abuse; the couple was in the

"honeymoon phase" and not feeling the need for counselling; and a lack of commitment to attending scheduled appointments. One couple was referred by a previous client couple that did complete the counselling and who had found it very beneficial in altering their interactional process and in eliminating their violence. Unfortunately, this referral occurred at the end of my practicum experience and therefore I was not able to provide them with service. They were referred to another appropriate agency.

The remaining five couples completed counselling. The duration of therapy and areas of specific content varied per client system. This will be discussed in detail in Chapter V of this practicum report.

Client Suitability

Client suitability was first assessed by the referral source who ensured that prerequisite conditions were met. Then, I conducted an initial screening session with the clients. Clinicians have noted that screening of all cases is an essential component in ensuring safety and effective treatment (Neidig & Friedman, 1984; Neidig et al., 1985; Taylor, 1984). The nature of this specific problem dictates that not all couples are suitable for conjoint therapy and thus the importance of a screening process. The goal of screening was to assess the couple's appropriateness for treatment, obtain information on the couple's perception of their problems, explore their goals for treatment, and to introduce the couple to the therapeutic objectives and goals of the treatment program. In order to facilitate the selection process, all clients were required to complete the intake questionnaire (Appendix A) at the time of screening. This intake questionnaire was adapted (with permission) from Neidig &

Friedman's (1984) questionnaire, presented in Spouse Abuse: A Treatment Program for Couples, by Linda Gushue (1990) in her practicum report entitled, Intimate Violence: An Interpersonal Treatment Approach. The questionnaire was particularly helpful in providing a preliminary information base in terms of: identifying socio-demographic information, background information in regard to family of origin patterns of abuse, historical data of the patterns of violence within this relationship and prior relationships, and the couple's perception of their abusive patterns. Having each partner complete the questionnaire provided the means to compare each spouse's perception of their abusive problems in the areas of predisposing, precipitating and maintaining factors.

An initial intake session provided a forum to discuss client suitability and agency protocols pertaining to confidentiality, video taping requirements, and other administrative issues. All clients were registered with the CRC at the time of the initial screening session. In addition, written consent was obtained for audio and video recording in accordance with the regulations of the CRC's policies. This session also provided a setting to address any questions or concerns clients had in regards to agency protocol.

Supervision

My practicum was supervised directly by Dr. B. Trute of the Faculty of Social Work, University of Manitoba. Supervision was provided on a weekly basis whereby I received direct supervision and consultation in the areas of hypothesis formulation, intervention planning and clinical supervision. In addition, my supervisor reviewed video tapes to monitor

the progress of the various cases and to provide me with invaluable suggestions on improving my therapeutic skills.

All interviews were video taped. In addition, all file recording was done in accordance with agency protocols. Recording included intake process, treatment information and a termination summary. This was recorded and maintained on both the CRC client file and computer data file system. These were readily available at the CRC for review by my supervisor. In addition to these required recordings, I also maintained my own in-depth notes of each session and feedback from supervision for reference in the writing of this report.

The Evaluation Process

Clinicians as change agents should be able to link their therapeutic interventions with actual changes. This can be demonstrated and monitored through the administration of clinical evaluative outcome measurement tools. As noted by Trute, Campbell and Hussey (1988), "family practitioners begin gathering, analyzing, and interpreting data on a client system from the moment they initially make contact until the change process reaches its end" (Ackerman & Behrens, 1974, p. 6). Thus, the importance of clinicians formally collecting data, and interpreting and utilizing it in formulating hypothesis, planning interventions and evaluating the outcome of therapy. Measurement tools thus permit an examination of change in family functioning and the direction of the changes.

My practicum objectives in evaluating my clinical experience were to explore the identified problem areas in a systemic manner with measurement

tools designed to capture the complex interactional dynamics that operate within a family system. By utilizing two different measurement tools, the Family Assessment Measure (FAM III) Dyadic Scale and the Dyadic Adjustment Scale (DAS), I was able to focus on different targets or sites of change. The measures permitted me to focus my assessments and interventions in specific areas of identified concerns that both the client systems and I priorized as important. I was thus able to move from broad generalized definitions of problem areas to more specific and refined definitions. The measures enabled me to track the entire treatment process in a manner whereby I could evaluate therapeutic interventions. They also provided me with an opportunity to monitor and evaluate my clinical efficiency and effectiveness.

Both these measurement tools are self-report scales and indicate change from the perspective of the family participating in the therapy process. They are also noted to have high validity and reliability as will be discussed in more detail later. These two tools were administered as pre-test and post-test measures to evaluate the process and outcome of therapy. As the measures were self-report, and were designed to explore complex interactional dynamics operating within the family system, I was able to compare the congruence between the measures within and between both administrations.

The pre-test measures were administered at intake. The information gleaned from these measures was invaluable in determining priority areas of focus and establishing goals with the client systems. It provided the client system and myself with a sense of direction, with different targets or sites of change, which were established together in a review process

with each client system. They served as guides to the therapeutic process, by providing an initial framework within which to commence treatment. The post-test measures enabled an evaluation of movement within the client system and enabled me to evaluate whether interventions implemented were effective. The results of the post-test measures were also reviewed with the client systems which provided them with the opportunity to affirm and evaluate the change within their relationships. This process allowed for feedback within each client system so that they were able to discuss with their partner their perceptions of growth. It also provided clients with an opportunity to assess which areas required further effort on their part.

The FAM III Dyadic Scale, which is the specific scale I used in all cases, is a self-report questionnaire which takes approximately 20 to 30 minutes to complete. It is a "subset" of the FAM III, a more general scale, which is designed to measure strengths and weaknesses on three separate rating scales (Skinner, Steinhauer, & Santa-Barbara, 1983). The three scales referred to are: a 50 item general rating scale, a 42 item self-rating scale, and 42 item a dyadic relationships scale. These 3 scales examine 7 areas of family functioning: task accomplishment, role performance, communication, affective expression, affective involvement, control, and values and norms. The FAM III Dyadic Scale includes the 42 items in the dyadic relationships scale and examines relationships between specific partners in the aforesaid 7 areas of functioning.

The FAM III is based on a process model of family functioning and integrates different approaches to family therapy. Canadian norms of both clinical and non-clinical populations are available for this measure, as

are norms for different ethnic groups (Trute et al., 1988). The FAM III has "excellent psychometric properties which include high internal consistency, indicating the presence of a general factor of family health-pathology which underlies the content scales" (Trute et al., 1988, p. 18). It is also an easy tool to interpret which facilitates its use.[1]

Reliability refers to the consistency and stability of a measure (Bloom & Fischer, 1982). Reliability is useful in assessing the value of a measure. A measure with high reliability ensures that the measure is as free from error as possible. Estimates of the co-efficient alpha, a powerful method of assessing internal consistency, is significant at 0.93 for adults and 0.94 for children for all the FAM scales (Skinner, et al., 1983, p. 96). The dyadic relationships scale, which is the subscale utilized in the FAM III Dyadic Scale, is also respectably reliable with a internal consistency reliability estimate of .95 for adults (Skinner, Steinhauer, & Santa-Barbara, 1983). The FAM III is also considered valid.

Validity, is noted by Bloom and Fischer (1982) as "perhaps the most important measurement consideration of all . . . because validity involves knowing whether or not a measurement procedure actually does what it is suppose to" (p. 39). The Family Assessment Measure was developed according to a construct validation paradigm and involved an external validation process (Skinner, et al., 1983). As part of this process, the FAM scales were compared with expert clinical ratings and behavioral observations (construct validity), evaluated in terms of treatment outcome (predictive validity), examined in terms of correlations with other family

---

[1]For FAM III Interpretation Guide, refer to Skinner, H., Steinhauer, P., & Santa-Barbara, J. (1983). The family assessment measure. Canadian Journal of community Mental Health, 2(2), 91-105.

assessment instruments (concurrent validity), and checked in terms of perceived relevance to family therapists (clinical validity). Skinner, Steinhauer and Santa-Barbara (1983) state that a number of studies are in progress to test the four types of validity and that the dyadic relationships scale is expected to be particularly sensitive to change in family dynamics over the course of therapy. They also state,

> ". . . the FAM offers considerable potential for providing the busy clinician with a brief assessment of major strengths and weaknesses in a family, and for providing the researcher with a carefully developed instrument for basic studies on family processes. Empirical analyses to date have shown that the FAM scales are quite reliable, and they significantly differentiate between problem and nonproblem families (1983, p. 104).

The Dyadic Adjustment Scale (DAS) is a self-report questionnaire designed to assess the quality of marriage and other similar dyads (Spanier, 1976). This 32-item scale assesses dyadic adjustment on four subscales: dyadic cohesion, dyadic consensus, affectional expression, and dyadic satisfaction.

Spanier (1976) noted that, "definitionally, . . . dyadic adjustment is a process of movement along a continuum which can be evaluated in terms of proximity to good or poor adjustment" (p. 17). Marital or dyadic adjustment is thus viewed as a process or a qualitative evaluation of a state studied over time. The DAS is one of the most frequently employed measures of assessing spousal relations. It is designed to be used with either married or unmarried cohabiting couples. Norms are available for both married and divorced couples which provide comparison ranges for clinical cases.[2] The DAS has also been noted to be sensitive to changes

---

[2]For comparison tables of norms, refer to Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. Journal of Marriage and the Family, 38, 15-38.

that occur over the course of therapy. It is also very easy to administer and can be completed within a matter of minutes. This scale is also easy to code and score.

The DAS has been found to have strong psychometric properties such as: content, criterion-related, and construct validity as well as high scale reliability (Spanier, 1976). The DAS was tested for content, criterion and construct validity. Content validity was examined by having 3 judges consider the items for relevance to contemporary dyadic adjustment and consistency with nominal definitions of adjustment in terms of satisfaction, cohesion and consensus. Criterion-related validity was established by administering the scale to a sample of 218 married and 94 divorced persons. "Each of the 32 items in the scale correlated significantly with the external criterion of marital status" (Spanier, 1976, p. 23). Divorced samples were found to differ significantly from married samples on each item. Construct validity was assured by examining the DAS in relation to the Locke-Wallace Marital Adjustment Scale, another well-accepted scale which measures the same general constructs. "The correlation between these scales was .86 among married respondents and .88 among divorced respondents ($p \leq .001$)" (Spanier, 1976, p. 23). A factor analysis of the final 32 item scale was also performed to further establish construct validity.

Reliability was determined for each of the component scales as well as the total scale. The reliability coefficient for the total scale was found to be .96 using either Cronbach's Coefficient Alpha or the Spearman-Brown average inter-item formula for internal consistency (Spanier, 1976). Spanier (1976) reported reliability estimates for the four subscales

ranged from an alpha coefficient of .73 for the affectional expression subscale to an alpha coefficient of .94 for the dyadic satisfaction subscale. The affectional expression subscale has the lowest reliability, and the author recommends caution in interpreting this subscale (Gushue, 1990).

Consumer Feedback

An important aspect of therapy is feedback from the client system regarding the delivery of services. Feedback from clients acknowledges the importance of their perspective of the therapeutic process and their participation in this process.

Jay Lebow (1983) provides an extensive review of the research assessing consumer satisfaction in the mental health field. He identified trends in the findings which indicated that studies of consumer satisfaction showed results that were essentially positive about mental health services received, regardless of the service setting or client population. Overall satisfaction has been found to be highly correlated with the client's global rating of outcome of therapy.

Other factors affecting consumer rating scores are response biases such as: social desirability, acquiescence, and cognitive dissonance. In spite of these potential obstacles, Lebow (1982) contends that client feedback is still valuable in the process of monitoring services and in demonstrating the value, adequacy and acceptance of service from the consumer's point of view.

For the purpose of this practicum, I utilized a therapist evaluation scale to obtain feedback from clients on their level of satisfaction with

the treatment and therapist. This evaluative form was devised by Yvonne McLeod (1991) for her practicum report entitled, Structural and Strategic Family Therapy with Families in the Adolescent Stage of the Family Life Cycle. The specifics of feedback from this scale and the other evaluative tools will be discussed in detail in Chapter V, Case Reviews. The scale was administered at the end of treatment and provided a constructive assessment of the client's perceptions of the treatment process and the therapist's competency.

CHAPTER V

CASE REVIEWS

Introduction

The following three case reviews illustrate systemic interventions and use of evaluation instruments as undertaken in this practicum. All names have been changed to ensure client confidentiality and anonymity.

The format for describing the cases and evaluative measures is as follows:

1. Source and reason for referral;
2. Background information and etiology of present problems;
3. Assessment of system dysfunction;
4. Treatment goals;
5. Interventions; and
6. Evaluation and case conclusions.

Couple "A"

My work with this couple is described in detail to illustrate the reciprocity in the relationship between therapist and client system. Not only did I teach this family some new techniques of communication, but they also taught me about the effectiveness of various therapeutic approaches when intervening in the area of domestic abuse.

Source and Reason for Referral

Karen and David were referred by a therapist from a local private counselling agency who was aware of this program's criteria. This couple

had presented to his agency requesting counselling for issues pertaining to spousal abuse. Both parties were openly admitting to the abuse and were hoping to repair their relationship. David had previously attended a program for batterers and had found this helpful in altering his own behaviour. However, both believed they required further assistance as a couple in order to alter their joint interactional process.

David and Karen framed their problems as related to their inability to resolve areas of conflict. Both agreed that they were well aware of their partners' trigger points, and that when they argued they both intentionally pushed their partner's buttons. Both further believed that they had each entered this relationship with excess emotional baggage and insecurities and were both in the habit of "making mountains out of molehills," especially at times of conflict. Their pattern of arguing was to lose control and to take their disagreements to a point where they verbally or physically assaulted their partner. Physical assaults included: slapping, pushing and throwing of objects. The abuse was bi-directional as they both engaged in these behaviours. These assaults started when they were dating and the last assault occurred about eight weeks prior to entering counselling.

At the time of referral, both parties felt there was increased tension between them and assessed this as an indication that they needed further counselling if they were to continue as a couple and a family. They were also very concerned with how their patterns were affecting their children. They had observed their children repeating their interactional process in their relationship with each other, and this was a strong motivating factor in seeking counselling.

Background Information and Etiology

This family consisted of Karen, (age 24 years), her spouse David (age 31 years), and their two children, Karen Jr. (age 3 years) and David Jr. (age 2 years). This family resided in a home they had just purchased. At the time of referral, David had just been laid off from his employment, which was seasonal in nature. He was collecting unemployment and was actively seeking alternate employment. Karen was employed on a part-time basis as a waitress. She was hoping to increase her hours of employment as they had both assessed finances as a problem area given that they had just purchased a new home.

This couple had been in a marital union for a total of four years. Prior to marriage they lived together for a four month period. Initially, they viewed their relationship as "the romance to end all romances." They fondly recalled being carefree and frivolous and that they had been able to bring out the silly, childish side of each other. David had initially been attracted to Karen as she was so happy go lucky and up on life. She had been attracted to David as he was always joking and smiling. When they met, they both were in the process of terminating prior painful relationships.

Karen was terminating a long-term common-law relationship in which her mate had been physically abusive toward her. While in this relationship, Karen had two abortions because of her fear of her partner's abusive patterns and because her partner had made it clear that he did not want to be a parent. This relationship ended after her partner physically assaulted her and then left for another woman who had five children. It

was clear, when Karen related this story, that there was still much pain associated around this relationship for her.

David was going through what he termed as a "bad divorce" when he met Karen. He has four children from this previous relationship. He has not had contact with them as his ex-wife was very spiteful and revengeful when the relationship ended. This relationship, according to David, was mutually abusive. He stated that both he and his ex-wife frequently engaged in "mind games" and physical assaults. David initiated the termination of this relationship and, it was at this point, that he recalled that his ex-wife became spiteful and blocked his access to the children. He viewed his ex-wife as being very controlling and as trying to block his termination of their relationship. Karen affirmed this information and recalled David's ex-wife as being extremely jealous and controlling once she became aware of their relationship. She further recalled incidents whereby his ex-spouse would tell the children outright lies about David in order to destroy his credibility with them. As a result of this constant conflict, David made a decision not to pursue further access to the children as he believed it was more harmful than beneficial. To his knowledge his ex-wife has remarried and the children have adjusted well to their new family structure. In sharing this information it was clear that this had been an extremely difficult and painful decision for David.

Reviewing their relationship, both Karen and David assessed the first six months as extremely stressful due to extended family issues. David, during this time, his mother died as a result of cancer and Karen's father had a massive heart attack. During this time, Karen was also six

months pregnant with their first child, an unplanned pregnancy. They both felt obligated to be the caregiver to their own parents during this difficult time, and received little assistance from other family members. Retrospectively, they noted that there was very little time to nurture their own relationship.

Within their own families of origin, both Karen and David had been subjected to physical, emotional and verbal abuse. In addition, they had also both witnessed abuse occurring between their parents.

David comes from a five sibling family. He is the third oldest child. David recalled receiving beatings from his father for expressing his emotions. The expression of emotions was seen as a weakness. David believed that his emotional development was stifled. David and his siblings frequently witnessed spousal abuse perpetrated by their father against their mother. David believed that he became a parentified child as a result of witnessing the spousal abuse between his parents. He believed that, for years, his mother sacrificed her own needs in order to bring up the children. He thereby learned that if given the opportunity, he should make sacrifices in order to take care of his mother.

When his mother was diagnosed with cancer, David was elected by his family to inform her. This task was bestowed upon him as he was framed as the strongest family member because he would not "break down" emotionally. David recalled feeling very confused at this time as he was experiencing personal pain, despite being scripted not to express his pain. At the time of his mother's death, his mother also requested that he be strong for the sake of his siblings. Again, David accommodated and put

expressing his own emotional pain on hold. His mother died two years ago and David still feels the pain of this loss.

David's natural father (mother's second marriage) left the home when David was 7 or 8 years old. His father was alcoholic and when drinking, would either beat his wife or the children. David has not seen his father since he was 16 years old. He made one attempt to re-connect with his father, however this effort failed. He recalled always being disappointed in his relationship with his father.

Karen comes from a family where her mother was emotionally and physically abusive with the children and her husband. As a child, Karen's mother was also a victim of physical abuse. Karen has one sibling, a younger sister. Karen reported that this sibling still has a lot of unresolved feelings in regards to their mother and the abuse in their past. As a child, Karen felt she could never please her mother. She recalled her mother's beatings and rage being followed by apologies and affection. Emotional closeness for Karen was thus equated with many mixed messages and much confusion. Her mother is deceased; she died as a result of alcoholism. Prior to her mother's death, Karen believed that she and her mother had repaired their relationship by discussing the past and resolving their conflict.

Karen framed her father as being a peripheral parent both physically and psychologically. Due to her father's employment, he was frequently away from home and was unaware of the abuse. When he was home and aware of the abuse, he would intervene and stop it. Karen framed her father as a cold, distant and unaffectionate person.

Karen recalled her parents marital relationship as dysfunctional with numerous physical and verbal confrontations and many periods of separation. Although her father would initiate these separations, he would always return to the relationship as he believed it was in the best interest of the children for them to remain together as a family unit. Karen and her sister also witnessed the abuse within the marital dyad.

In summary, it was very clear that patterns of abuse were very entrenched in both Karen and David's prior life experience. It was certainly not surprising that this remained a current struggle for them.

Assessment of System Dysfunction

Minuchin and Fischman (1981) noted that, "in families where one of the members presents symptoms related to control, the therapist assumes that there are problems in one or all of certain areas: the hierarchial organization of the family, the implementation of executive functions in the parental subsystem, and the proximity of family members" (p. 58). Within Karen and David's relationship there were a number of issues that clearly contributed to a dysfunctional hierarchial structure. Upon entering their relationship, both Karen and David were inexperienced in resolving conflict, void of modelling in regards to healthy, intact marital relationships, and confused about the meaning of intimacy. They also both had blurred boundaries between themselves and their families of origin.

As parents, both had demonstrated difficulty in implementing an executive function or role in terms of providing leadership to their children. A strong influencing factor was their pattern of accommodating

others and thus denying their own needs, emotions and realities. Their inability to communicate these needs to each other, created a roadblock in the parental sphere in terms of joint functioning and in their ability to understand, be available and meet their children's emotional needs. Both Karen and David noted that their children were modelling their conflictual interactional process, and that they felt very inept in assisting their children in the area of conflict resolution and in being able to set limits on their children's behaviour.

Difficulty in the area of emotional proximity was highly evident in both Karen and David. David learned from his family of origin that emotional closeness and intimacy were dangerous and a sign of weakness. Ultimately, emotional distance and the ability to suppress or repress his emotions was framed as a strength by his family of origin. It is clear that emotional intimacy was a difficult area for him in his relationship with Karen.

Karen also demonstrated much difficulty with emotional proximity. Her past experience had taught her that emotional closeness was associated with beatings and confusion between love and hate. The result was that she found intimacy and closeness confusing and difficult because of her prior experience of their connection to fear, pain and conflict.

Karen and David shared that their initial attraction to each other centred around their belief in their ability to avoid areas of conflict. This set the framework for a collusion of avoidance of conflict and resulted in the continuation of their own distorted perceptions around the meaning of emotional closeness.

Treatment Goals

1. To assist this couple in understanding and moving beyond the limitations of their learnings from their families of origins and prior experience.
2. To alter and improve communication in the marital subsystem.
3. To assist Karen and David to identify, express and develop comfort in experiencing emotional closeness.
4. To teach them alternate means of conflict resolution thereby eliminating the need for violence.
5. To improve their ability to function as a cohesive unit in order to strengthen their position as parents.

Interventions

I met with this couple for a total of seven sessions over a four month period. Sessions were usually for a two hour period and scheduled at two week intervals. Some of the appointments required rescheduling due to conflict with Karen's work schedule and because the couple were not able to make arrangements for a sitter. Overall, the couple demonstrated much growth throughout the therapeutic process by being able to move beyond their previous limitations and by taking active steps to address their issues, which they defined as resulting from their inability to communicate and resolve conflict in a productive manner.

Initial sessions were focused on engaging with the couple and obtaining an understanding of their world view. This was largely accomplished by reviewing their learnings from their prior experiences within their families of origin and past significant relationships. This

facilitated a process whereby their unproductive learnings of emotional distance and the strong drive for control were reframed as important skills for survival in their past but impeding and dysfunctional in terms of their present relationships both as a couple and in their role as parents. Much time was spent focusing on reviewing how these skills were presently impeding and dysfunctional. This proved very productive in assisting this couple to actively move beyond these limitations and to take steps to learn new meanings associated with emotional closeness and control. Ultimately, the strong motivating factor for change was their shared concern that they were repeating these patterns with their children and their fear that they would place their children in the position of either being victims of abuse or future abusers.

Another area of focus from their prior learnings was their interpretations associated with the meaning of accommodating. This couple was directly challenged to give their relationship top priority and to examine the meaning of their need to accommodate others. Accommodating was thus framed as a weakness and a way in which they could avoid being direct with each other. This proved very challenging as problems arose throughout therapy with this couple when they resorted to patterns of accommodating others outside the home. This however also provided opportunities to highlight this pattern and for the couple to question the logistics of their functioning as they were able to note that their habit of accommodating others caused much conflict between them. In reviewing this, the couple were able to realize that problems arose when they placed their own needs on hold and felt compelled to meet the needs of others. Time was thus spent assisting this couple to develop means of identifying

their own personal needs and methods of communicating and expressing these needs to their partner in a clear, direct manner. Their frustrations with accommodating others were framed as resulting from always being in a position of making sacrifices and never having a sense of being in control of the direction of their own lives. As both partners acknowledged the existence of this issue, this proved very fruitful and productive for them in effecting changes in this area. They were able to move towards more cohesive functioning as a dyad and in their ability to jointly address day to day external stressors.

In order to address the other goals of therapy that is, improvement in their communication, development of comfort in expression of emotional closeness, teaching of alternate means of conflict resolution, and the strengthening of their ability to function as a marital/parental unit, a written service contract was entered into with this couple. It was my operating hypothesis that emotional upheavals and conflict served the role of affirming this couples commitment to each other. The couple confirmed this hypothesis as they both admitted to a stronger sense of commitment following conflict and commented that if they could stay together through all the "crap" they subjected each other to, then they must truly care about each other. The contract for service thus focused on using times of conflict as a focal point for creating change.

The written contract, which the couple referred to as their "peace treaty," outlined in detail a proactive behavioral plan of action for both of them to implement at times of conflict in order to avert their cycle escalating out of control. This contract included specifics on which "red flag" words would indicate to them that they were spiralling in their

disagreement and on the use of "time outs." The process of "time outs" involved verbally declaring the need to spend some time apart and physically taking time apart (at least one hour) when they became involved in an unresolvable conflict. If the their disagreement continued to be unresolvable after two attempts at "time out," then the reason for that specific conflict would be noted on paper and would be discussed at our next session. The couple exchanged their signed "peace treaties" and I clarified that therapy was contingent upon their adherence to this contract.

Overall this couple were successful in being able to utilize this tool to learn to manage conflict in a productive manner. Throughout therapy, adjustments were required in order to facilitate their level of success in utilizing this tool. One such adjustment required having the couple become familiar and comfortable with the process of calling "time outs." This was addressed by having the couple practice calling "time outs" when they were not engaged in conflict. This proved helpful in establishing "time outs" as a part of their repertoire of coping skills and helped them experience it as a positive tool.

Another adjustment required having the couple view their "peace treaty" as a positive means of maintaining self-control. This couple initially noted that if they were not early enough in implementing this tool then the use of the "peace treaty" was considered to be a self-righteous act of control and was equated with failure on the part of their partner. The couple self-corrected the process by posting pictures of a happy face and "time out" at key locations throughout their home. They reported that this was helpful in learning to associate taking a "time

out" with taking a positive step and a as means to achieving self-control and a peaceful home environment. They had also decided to log their successes and to review these with each other. This assisted them to keep on track and to overcome obstacles when they were not as successful.

In addition to using their "peace treaty" with each other, they were also able to expand its use to include their children. Karen explained to their daughter that if she felt that either she or David were being unfair or too harsh in their discipline, that she could also call a "time out." Her daughter used this on occasion, and Karen reported that the effect of this was that it made her immediately stop and re-evaluate her own behaviour at the time in terms of whether she was effectively managing the situation.

Once this couple were able to view "time outs" as a positive tool of self-control, they were effectively able to utilize it to improve their communication and joint functioning, and to alter their means of affirming their commitment. They also expanded upon the use of this tool at time of conflict by using it as time to listen to their partner, and as a means of effectively stopping thoughts of preparing a counter attack. They found this tool helpful in learning to be proactive as opposed to reactive in their relationship as a couple and in their functioning as a family unit.

In order to further assist this couple in understanding the futility of their present cycle of functioning at time of conflict, we also reviewed their cycle of violence. The couple were assigned the task of reading the cycle of violence article by Lenore Walker (1979) which highlights the tension phase, the battering phase and the honeymoon phases of battering relationships. The couple were readily able to see

themselves as locked into repeating these unproductive patterns. In order to work towards creating change, the emphasis was focused on the initial phase of the cycle, the tension phase. The rationale associated with this intervention was that a reduction in the tension phase would hopefully eliminate the need for a battering phase and ultimately result in a less distinct, notable honeymoon phase. The goal was to create a balance in functioning in the areas of experiencing and addressing tensions, and to be benefited by this process as a couple.

The couple were assigned the tasks of identifying and familiarizing themselves with their own behaviourial, physical and psychological cues associated with tension. Once they accomplished this, they were then required to educate their partner on these cues. This increased awareness of their own internal process and that of their partner resulted in them being able to effectively address tension at an earlier point and in a more cooperative/collaborative manner. They were thus able to utilize tension as a point of engagement by asking their partner for support and assistance in addressing situations that were creating tension. Previously, tension had been associated with a point of disengagement where their patterns had been to become attacking, demanding, defensive, blaming, or denying. Both partners noted that their new means of addressing tension impacted very positively on their relationship. They had both initially observed an increase in their ability to express their feelings and they saw this as most rewarding.

The final intervention with this couple focused on assisting them in reviewing their process of communication. The couple were assigned the task of reviewing an article on proactive/reactive communication, Habit 1;

Be Proactive (Covey, 1989). They found this beneficial in understanding how the language they were using limited their position at times of disagreements and they consciously made efforts to pay particular attention to declaring their own position as opposed to stating that of their partners when in conflict.

By the final session the couple affirmed their growth both within the marital system and as a family unit by sharing their observations of change in the following areas:

1. Disagreements were much more controllable with no episodes of violence and conflict was readily resolvable;
2. As a couple they were feeling more emotionally connected;
3. There was an increase in accommodation within the marital system and more acceptance of their different points of view; and
4. Notable changes in their children's interactions and behaviour including more relaxed, increased sharing in their play and less conflict between them.

As the goals of therapy had been accomplished, sessions were mutually terminated.

Evaluation and Case Conclusion

Figure 1 highlights the pre-therapy profile of the FAM III Dyadic Scale for both Karen and David. Notable on both their ratings were the level of agreement between them in defining all areas on this scale as a problem. The only area that David did not see as a problem was the area of task accomplishment. Overall, Karen generally presented as more

discontented in the relationship than David. This was reflected in her higher rating scores in all areas being defined as problems.

Figure 2 examines their pre-therapy DAS scores. Again, they both rated as discontented in their relationship. Their overall ratings found them to test within the divorce range. Their ratings were generally fairly equal in their levels of dissatisfaction in all areas tested on this scale. On this scale, David presented as the more discontented partner as indicated by his lower rating scales.

Figure 3 examines the post-therapy measurements on Karen's and David's FAM III Dyadic Scale. The results on this scale indicated that they had been successful in changing and in moving towards the average range of functioning in all areas on the measurement scale. Generally, their responses indicated more congruence in their relationship as reflected by the closeness in their ratings. The only two notable discrepancies were that David saw task accomplishment and control as areas of strength and Karen saw them as more within the average range. Overall, David still presented as more content in the relationship than Karen.

Figure 4 examines the post-therapy DAS measurements. Overall, there was also a marked improvement in this scale. This was generally reflected by their higher rating scores in all areas and the increased congruence in these scores. Overall, David again presented as more satisfied in the relationship.

In comparing both these scales, the one specific notable area that continued to consistently test as low was the area of affective expression. This was stressed to the couple as an area requiring further

attention. Clinical observations throughout the therapeutic process also affirmed measurable changes in the couple's relationship.

The therapist evaluation scales, Figure 5 and 6, as completed by the couple, indicated their satisfaction with both the therapeutic process and the therapist.

Figure 1 Pre-Therapy FAM Profile - Karen & David

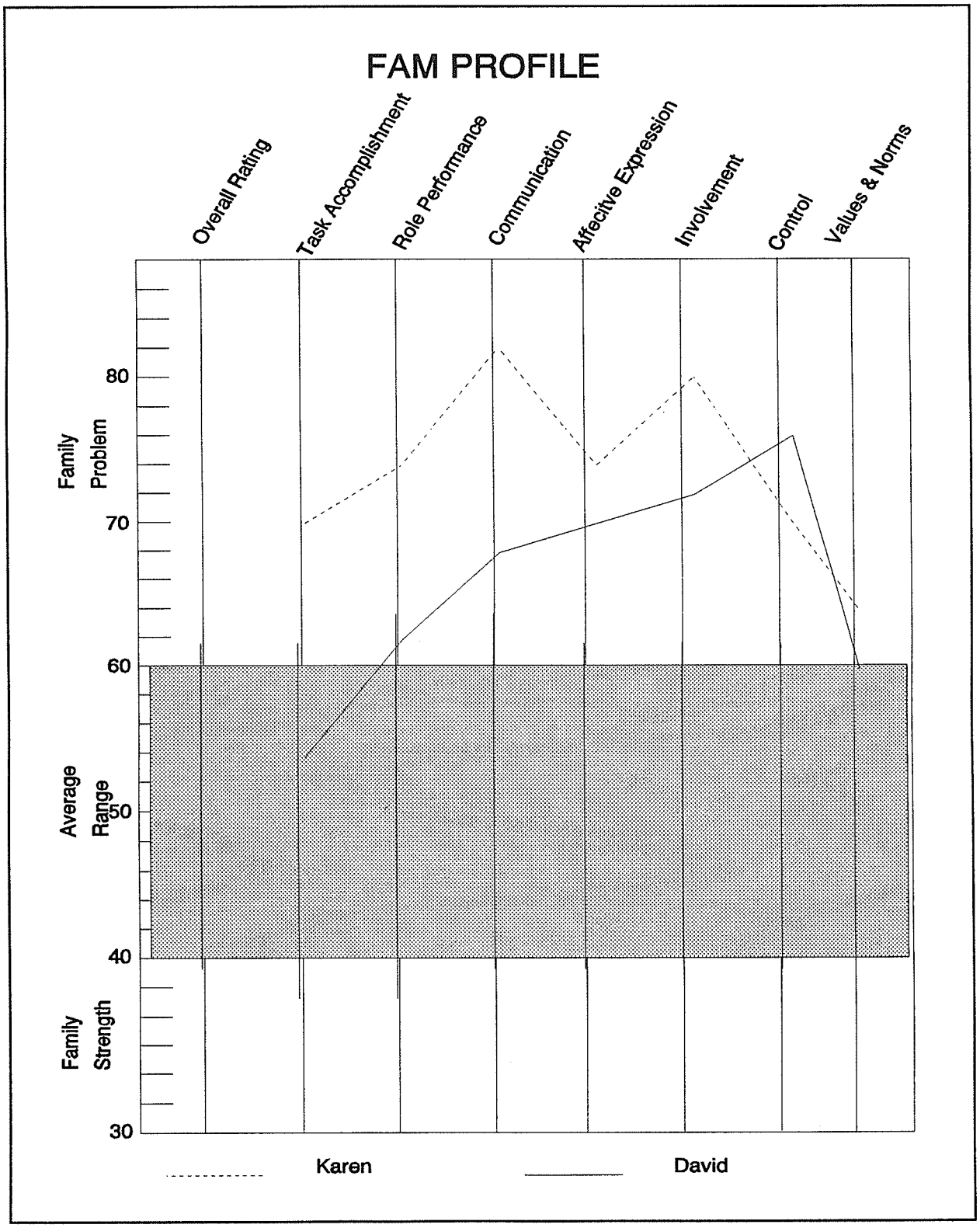

Figure 2 Summary Scores and Standard Deviations for the Dyadic Adjustment Scale and its Subscales, by Marital Status - Pre-Therapy - Karen & David

DYADIC ADJUSTMENT SCALE							
#	Consensus	M	F	#	Satisfaction	M	F
1	Finance	1	2	16	Divorce	1	2
2	Recreation	2	3	17	Leave-fight	1	2
3	Religion	3	3	18	Going well	1	2
5	Friends	3	3	19	Confide	2	2
7	Conventionality	3	2	20	Regret marrying	4	3
8	Philosophy-life	3	3	21	Quarrel	1	2
9	In-laws	0	1	22	Annoyance	1	2
10	Goals	3	3	23	Kiss mate	3	4
11	Time Together	3	2	31	Happiness-scale	0	2
12	Decisions	2	2	32	Future hope	5	3
13	Household	0	2				
14	Leisure	2	3				
15	Career	3	3				
(a)	**Subtotal (65)**	28	32	(b)	**Subtotal (50)**	19	24
Affectional Expression				**Dyadic Cohesion**			
4	Affection	1	3	24	Outside interests	1	2
6	Sex-agree	0	2	25	Exchange ideas	2	2
23	Tired for sex	1	0	26	Laugh together	3	4
30	Not show love	0	0	27	Calm discussions	3	3
				28	Work together	2	2
(c)	**Subtotal (12)**	2	5	(d)	**Subtotal (24)**	11	13
TOTAL SCORES							
a	Dyadic Consensus (65)					28	32
b	Dyadic Satisfaction (50)					19	24
c	Affectional Expression (12)					2	5
d	Dyadic Cohesion (24)					11	13
DYADIC ADJUSTMENT (151)						60	74

Figure 3 Post-Therapy FAM Profile - David & Karen

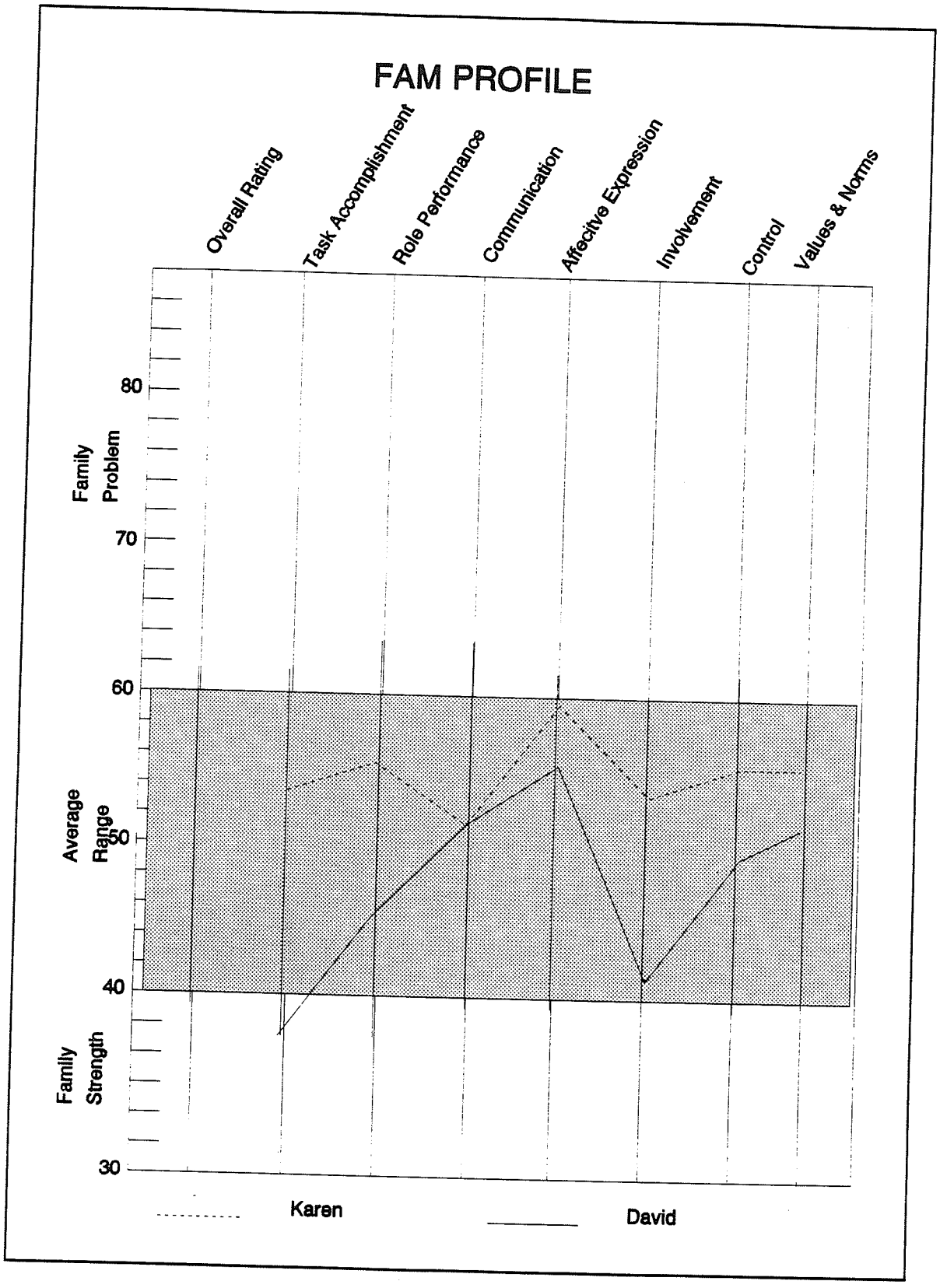

Figure 4 Summary Scores and Standard Deviations for the Dyadic Adjustment Scale and its Subscales, by Marital Status - Post-Therapy - Karen & David

DYADIC ADJUSTMENT SCALE							
#	Consensus	M	F	#	Satisfaction	M	F
1	Finance	4	3	16	Divorce	4	4
2	Recreation	4	3	17	Leave-fight	3	4
3	Religion	3	3	18	Going well	4	4
5	Friends	4	3	19	Confide	4	3
7	Conventionality	3	3	20	Regret marrying	5	4
8	Philosophy-life	3	3	21	Quarrel	3	3
9	In-laws	3	3	22	Annoyance	3	3
10	Goals	4	3	23	Kiss mate	4	4
11	Time Together	3	3	31	Happiness-scale	2	3
12	Decisions	4	3	32	Future hope	5	4
13	Household	3	3				
14	Leisure	4	3				
15	Career	4	3				
(a)	**Subtotal (65)**	46	39	(b)	**Subtotal (50)**	47	36
Affectional Expression				**Dyadic Cohesion**			
4	Affection	4	3	24	Outside interests	3	2
6	Sex-agree	4	2	25	Exchange ideas	3	3
23	Tired for sex	1	0	26	Laugh together	4	4
30	Not show love	0	0	27	Calm discussions	4	3
				28	Work together	3	3
(c)	**Subtotal (12)**	9	5	(d)	**Subtotal (24)**	17	15
TOTAL SCORES							
a	Dyadic Consensus (65)					46	39
b	Dyadic Satisfaction (50)					47	36
c	Affectional Expression (12)					9	5
d	Dyadic Cohesion (24)					17	15
DYADIC ADJUSIMENT (151)						119	95

Figure 5 Therapist Evaluation Scale - Karen

THERAPIST EVALUATION SCALE

Below is a list of questions concerning the counselling service you have received. Put a "✓" in the box that best describes your opinion about the service your counsellor has provided.

	Very Dissatisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
Communicates clearly					✓
Demonstrates an understanding of our family					✓
Demonstrates sensitivity to feelings of our family					✓
Demonstrates warmth				✓	
Listens to our family					✓
Demonstrates acceptance of our family					✓
Helps our family to see things differently or in a new way					✓
Helps our family to define and discuss our needs, concerns					✓
Provides information to our family in a way that is understandable				✓	
Helps our family find solutions					✓
Provided a relaxed atmosphere				✓	
Demonstrated that he/she was "in charge" of the sessions				✓	
Therapist used self disclosure of own life experience in a way that was helpful to our family					✓
Uses humour appropriately					✓
Overall quality of services					✓

Any Additional Comments: *Thanks to your help and understanding I feel that David and I will be able to have a long and lasting marriage.*

Figure 6 Therapist Evaluation Scale - David

THERAPIST EVALUATION SCALE

Below is a list of questions concerning the counselling service you have received. Put a "✓" in the box that best describes your opinion about the service your counsellor has provided.

	Very Dissatisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
Communicates clearly					✓
Demonstrates an understanding of our family				✓	
Demonstrates sensitivity to feelings of our family					✓
Demonstrates warmth				✓	
Listens to our family					✓
Demonstrates acceptance of our family				✓	
Helps our family to see things differently or in a new way				✓	
Helps our family to define and discuss our needs, concerns				✓	
Provides information to our family in a way that is understandable				✓	
Helps our family find solutions					✓
Provided a relaxed atmosphere					✓
Demonstrated that he/she was "in charge" of the sessions				✓	
Therapist used self disclosure of own life experience in a way that was helpful to our family					✓
Uses humour appropriately				✓	
Overall quality of services					✓

Any Additional Comments: *While talking on the phone before our first meeting was apprehensive but after first meeting really like her and felt quite comfortable. Job well done. Thank you.*

Couple "B"

My work with this couple is discussed in detail to illustrate how a paradoxical intervention was utilized to create change in this extremely disengaged couple who were struggling with abusive patterns. A paradoxical intervention was chosen due to the power of their initial presentation. As my advisor noted at the time of this intervention, it would result in one of two effects, that is, it would either create a situation where they would discontinue therapy or result in uniting the couple to prove me wrong. Fortunately, it resulted in the latter and the couple became an extremely strong, united force in correcting the problem areas in their relationship.

Source and Reason for Referral

Martha and her spouse, Gerry were referred for spousal abuse counselling through Martha's Employee Assistance Program (E.A.P.) counsellor. The counsellor at this service was aware of this program's criteria. Martha initiated this request for counselling for problems related to the abuse within the marital system. Both parties were admitting to their marital difficulties and were seeking couple counselling to address the problem areas.

The abuse within the relationship was unidirectional and was from Gerry to Martha. It included emotional and physical abuse. The abusive incident leading to counselling had occurred three months prior to therapy. This incident involved Gerry becoming physically assaultive with Martha after a late night out drinking. Gerry claimed he only became abusive in relation to Martha's "nagging." He substantiated this by

informing the therapist that it was obvious he had drank too much and Martha should have known when to quit "nagging." He thus indicated he clearly felt that his loss of temper and resulting behaviour was Martha's responsibility, thereby abdicating responsibility for his own behaviour. The abuse entailed him pushing and shoving Martha culminating in her leaving the home. The police were later called by Martha and they attended the home. There were no charges laid in relation to this incident and the police recommended that the couple seek counselling.

Prior to this episode there had only been one other abusive incident between them which had occurred shortly after the birth of their first child. This also involved Gerry being physically aggressive with Martha. Following this incident the couple separated for a short while, a six week period. They reconciled and there were no further incidents of abuse until this current episode.

Both assessed the past six months prior to therapy as a time of increased tension and difficultly in the marital relationship. Martha attributed their problems to Gerry's drinking and to feeling unneeded in the home. Gerry attributed the problems to Martha's whining, lack of cooperation and decreased level of commitment to him and the children. Martha openly admitted that she and the children were also fearful of Gerry's anger. Both further agreed that they needed counselling for guidance to learn to relate like a family.

Background Information and Etiology

Martha (31 years) and Gerry (34 years) had been married for 12 years and they cohabited for one year prior to marriage. They have two

children, a son (11 years) and a daughter (8 years), of this union. Both were employed outside the home. Martha's employment was on a part-time basis and Gerry's employment was full-time. Martha completed high school and Gerry completed Grade 10. Both had also taken some additional vocational training. Neither Martha nor Gerry had any prior marriages or abusive relationships.

Gerry came from a fairly traditional family where the man's role was the breadwinner and the woman's role was to take care of the home and the children. He has only one sibling, a younger sister. She was in a common-law relationship and has one child. This relationship, as reported by Gerry, was non-abusive and the couple got along well.

Gerry's natural father died when he was 14 years old. It was evident as he discussed this loss that it was a very painful time for him. His mother remarried when he was older. He reported that he was still fairly close to his mother and saw his step-father as an "OK" guy. There was no abuse in either of his mother's marital relationships.

He recalled his formative years as being fairly normal and denied any abuse directed at the children. Parenting was a joint effort and discipline included some scolding, yelling and some spanking. He did not consider the forms of discipline implemented to be too harsh or unfair.

Martha left home when she was 17 years of age on bad terms with her parents. She recalled always being told when, why, where and how to do things. Her mother, she recalled, was very controlling and wanted everything her own way. Martha attributed many of the problems between her and her parents as related to her being deprived of her childhood years. Martha felt that she was a parentified child and that much

responsibility was placed on her shoulders. She recalled being responsible on many occasions for parenting her siblings. Martha is the oldest child and has two younger sisters. This resulted in much friction between them and they did not get along well throughout their formative years. Currently, Martha reported that the relationship between herself, her siblings and her parents had improved and they all got along quite well. Martha also believed that over the years she had taken on her mother's streak of stubbornness and would argue issues to the bitter end if she believed she was right.

She recalled her parents having disagreements and arguments however there was no abuse in their relationship. Parenting was a joint process and Martha believed discipline was not too harshly implemented. Discipline included scolding, yelling, spankings and sometimes being hit. Although Martha believed she was not physically abused as a child, she queried whether she was emotionally abused.

Assessment of System Dysfunction

Martha and Gerry presented as disengaged in their marital subsystem. Minuchin notes that, "members of disengaged subsystems or families may function autonomously but have a skewed sense of independence and lack feelings of loyalty and belonging and the capacity for interdependence and for requesting support when needed" (1974, p. 55). This couple reflected these concerns in their definitions of their problems. Martha admitted she was spending increased amounts of time away from the home as she no longer felt needed. She did not feel appreciated at home and was tired of

being criticized. She saw Gerry's efforts to engage her as attempts to control her.

Gerry defined the issues as Martha demonstrating too much loyalty and commitment to relationships outside the home. He believed things would be much better if Martha would quit whining, making excuses, and stop catering to her friends and ignoring her family.

Both of these people were not demonstrating the skills of complementarity and accommodation within their marital system. Martha was getting her needs met through external support (her friends and her work); Gerry was turning to alcohol to get his needs met. Although both were willing to accept some responsibility for their current discontentment, they were locked into blaming their partner and expecting the change to come from the other person. At the point of initial referral, although this couple presented requesting marital counselling, neither of them were able to provide any positive remarks about their partner or about their relationship. It was very clear that this couple was not operating as an adaptive, cohesive unit. Gerry presented as totally dissatisfied with the relationship and spoke of the potential for change as only minimally hopeful. Martha presented as more optimistic in regards to the potential for change, however she very clearly told Gerry that she would no longer tolerate his controlling her.

Treatment Goals

1. To assist this couple in becoming more engaged within their marital relationship and therefore also strengthen their family functioning.
2. To improve the couple's process of communication.

3. To teach them alternate means of conflict resolution thereby eliminating violence and problems associated with control.
4. To facilitate a process of moving towards equality in their various operational roles within their marriage.

Interventions

I met with this couple for a total of eight sessions over a six month period. Two hour time slots were scheduled for each session at approximately bi-weekly intervals. There were several issues addressed throughout these sessions. The central themes included: process of communication; division of labour within the home; intimacy; finances; quality and quantity of time as a couple; and patterns of conflict resolution. In addition to examining these issues, time was also spent assessing how the couple's conflict was affecting their children. Throughout the process of therapy, this couple demonstrated much growth in their relationship and in their ability to actively take steps to improve their situation.

The intervention used with this couple which proved to be paradoxical and by far the most powerful was aimed at questioning the couple's goal for therapy. As a result of their initial presentation (total discontentment with their marriage and partner), I told the couple I was puzzled with their request for marital therapy and was left wondering whether, in fact, they were actually seeking separation counselling. This therapeutic position of puzzlement was affirmed by reviewing their views of the problems and their pessimistic position in terms of hope for change.

The couple presented as surprised with the question and immediately set out to reassure me that they were attending counselling in hopes of repairing their relationship. I informed them that this question was not to be taken lightly and that they needed time to seriously consider this question. The couple were assigned the task of asking themselves this question and then discussing it with each other so that the next session could focus on the appropriate counselling.

The result of this invention was dramatic and set the tone for an extremely productive therapeutic process. The couple returned for the following session presenting a strong, united front and determined that they were going to remain together and address their problems through marital counselling. I therapeutically maintained my scepticism throughout the course of therapy which served to further unite this couple in their endeavours to prove me wrong.

Interventions thus became focused on improving the couple's engagement level and skills. This was framed as an opportunity for them to start fresh in their endeavours, become reconnected and work towards their goal of restructuring their relationship. They were assigned various tasks towards accomplishing this goal such as:

1. Reconnecting by dating and spending quality time as a couple, focusing only on the positive aspects of their relationship during these dates;
2. As a demonstration of warmth and commitment, the couple developed a pattern of embracing at the end of each session;
3. Pushed to be direct in their communication and blocked from triangulating the therapist in their communication to their partner;

4. Challenged and redirected in their perception that change should come from their partner as opposed to being an internal, self-directed process involving efforts from both of them; and
5. Finally, they were also required to spend time engaging in activities and interest areas of their partner toward the goal of developing a better understanding of each other.

The couple diligently addressed and implemented these various tasks. As therapy progressed, improvement was notable in their emotional involvement with each other and in their ability to engage their partner. These tasks also directly resulted in improvement in the couple's process of communication.

Other interventions aimed at improving their functioning in the area of communication involved assisting the couple to establish patterns of negotiating and compromising around various content issues. The couple were also encouraged to provide each other with positive feedback and praise in regards to their observations on changes. As they practised and became familiar with implementing these skills, they noted that they were more available to each other and were functioning more like a team in their decision making.

Interventions aimed at improving conflict resolution and control included the use of "time outs" and an understanding that continued therapy was contingent upon no further violence. The process of how to utilize "time outs" was explained to Martha and Gerry, including that either of them had license to call one. It was also clarified that if either of them engaged in further violence, the police were to be called and charges were to be laid. Both parties were in full agreement with

these conditions and they were successfully able to manage conflict in such a manner that "time outs" were only required on two occasions.

Another tool that was also repeated with this couple was the proactive/reactive use of language. This couple also found this helpful in averting their conflict from mounting or escalating beyond control. They noted that by channelling their communication to a proactive position, they were more available and open to hearing their partner's point of view. The result was that they were less defensive at times of conflict, and thus disagreements were more readily resolved as they were not dealing with the conflict reactively.

In order to facilitate equality and balance in the relationship, the couple were assigned the task of reviewing their division of labour and responsibilities in the home. This review reflected a picture where Martha had more responsibilities in terms of tasks and Gerry was carrying more of the financial responsibilities. In order to rectify this unequal distribution, they were asked to exchange some areas of responsibilities on an experimental bases. This resulted in the couple eventually reevaluating their roles within the home and in dividing labour in a more equitable, shared manner. Once the couple were able to improve their ability to function as a collective unit, they were also able to take joint responsibility for eliciting cooperation with their children in assisting with household tasks.

At the point of termination of therapy, the couple saw themselves as a stronger cohesive unit who were able to successfully resolve areas of conflict in a more amicable manner. As their relationship strengthened and improved, they also noted significant changes with their children.

They reported the children were relaxed at home and had improved in their school work. These changes were also reflected in their pre- and post-therapy measures. Therapy was mutually terminated with the understanding that I would be available for further consultation should they feel the need for further service. There was no further request for service by this couple.

Evaluation and Case Conclusion

Figure 7 highlights the pre-therapy profile in the FAM III Dyadic Scale for this couple. Notable on this rating scale is the level of agreement between the couple in defining all areas addressed on this scale as problems. Role performance, communication, affective expression and affective involvement were all graded equally by this couple as areas of concern. Areas of discrepancy between the couple included task accomplishment, control, and values and norms. Gerry viewed task accomplishment and values and norms as more problematic than Martha did, whereas Martha rated control as more concerning than did Gerry.

Figure 8 examines the couple's pre-therapy DAS scores. On this scale, this couple again rated as very discontented and overall tested within the divorce range. Again, their ratings were generally fairly similar and consistent in nature with an average of a one point difference. The one area that did test within the norm for a marital couple was the area of affectional expression. On this particular scale, Martha overall presented as the more discontented partner as reflected by her lower ratings in dyadic satisfaction, affectional expression and dyadic cohesion. In the area of dyadic consensus, the pattern was

reversed and it was Gerry who presented as more discontented as reflected by his lower rating.

Figure 9 examines Martha and Gerry's post-therapy measurements on the FAM III Dyadic Scale. The results on this scale were congruent and reflected the notable improvement in this couple's relationship as observed in therapy. Overall, both their ratings fell within the average range of functioning other than in the areas of task accomplishment, affective expression, and values and norms. Their ratings reflected increased symmetry in the relationship in the areas of role performance, involvement, and control. Martha's ratings reflected a greater sense of change and accomplishment, whereas Gerry's were slightly elevated which could be explained by his underplaying the change process as reflected by his initial pessimistic view of hope for change.

The area of greatest discrepancy was the area of values and norms. This was assessed as being associated with Martha's new employment responsibilities which required her to be out of the home for increased periods of time (some overnights) and Gerry's fear that this arrangement would not work for them. Thus, time was spent with the couple exploring this fear and working on suitable arrangements that would meet both their needs. Although Gerry still defined task accomplishment as problematic, his rating had moved closer to the average range of functioning than his initial rating in this area on this scale. The area of affective expression remained the one area of joint weakness. The couple were encouraged to continue to apply further attention and effort to this particular area.

Figure 10 notes the couple's post therapy DAS scores. Congruently, this scale also reflects the couple's evaluation of notable improvement in their relationship. Both presented overall as more content in the areas of dyadic consensus, satisfaction, and cohesion. Martha again presented as the more optimistic partner as reflected by her higher ratings and greater point differences in evaluating the changes in these areas. Gerry's underrating of the changes between pre- and post-measures on this scale is generally reflected by his evaluation on post-measures of only a one point difference in the areas of dyadic consensus and cohesion and a slightly higher difference in the area of satisfaction. Consistent with the results of the other post-therapy measurement scale, the area of affective expression remained the area of least improvement. This was again stressed to the couple as an area requiring specific focus.

Minuchin and Fischman note that,

> "within the spouse holon, the couple will have to reconcile their different styles and expectations and develop their own ways of processing information, relating, and dealing with affect. They must develop rules about closeness hierarchies, areas of specialization and expertise and patterns of cooperation. Each has to develop the ability to sense the other's vibes, evolving common associations and shared values, hearing what is important to the other and reaching some agreement about how to handle the fact that they do not share all values" (1981, p. 23).

This couple initially presented as very inadequate and weak within their spousal holon in many of the above areas. However, as therapy progressed notable changes were evident. They were able to demonstrate positive gains in many of these areas. It was clear that they became more attuned to understanding their partner and in their ability to function as a collective unit. They were thus able to become sensitized to picking up each other's "vibes." By point of termination of therapy they had clearly

moved towards a more complimentary relationship with improved reciprocity in their functioning as a couple. As their relationship improved, the couple also noted improvements in their functioning as a family unit.

The therapist evaluation scales as completed by the couple are presented in Figures 11 and 12 and indicate their satisfaction with both therapy and the therapist.

Figure 7 Pre-Therapy FAM Profile - Martha & Gerry

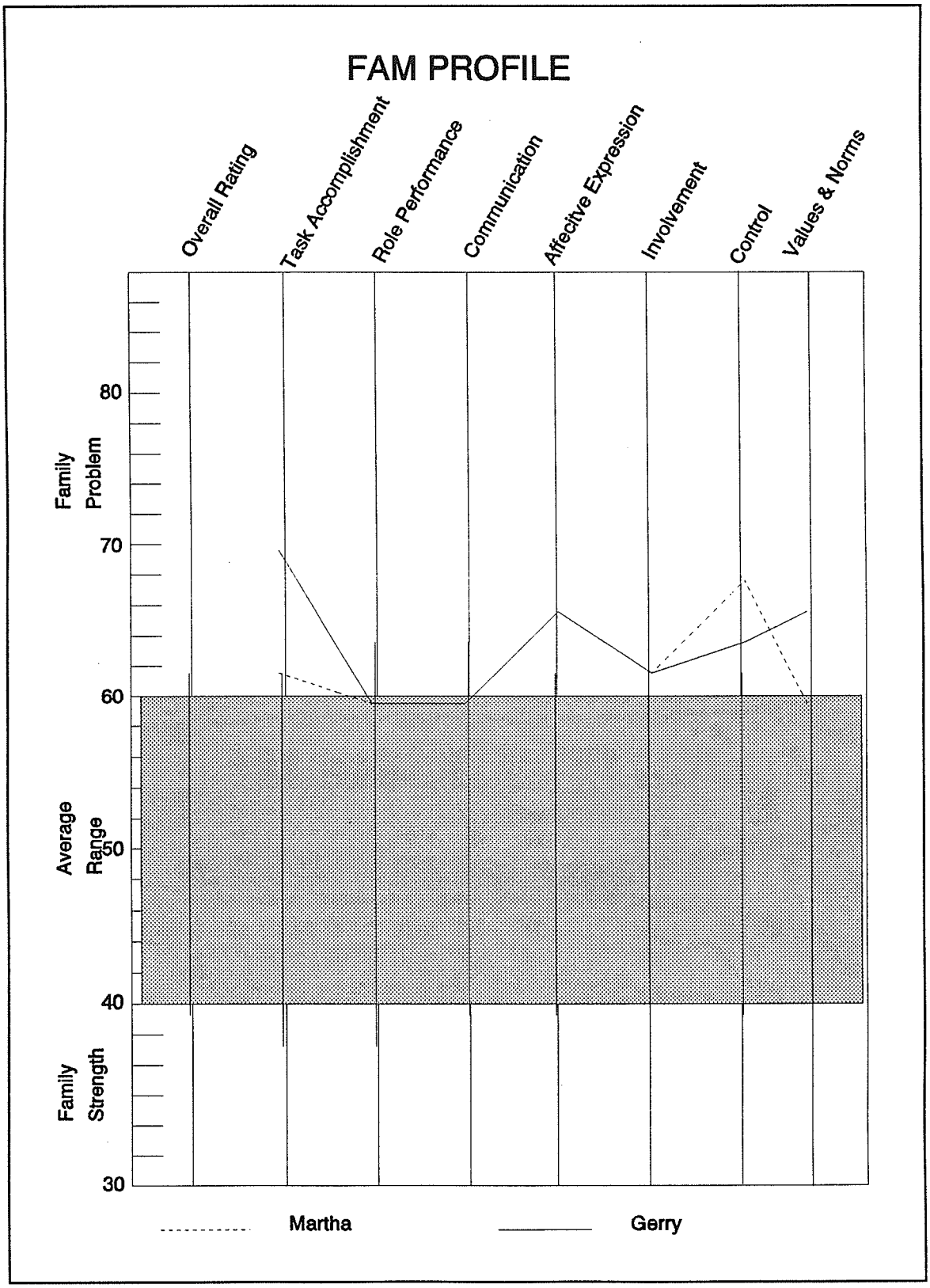

Figure 8 Summary Scores and Standard Deviations for the Dyadic Adjustment Scale and its Subscales, by Marital Status - Pre-Therapy - Martha & Gerry

DYADIC ADJUSTMENT SCALE							
#	Consensus	M	F	#	Satisfaction	M	F
1	Finance	2	3	16	Divorce	3	3
2	Recreation	3	3	17	Leave-fight	4	4
3	Religion	3	4	18	Going well	4	2
5	Friends	3	4	19	Confide	2	2
7	Conventionality	3	3	20	Regret marrying	4	4
8	Philosophy-life	3	3	21	Quarrel	3	2
9	In-laws	1	1	22	Annoyance	3	3
10	Goals	3	3	23	Kiss mate	3	3
11	Time Together	3	2	31	Happiness-scale	2	3
12	Decisions	3	3	32	Future hope	3	4
13	Household	3	3				
14	Leisure	3	3				
15	Career	3	4				
(a) **Subtotal (65)**		36	39	(b) **Subtotal (50)**		31	30
Affectional Expression				**Dyadic Cohesion**			
4	Affection	3	3	24	Outside interests	2	1
6	Sex-agree	6	4	25	Exchange ideas	3	1
23	Tired for sex	0	0	26	Laugh together	3	4
30	Not show love	1	1	27	Calm discussions	2	2
				28	Work together	1	1
(c) **Subtotal (12)**		10	8	(d) **Subtotal (24)**		11	9
TOTAL SCORES							
a	Dyadic Consensus (65)					36	39
b	Dyadic Satisfaction (50)					31	30
c	Affectional Expression (12)					10	8
d	Dyadic Cohesion (24)					11	9
DYADIC ADJUSTMENT (151)						88	86

Figure 9 Post-Therapy FAM Profile - Martha & Gerry

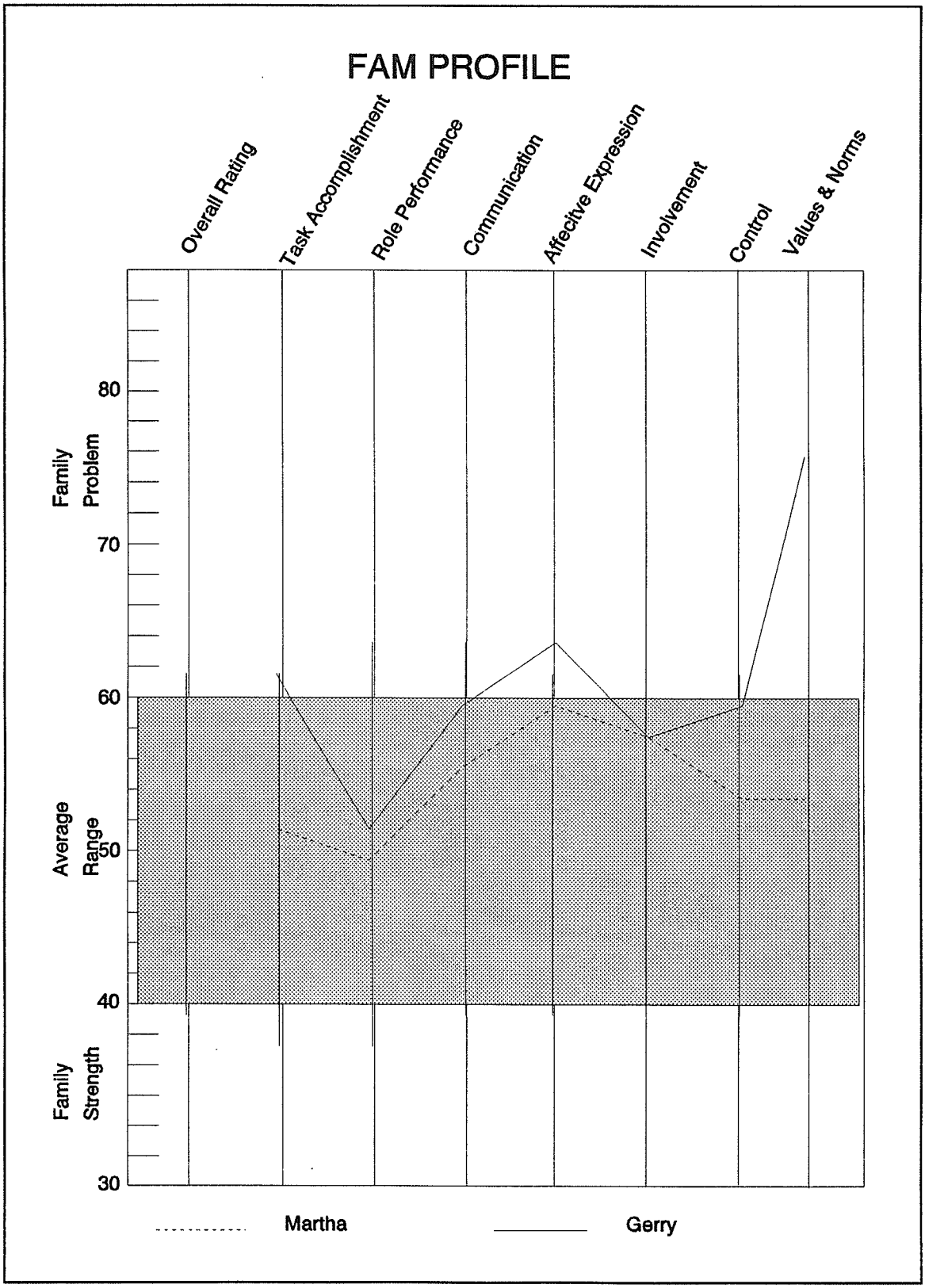

Figure 10 Summary Scores and Standard Deviations for the Dyadic Adjustment Scale and its Subscales, by Marital Status - Post-Therapy - Martha & Gerry

DYADIC ADJUSTMENT SCALE							
#	Consensus	M	F	#	Satisfaction	M	F
1	Finance	2	4	16	Divorce	4	5
2	Recreation	3	3	17	Leave-fight	3	3
3	Religion	3	4	18	Going well	4	4
5	Friends	2	3	19	Confide	4	5
7	Conventionality	3	3	20	Regret marrying	4	4
8	Philosophy-life	3	3	21	Quarrel	3	3
9	In-laws	2	2	22	Annoyance	3	4
10	Goals	3	4	23	Kiss mate	3	4
11	Time Together	4	4	31	Happiness-scale	3	4
12	Decisions	3	4	32	Future hope	4	5
13	Household	3	4				
14	Leisure	3	4				
15	Career	3	5				
(a) **Subtotal (65)**		37	47	(b) **Subtotal (50)**		35	41
Affectional Expression				**Dyadic Cohesion**			
4	Affection	3	4	24	Outside interests	1	2
6	Sex-agree	4	4	25	Exchange ideas	3	2
23	Tired for sex	1	1	26	Laugh together	3	5
30	Not show love	1	1	27	Calm discussions	3	4
				28	Work together	2	5
(c) **Subtotal (12)**		9	10	(d) **Subtotal (24)**		12	18
TOTAL SCORES							
a	Dyadic Consensus (65)					37	47
b	Dyadic Satisfaction (50)					35	41
c	Affectional Expression (12)					9	10
d	Dyadic Cohesion (24)					12	18
DYADIC ADJUSTMENT (151)						93	116

Figure 11 Therapist Evaluation Scale - Gerry

THERAPIST EVALUATION SCALE

Below is a list of questions concerning the counselling service you have received. Put a "✓" in the box that best describes your opinion about the service your counsellor has provided.

	Very Dissatisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
Communicates clearly				✓	
Demonstrates an understanding of our family				✓	
Demonstrates sensitivity to feelings of our family				✓	
Demonstrates warmth				✓	
Listens to our family				✓	
Demonstrates acceptance of our family				✓	
Helps our family to see things differently or in a new way				✓	
Helps our family to define and discuss our needs, concerns				✓	
Provides information to our family in a way that is understandable				✓	
Helps our family find solutions				✓	
Provided a relaxed atmosphere			✓		
Demonstrated that he/she was "in charge" of the sessions				✓	
Therapist used self disclosure of own life experience in a way that was helpful to our family				✓	
Uses humour appropriately				✓	
Overall quality of services				✓	

Any Additional Comments:

Figure 12 Therapist Evaluation Scale - Martha

THERAPIST EVALUATION SCALE

Below is a list of questions concerning the counselling service you have received. Put a "/" in the box that best describes your opinion about the service your counsellor has provided.

	Very Dissatisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
Communicates clearly				✓	
Demonstrates an understanding of our family				✓	
Demonstrates sensitivity to feelings of our family				✓	
Demonstrates warmth				✓	
Listens to our family					✓
Demonstrates acceptance of our family				✓	
Helps our family to see things differently or in a new way					✓
Helps our family to define and discuss our needs, concerns					✓
Provides information to our family in a way that is understandable					✓
Helps our family find solutions					✓
Provided a relaxed atmosphere					✓
Demonstrated that he/she was "in charge" of the sessions					✓
Therapist used self disclosure of own life experience in a way that was helpful to our family					✓
Uses humour appropriately				✓	
Overall quality of services					✓

Any Additional Comments:

Couple "C"

My involvement with this particular couple is discussed in depth to demonstrate the importance of addressing denial and minimization around abusive issues prior to engaging in couple counselling. Overall, I believed that my work with this couple would have proven to be more effective had the parties been involved in individual or group sessions where these particular issues could have been addressed adequately prior to dyadic work on the couple's relationship issues. All in all, this couple challenged me to expand my skills regarding confronting clients' perspectives and maintaining neutrality within a therapeutic process.

Source and Reason for Referral

Rhonda and her estranged spouse Dennis were referred for spousal abuse couple counselling through Rhonda's Employee Assistance Program (E.A.P.). The counsellor at this service was aware of this program's criteria. Rhonda initiated the request for services and indicated that they were both admitting to the abuse and were seeking couple counselling to address their abusive patterns in anticipation of working towards reconciliation as they had been living separately for approximately one year. Rhonda was residing in their family home with their two children while Dennis was living with his parents in the parents' home. At point of referral, Dennis was spending weekends in the family home as the couple worked toward their goal of reconciliation.

The separation occurred due to an incident of physical abuse which occurred approximately one year prior to this request for counselling. The physical assault had been directed to Rhonda by Dennis and the police

intervened at Rhonda's request. As a result of this incident, Dennis was subsequently charged with assault. This matter had been dealt with in court and he had received a conditional discharge and was court ordered to maintain the peace for a six month period. He had also been court ordered to leave the home during this period of time.

The abuse in the relationship was unidirectional with the first incident occurring two years after marriage and prior to their having children. Following the birth of the children, there was an increase in the frequency of abuse with incidents occurring at approximately two year intervals. The abuse included both physical and emotional abuse directed to Rhonda by Dennis.

Both openly stated that they saw themselves as contributing equally to their marital problems. They shared that over time they had become increasingly distant and had stopped communicating and that they were no longer able to share problem issues with each other. Dennis believed that the incidents were directly related to increased stress associated with his employment. In retrospect, he believed that his frustration with this was redirected as his spouse. He openly admitted that as his employment became more demanding, he had responded by becoming increasingly more controlling and demanding in the home. Dennis believed he was more psychologically abusive than physically abusive. Rhonda saw herself as contributing by operating like a martyr in the marriage. Over time, she became fearful of Dennis' temper and always relinquished control and accommodated by trying to keep things peaceful in the home and with the children. They viewed themselves as ultimately have become trapped and functioning like prisoners in their own home.

Both partners also shared that their families of origin were very rigid and traditional in structure and that conflict had been dealt with by avoidance. They believed that this had strongly influenced their own pattern of functioning as a couple and their inability to appropriately address areas of contention. Both had spent time reflecting on the limitations learned in their family of origins and believed that they had a better understanding of these shortcomings.

Since their separation, both Dennis and Rhonda had been involved in some individual counselling and had found this helpful in assisting them to take some necessary steps towards changing. Dennis' prior counselling had helped him to accept and begin to address his past transgressions and realize his own personal limitations. He reported that in the past he had equated apologies as a sign of weakness. He admitted that following abusive incidents he had felt remorse, however at the time he did not see it as appropriate or necessary to apologize. Counselling had assisted him to change his traditional views both in relation to marital roles and in regards to reprioritizing his goals with his employment. He saw himself as having been determined to do well in his employment and driven to climb the ladder of success. He now realized that so much of his energy was being focused on his employment that there was little or no energy left to focus on issues in the marriage or the home. He had actively taken steps to correct the situation at his employment by being clear and firm about his goals and personal limitations.

Rhonda had also found the separation and past counselling helpful. She felt stronger and more capable of functioning independently than she had been. She believed the counselling had been beneficial in building

her self-confidence and in assisting her to reflect upon her contributions to their marital difficulties.

At the point of initial referral, both openly admitted to the problems in the relationship. They both presented as determined to attempt to address their issues and work jointly towards their goal of reconciliation.

Background Information and Etiology

Rhonda (34 years) and Dennis (34 years) had been together for a total of 19 years and had been married for 12½ years. They have two children of this union, Tom age 5 years and Chuck age 3 years. They were high school sweethearts and dated for 7 years prior to getting married.

Dennis reported that in high school he was good in both academics and sports. He was Captain of the high school football team. He was attracted to Rhonda as she was fun to be with, had a nice body and could joke. The strengths he saw in her at that time were that she was good in literature, very functional in the home and was able to speak her mind. Dennis evaluated himself as having been very traditional in his beliefs and values at that time. He saw himself as having been somewhat of a "jock or macho male." As noted earlier, he was struggling with changing this self-image as he believed it had played a large part in contributing to their relationship difficulties.

Dennis was employed full-time as a Financial Analyst with an insurance company. He was very career minded and readily admitted that this had affected the marriage and their home situation.

Rhonda also viewed herself as having been very traditional in her role and belief system. She further reported that she had been a typical "cheerleader type" in high school. She was attracted to Dennis' fun nature, and impressed by his athletic ability and popularity. The strengths she noted in Dennis were that he was easy to talk to and fun to be with. She further informed me that the decision to marry occurred after she went away for a two week holiday with her family. Rhonda had expected the relationship to be over when she returned as Dennis had not wanted her to go on this holiday. Instead, Dennis proposed when she returned and they decided to marry.

Rhonda was also employed full-time, as an Administrative Secretary. She very much enjoyed her job and reported that she saw herself as functioning very differently at work as opposed to at home. At work she perceived herself as very strong, organized and competent, the opposite of how she saw herself as functioning in the home. She further reported that she often struggled with a sense of guilt about her employment, feeling that perhaps she should be at home with the children.

Both parties admitted to experiencing problems in the parental sphere and attributed this as largely resulting from their relationship difficulties. Rhonda did not view herself as a "good" parent as she was often impatient with the children. She further acknowledged that she often felt guilty over having children and exposing them to all the anger in the home. Retrospectively, Rhonda admitted that over the years she had become fearful of Dennis' anger and had made a conscious decision not to have children as she had feared mixing Dennis' temperament with children. The first pregnancy was not planned, and at the time Rhonda had considered

an abortion. However, she had changed her mind. The second child was a planned pregnancy as she had decided she did not want to have only one child.

Rhonda had found the separation helpful in reducing her sense of guilt in the area of parenting. She had found that her impatience with the children was directly related to the stress and frustration within the marriage. As a result of being on her own, she had been able to prove to herself that she was a competent parent, able to provide for herself and her children, and also adequately meet her own needs. She no longer viewed herself as weak, dependent and eager to accommodate the needs of others at her own expense. In order to improve on her parenting skills, she had also recently taken a parenting course and had found it immensely helpful in managing the children's behaviour.

Dennis did not agree with Rhonda's negative view of herself as a parent. He viewed her as a good mother, very patient and also extremely nurturing with the children. He believed that he had directly contributed to her negative perception as a result of the psychological abuse he had subjected her to over the years. He openly admitted that he had often criticized her parenting and that most of the parental responsibility had been left to Rhonda. He further acknowledged that he had perceived the children as rivals or competitors and had viewed them as interfering and as demanding much of Rhonda's time and attention. He did not view himself as a "good father" as his relationship with the children had been based mainly on control, and he had often been angry and explosive with them.

Dennis also found the separation helpful in changing his parental functioning. He believed that his anger with the children was misdirected

and had consciously tried to repair his relationships with his children. Since the separation, he had spent more "quality time" with them and had found that he could be less rigid and less demanding in terms of his unrealistic expectations of the children. Rhonda had also noted the changes and improvements and believed that the relationships between Dennis and the children were no longer based on fear. She found the children and their father to be more relaxed with each other and noted that Dennis was less explosive and harsh in the area of discipline. She viewed Dennis as being more tolerant and accepting of the children's behaviour.

Overall, both parents had noted significant improvements in the parental sphere since their separation. They both believed that as a result, they were able to function more cohesively in this area.

Neither of these individuals had been involved in any prior relationships which were abusive. This relationship had been their only serious, romantic involvement.

Within their own families of origin, both denied any abuse within the marital dyad or abuse directed at the children. They did however, believe that their learnings from their own families of origin greatly affected how they operated toward each other within their marriage and significantly contributed to their inability to communicate effectively with each other.

Dennis came from a family where the structure was very traditional. His parents relationship was not abusive although Dennis believed that his mother was very controlling and was in some ways verbally abusive towards his father. He viewed his mother as being headstrong, opinionated and

unavailable to consider others' points of view. Dennis envisioned his father as a fairly compliant, passive man. In terms of his current relationships with his parents, Dennis reported that he was closer to his father and that at times, there continued to be conflict between himself and his mother due to her controlling nature.

Dennis had three brothers and was the second child. He recalled that one of the family rules was that problems were not discussed. As an example of this, Dennis shared that when his youngest brother died at the age of 13 of leukemia, the family did not discuss his death or share their pain or grief. At the time of his brother's demise, Dennis was 18 years old. He was very close to this brother and found his loss extremely painful. He could not recall receiving any comforting from his parents in adjusting to this loss and believed that his parents could not acknowledge or address their own pain.

Dennis was unable to discuss his brother's death with his parents until quite recently, following his own individual counselling. Prior to this discussion, Dennis had believed that his parents had given up on fighting for his brother's life and Dennis had felt hindered from helping his brother. Near the time of his brother's death, the plan had been for his brother to go to the States for an operation in which Dennis was to be the bone marrow donor. It was during this discussion that Dennis had with his parents that he first learned that his brother's illness would have had to have been in remission in order for him to have had the operation. However, his brother never made it to this stage. This new information helped Dennis to understand and accept his brother's death.

Dennis recalled that the relationships between himself and his siblings in the family home were very aggressive in nature with numerous physical confrontations. His oldest brother (age 36 years) was married and they have two children. Their marriage was very solid and his wife was very traditional in her role. This brother's wife was very close to her mother-in-law and they frequently relied on each other for support. Dennis' other brother (age 32 years) still resided at home with their parents. Dennis saw him as being like their father, a loner and very quiet.

Since Dennis and Rhonda's separation, Dennis had also been residing with his parents. He reported that this had created difficulties as his parents would side with him and there continued to be much friction between Rhonda and his mother. Rhonda and his mother had never got along well in the first place and the tension between them had increased with the separation. Rhonda supported Dennis' perception and reported that she found Dennis' mother to be very controlling and that his mother had often undermined Rhonda's parental authority. Both Dennis and Rhonda acknowledged that, in the past, many of their arguments had been related to Dennis' mother's interference. Dennis did not view his mother as capable of change; he viewed her as rigid and set in her ways. He believed that he had addressed this conflict effectively as he had firmly established a boundary for himself with his parents whereby his relationship with Rhonda was not a topic that was open for discussion.

In summary, Dennis assessed his family of origin as functioning in a distant, peripheral manner. He did not feel supported or validated in this family structure.

Rhonda came from a family of four children. She was the youngest child by ten years. She had two older brothers (one brother is deceased) and had one older sister. The ten year difference between her and her next sibling, her sister, meant that Rhonda often felt like she was an only child.

Her parents were elderly. Her mother was 75 years old and her father was 84 years of age. Her parent's marriage was an arranged union. In describing her parents, she viewed her father as absent and peripheral and envisioned her mother as functioning like a martyr. She did not recall any abuse within their marital relationship, however she believed her mother nagged a lot and that ultimately her father always got his way. She viewed her mother as the strong, silent type. Dennis disagreed with this perception and viewed his mother-in-law as always complaining and adapting, he saw her as more of a follower. Rhonda agreed that her mother would often compromise, but she felt that when it counted, she was persistent and would insist on getting her way. Dennis got along relatively well with his in-laws and both Dennis and Rhonda found them to be supportive and non-interfering in their marital relationship and in the area of parenting. Rhonda further described her parents as non-demonstrative within their marital relationship and believed that her parents had remained together as they had become accustomed to each other.

The structure and division of labour within the home was very traditional. Her father was the breadwinner and ruler of the home and her mother was responsible for household management and parenting. Rhonda viewed herself as functioning like her mother: she believed that she had also become a martyr in her own marriage and saw herself as always

deferring to Dennis. She found the separation helpful in reviewing her contributing role in their marital problems and believed that this insight would be beneficial in the process of restructuring their marital relationship. As a result of the separation, she found that she was stronger and more capable than she had previously viewed herself. She believed that she had become adept at being able to express her own needs and that this would ultimately result in them being able to operate with increased equality in their marriage.

The emotional ties with her parents and siblings were very strong. She described her family as very close knit and supportive in their relationships with each other. As a child, Rhonda believed that she was 6 years going on 36 years. She operated very much within a caregiving role and admitted that she continued to play this role with her parents due to her position within the family. She also viewed this as a contributing factor to her own marital difficulties and an area of continued potential entrapment. She realized that in order to create change in her own family functioning, she would need to alter her own perceptions associated with caregiving. Dennis also realized the underpinnings of this trap and supported changes within their family structure as necessary and crucial if he and Rhonda were to work towards the goal of reconciliation.

At point of referral, both Dennis and Rhonda showed insight in regards to their own past shortcomings and in being able to understand the importance of creating change both on an individual level and in their collective functioning as a married couple.

Assessment of System Dysfunction

Dennis and Rhonda presented as disengaged within their marital subsystem. This was influenced by the imbalance of power and inequality within the marriage. They were not operating in a manner which supported complementarity, reciprocity or mutual accommodation.

Minuchin (1974) notes that in order to function as a couple system,

> ". . .individuals must develop patterns of complementarity that allow each spouse to 'give in' without feeling he (she) has 'given up.' Both husband and wife must yield part of their separateness to gain in belonging. The acceptance of mutual interdependence in a symmetrical relationship may be handicapped by the spouses' insistence on their independent rights" (p. 56).

In reviewing this couple's relationship, it was clear that their relationship was not symmetrical. Rhonda often saw herself as sacrificing her own needs at the expense of meeting either Dennis' or the children's. Rhonda clearly felt she that she had both "given in" and "given up" in relation to Dennis' insistence on his own independent rights.

This couple were also unable to adapt to change as they were locked into rigid, traditional patterns of functioning. Their inflexibility in adapting to changing roles, created an immense amount of stress for them and reduced their ability to function cohesively as a couple. Minuchin (1974) also notes that

> ". . . family structure must be able to adapt when circumstances change. The continued existence of a family as a system depends on a sufficient range of patterns, the availability of alternative transactional patterns, and the flexibility to mobilize them when necessary. Since the family must respond to internal and external changes, it must be able to transform without losing the continuity that provides a frame of reference for its members" (p. 52).

Parenting was also an area of concern for this couple. They found the children's behaviour difficult to manage. Again, this was largely influenced by their rigid methods of operating whereby Rhonda was mostly

responsible for the nurturing role and Dennis' relationship with the children was based on control and discipline. Both partners also viewed the conflict within their marital system as directly contributing to difficulties in the area of parenting.

Treatment Goals

1. To assist this couple in the process of repairing and restructuring their relationship towards their goal of reconciliation.
2. To provide the couple with direction in establishing equality and a balance of power within their marital relationship.
3. To facilitate improvement in the couple's communication in order that they could effectively address areas of conflict without the need for violence or abuse.
4. To assist the couple in understanding and moving beyond their past personal limitations in order that they could operate more effectively within their marital and parental roles.

Interventions

I met with this couple for a total of four sessions over the course of a three month period. A number of other appointments were scheduled, however, for various reasons, they were cancelled. There were a variety of areas of focus including: patterns of learning from their families of origin, patterns of abuse within their marital relationship, their process of communication, the impact of the spousal abuse on the children, and the division of labour in the home. During the process of therapy, both

partners were able to be fairly open and honest with each other in declaring and defining their own perspective of problem areas.

Throughout the course of therapy, there were points of impasse with Dennis around his inability to fully accept responsibility for his actions. He would often minimize and deny the need for police intervention and fully believed that "the system" had dealt with him too severely and in an unfair manner. He did not see himself as the "typical, average batterer." Dennis was able to accept responsibility for the psychological abuse he had inflicted upon his partner, however he believed that he had not been extensively physically aggressive. He further believed that Rhonda's actions, calling for police intervention and filing for separation, were over-reactive on her part.

Saposnek (1983) notes that during the process of mediation, ". . . there are often 'stuck spots,' in which the couple reach an impasse and are unable to negotiate any further. The problem at these points is not overt conflict but resistance to workable compromise" (p. 50). He further notes that it is crucial at "stuck" times for the therapist/mediator to actively pursue pragmatic approaches or strategies in order to elicit cooperation between the disputing couple in overcoming the impasse. This must be accomplished in a manner which can be equated with balance between the couple and where the therapist maintains a position of neutrality so that neither partner feels in a position of compromise. The risk of losing neutrality is that it can potentially heighten the impasse, and result in creating further resistance to change and to the therapist.

Piercy and Sprenkle (1986) note that the therapist's ability to maintain neutrality is the "glue" that holds the therapeutic process

together and creates the opportunity for change. They add that, ". . . by avoiding issues of hierarchy, power and side-taking the therapist is free to experience the system in its entirety. This facilitates the generation of new hypothesis and allows the family to develop at its own pace in its own way" (1986, p. 30). Maintaining neutrality with this couple became particularly challenging for me due to Dennis' position in relation to the abuse. As my supervisor noted, Dennis' resistance increased whenever I lost my position of neutrality.

Due to Dennis' strong denial and minimization, I would often become trapped and align more strongly with Rhonda. This of course, resulted in Dennis feeling slighted and misunderstood. He would then become defensive and resistant to change.

In order to move beyond this impasse, the actions taken at the time of the most recent incident were framed as a necessary evil and as helpful in terms of stopping the cycle that existed between them. The issue of forgiveness was framed as a strength and a necessary step towards repairing their relationship. Forgiveness was equated with a process that they would need to experience together if they wanted to be able to trust each other, alter their ineffective communicational patterns, and work towards their mutual goal of reuniting. The focus thus shifted to having the couple agree to disagree around specific details of content in relation to this abusive incident and to focus their energy on the process of forgiveness. This freed the couple up to move beyond content issues to a position where energy could be spent on the process of creating change.

Interventions were then aimed at addressing blocks in their patterns of communication. Time was spent discussing these blocks and means of

altering these ineffective patterns. The process of "time outs" and how to effectively implement this tool was also addressed.

The areas of parenting and the division of labour in the home were other areas of focus. The couple were able to realize how they had become trapped by their own traditional patterns of family structuring and rigid means of operating. Both partners clearly viewed this as a contributing factor and took active steps to alter their patterns of functioning.

Therapy was terminated by Rhonda after she and Dennis had discussed it. Termination occurred after a two week trial period where Dennis had returned to reside in the family home. Rhonda had called to cancel the scheduled appointment and further sessions. She reported that they were both feeling very positive about their relationship and the changes that they had effectively implemented in their patterns of functioning. Rhonda further reported that they had both evaluated their relationship as being more cooperative in terms of accomplishing tasks and being able to communicate more effectively. I questioned whether they were perhaps in a "honeymoon phase," and Rhonda assured me she did not believe this to be the case. She validated this view by informing me that they were now able to discuss and resolve areas of conflict that previously would have been avoided. They were now operating in a manner where they were consciously making a point of working jointly in the home, with the children and in spending time together as a couple, discussing issues once the children were in bed for the night. Rhonda further assured me that both she and Dennis had noted the differences in their relationship and they were both feeling very positive about these changes. Therapy was thus terminated with the understanding that I would be available for further consultation

should they feel the need for future services. There was no further request for service by this couple.

Evaluation and Case Conclusion

Figure 13 examines the pre-therapy profile on the FAM III Dyadic Scale for this couple. In reviewing their rating on this scale, both Dennis and Rhonda defined all areas except values and norms as problematic. Rhonda's ratings were considerably higher than Dennis', indicating her greater degree of dissatisfaction in the relationship. Rhonda viewed the areas of role performance and affective expression as the areas of highest concern. Dennis, although he agreed with Rhonda's perceptions, did not view communication, affective expression, affective involvement, and control as being as highly problem-focused as Rhonda. Interestingly, Dennis viewed the area of control as on the border between the average range and an area of family problems.

Figure 14 reviews this couples pre-therapy DAS scores. Congruent with the other pre-therapy measurement, this couple again presented as very discontented in all areas reflected by this particular rating scale. Overall, their ratings tested as below the norm for divorced couples. Dyadic satisfaction and affectional expression were fairly equally rated by this couple as areas of concern as mirrored by the one point difference in their ratings. Dyadic consensus and dyadic cohesion reflected greater discrepancy, with Dennis rating these as less problem-focused than Rhonda. Overall, Rhonda again viewed their relationship as more problematic in all areas than did Dennis as demonstrated by her lower rating scores.

Figure 15 highlights this couple's post-therapy measurements on the FAM III Dyadic Scale. The results on this scale are consistent with their perception of change and improvement in their relationship. Overall, their ratings in all areas reflected improvement in the relationship with areas being less problem-focused than their pre-therapy scores. Rhonda still viewed communication, affective involvement and control as areas of concern, whereas Dennis perceived role performance as the only remaining area of concern. Task accomplishment, role performance, communication, affective expression, and affective involvement were fairly closely rated by this couple. The areas of greatest discrepancy were control and values and norms. My interpretation of the discrepancy in these areas is that this couple were still adapting to a shift in their patterns of functioning and to adopting a new belief system that was less rigid and traditional in its structure. Rhonda continued to remain the most sceptical in evaluating the changes in the relationship, with Dennis viewing all areas other than role performance as within the average range of functioning.

Figure 16 notes the couple's post-therapy DAS ratings. Their scores here also reflect their evaluation of notable improvement in their relationship. All areas covered on this scale demonstrated advancement as reflected by their higher ratings. Dyadic consensus, dyadic satisfaction and affectional expression were equally rated by this couple. Dyadic cohesion was the only area of discrepancy between the couple with Rhonda rating this as improved, but still an area of concern. I believe that this couple were able to significantly improve their relationship and that the area of dyadic cohesion will continue to develop as they successfully

adjust to the restructuring within the home environment. Overall, although both noted improvement, Rhonda again was the most sceptical in evaluating these improvements.

The therapist evaluation scales, Figures 17 & 18, as completed by the couple, indicate a mixed review of the therapeutic process with Dennis feeling less satisfied overall with therapy than Rhonda. As noted in the comment section of the evaluation form, Dennis felt under attack in many of the sessions, and that I had taken a "black and white" approach without fully understanding the situation.

This, I believe, directly reflected my difficulty in maintaining neutrality throughout the therapeutic process. In future, when working in the area of spousal abuse, I will have to pay particular attention to not become trapped by content issues (denial) so as to maintain my neutrality. As my supervisor pointed out, therapy would have been more effective had I encouraged Rhonda to confront Dennis' perceptions herself rather than getting locked in a direct power struggle with Dennis myself. Had I been more successful in staying neutral and in averting becoming involved in a power struggle with Dennis, they would have been freer to draw their own interpretations and conclusions rather than me becoming entrapped in the role of convincing them to "buy" my reality or interpretations. This would have resulted in them becoming more cohesive and being in a stronger position of self-empowerment, both individually and collectively. In the future, I would choose a strategy that would include having the partners directly challenge each other's perceptions around issues of denial. This would facilitate the maintenance of therapeutic neutrality.

In evaluating my work with this couple, I do not believe I was as effective as I could have been. My supervisor, however, felt I was underplaying the impact I had on this couple in my work with them. As he noted, I seemed to have helped them to move as far as they could tolerate at that particular point in time and that perhaps, this was why they chose to terminate therapy when they did. I had also successfully challenged and helped change the husband's "place" in the family and this might explain the vestiges of discontent in his therapy assessment form, (i.e., he came into therapy wanting a therapist to side with him and make his wife feel guilty about laying charges and "driving him out of the home"). Overall, as he further noted, I had accomplished my goals of therapy as I had challenged their aim in therapy, remained focused in the work I did, and helped them to shift some of their perceptions and some basic "rules" governing their relationship.

Figure 13 Pre-Therapy FAM Profile - Rhonda & Dennis

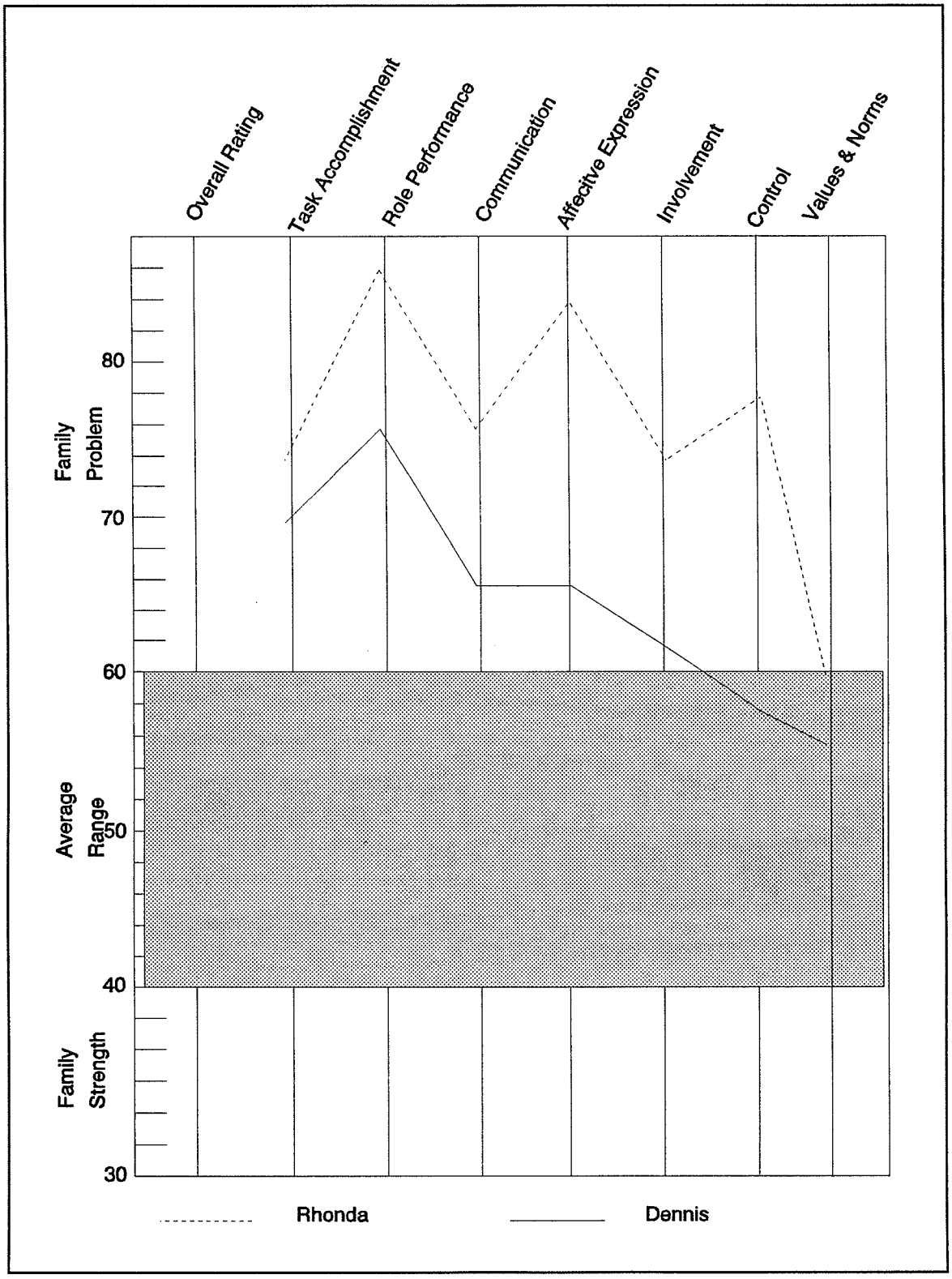

Figure 14 Summary Scores and Standard Deviations for the Dyadic Adjustment Scale and its Subscales, by Marital Status - Pre-Therapy - Rhonda & Dennis

DYADIC ADJUSTMENT SCALE							
#	Consensus	M	F	#	Satisfaction	M	F
1	Finance	5	3	16	Divorce	3	3
2	Recreation	3	3	17	Leave-fight	4	2
3	Religion	2	2	18	Going well	2	3
5	Friends	3	3	19	Confide	1	3
7	Conventionality	3	2	20	Regret marrying	2	3
8	Philosophy-life	3	2	21	Quarrel	3	3
9	In-laws	3	3	22	Annoyance	3	2
10	Goals	3	3	23	Kiss mate	2	1
11	Time Together	2	3	31	Happiness-scale	1	2
12	Decisions	4	3	32	Future hope	4	4
13	Household	2	1				
14	Leisure	3	2				
15	Career	4	4				
(a)	**Subtotal (65)**	40	34	(b)	**Subtotal (50)**	25	26
Affectional Expression				**Dyadic Cohesion**			
4	Affection	3	3	24	Outside interests	1	1
6	Sex-agree	3	2	25	Exchange ideas	2	1
23	Tired for sex	1	0	26	Laugh together	3	2
30	Not show love	0	1	27	Calm discussions	3	1
				28	Work together	2	1
(c)	**Subtotal (12)**	7	6	(d)	**Subtotal (24)**	11	6
TOTAL SCORES							
a	Dyadic Consensus (65)					40	34
b	Dyadic Satisfaction (50)					25	26
c	Affectional Expression (12)					7	6
d	Dyadic Cohesion (24)					11	6
DYADIC ADJUSTMENT (151)						83	72

Figure 15 Post-Therapy FAM Profile - Rhonda & Dennis

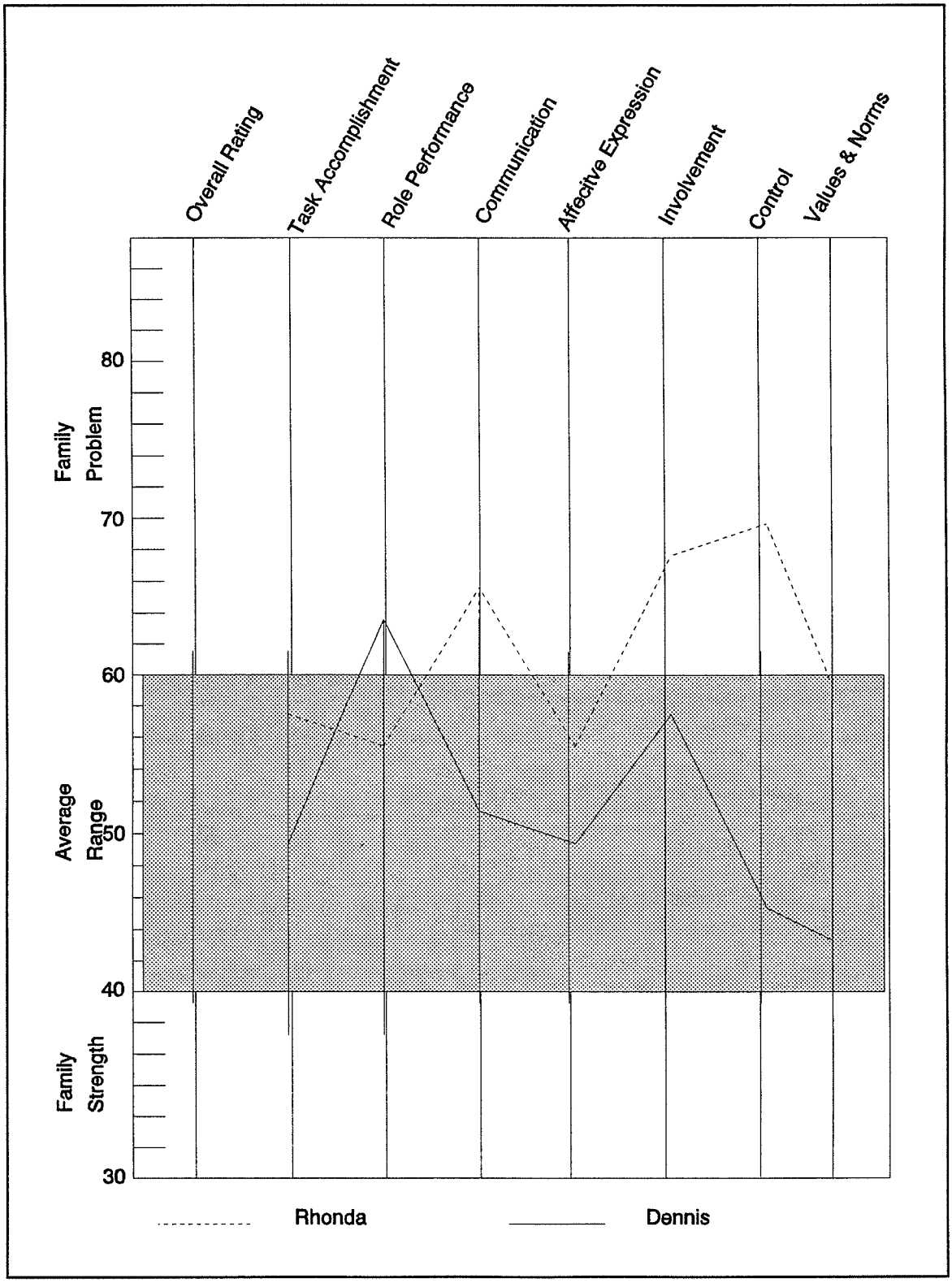

Figure 16 Summary Scores and Standard Deviations for the Dyadic Adjustment Scale and its Subscales, by Marital Status - Post-Therapy - Rhonda & Dennis

DYADIC ADJUSTMENT SCALE							
#	Consensus	M	F	#	Satisfaction	M	F
1	Finance	4	4	16	Divorce	3	3
2	Recreation	4	3	17	Leave-fight	4	3
3	Religion	4	1	18	Going well	4	3
5	Friends	3	4	19	Confide	3	4
7	Conventionality	3	4	20	Regret marrying	3	3
8	Philosophy-life	3	3	21	Quarrel	3	3
9	In-laws	3	3	22	Annoyance	3	3
10	Goals	3	4	23	Kiss mate	3	3
11	Time Together	4	4	31	Happiness-scale	3	3
12	Decisions	4	3	32	Future hope	2	3
13	Household	2	3				
14	Leisure	3	3				
15	Career	3	4				
(a)	**Subtotal (65)**	43	43	(b)	**Subtotal (50)**	31	31
Affectional Expression				**Dyadic Cohesion**			
4	Affection	3	4	24	Outside interests	2	2
6	Sex-agree	4	3	25	Exchange ideas	3	1
23	Tired for sex	0	0	26	Laugh together	5	3
30	Not show love	1	1	27	Calm discussions	4	3
				28	Work together	4	3
(c)	**Subtotal (12)**	8	8	(d)	**Subtotal (24)**	18	12
TOTAL SCORES							
a	Dyadic Consensus (65)					43	43
b	Dyadic Satisfaction (50)					31	31
c	Affectional Expression (12)					8	8
d	Dyadic Cohesion (24)					18	12
DYADIC ADJUSTMENT (151)						100	94

Figure 17 Therapist Evaluation Scale - Dennis

THERAPIST EVALUATION SCALE

Below is a list of questions concerning the counselling service you have received. Put a "✓" in the box that best describes your opinion about the service your counsellor has provided.

	Very Dissatisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
Communicates clearly			✓		
Demonstrates an understanding of our family		✓			
Demonstrates sensitivity to feelings of our family			✓		
Demonstrates warmth			✓		
Listens to our family		✓			
Demonstrates acceptance of our family				✓	
Helps our family to see things differently or in a new way			✓		
Helps our family to define and discuss our needs, concerns			✓		
Provides information to our family in a way that is understandable		✓			
Helps our family find solutions			✓		
Provided a relaxed atmosphere				✓	
Demonstrated that he/she was "in charge" of the sessions				✓	
Therapist used self disclosure of own life experience in a way that was helpful to our family			✓		
Uses humour appropriately		✓			
Overall quality of services		✓			

Any Additional Comments: *I felt that I was under attack in many of the sessions. Counsellor took a black and white approach for the scenario w/o fully understanding the situation.*

Figure 18 Therapist Evaluation Scale - Rhonda

THERAPIST EVALUATION SCALE

Below is a list of questions concerning the counselling service you have received. Put a "✓" in the box that best describes your opinion about the service your counsellor has provided.

	Very Dissatisfied	Dissatisfied	In Between	Satisfied	Very Satisfied
Communicates clearly					✓
Demonstrates an understanding of our family				✓	
Demonstrates sensitivity to feelings of our family			✓		
Demonstrates warmth			✓		
Listens to our family				✓	
Demonstrates acceptance of our family				✓	
Helps our family to see things differently or in a new way				✓	
Helps our family to define and discuss our needs, concerns					✓
Provides information to our family in a way that is understandable					✓
Helps our family find solutions				✓	
Provided a relaxed atmosphere				✓	
Demonstrated that he/she was "in charge" of the sessions				✓	
Therapist used self disclosure of own life experience in a way that was helpful to our family		✓			
Uses humour appropriately			✓		
Overall quality of services				✓	

Any Additional Comments:

CHAPTER VI

DISCUSSION ON THE PRACTICUM EXPERIENCE

Concluding Comments re: Clinical Issues

The area of spousal abuse presents therapists with many challenges. It is one of the most complex and difficult areas requiring intervention. A practice theme of importance is the therapist's view of the problem area. Therapists need to be cognizant of their own values and attitudes in regard to spousal abuse. A lack of awareness in this area can hinder the therapeutic process by interfering and blocking the ability to be neutral or take a metaposition. One manner of monitoring this is for the therapist to do joint therapy or to use peer supervision to monitor the process.

Throughout the course of this practicum experience the supervision I received from my advisor was invaluable to me in emphasizing when I was becoming entrenched in my own biases and losing my position of neutrality. This facilitated a process where efforts could be aimed directly at correcting this imbalance and improving the therapeutic process. All in all, this practicum experience taught this student a great deal about the importance of maintaining neutrality and improved my therapeutic skills in this area.

As I stated earlier, I believe that if couples just attend individual or group therapy without being able to have couple counselling, we are doing these families a deep injustice. What I believe happens in these situations is that change occurs, but the parties do not understand the change in their partners and therefore they are often just as "stuck"

in their relationship problems as they were previously. Clinically, the couples that I engaged with supported this hypothesis. The couples that had previously attended individual/group therapy prior to engaging in this therapeutic process found it difficult to comprehend the changes in their partner. They attended couple therapy reporting that they were still struggling with their relationship and that they now viewed themselves as locked into a reversed power struggle. What I believe happened is that these interventions (individual/group therapy) brought issues to the foreground which are best dealt with in a couple therapy context.

I wish to make it clear that I am in no way underrating the importance of individual and group interventions. I do however, believe that these interventions are only the initial steps in the process of change, especially where partners wish to maintain their relationship. These interventions provide an avenue for addressing the initial content issues of denial and minimization around the abusive incidents and for assessing whether the individuals are appropriate for couple counselling. Once these issues are addressed, then couple therapy is an ideal forum for focusing on the **process** of change best suited for each couple's unique relationship. The couples involved in my practicum experience found it extremely beneficial to share their learnings from their own individual/ group counselling experience with their partner during couple therapy. This sharing enhanced their ability to function in a partnership and improved their comprehension and understanding of the changes noted in their spouse.

When utilizing a systemic framework for therapy it is also important for a clinician to investigate with clients their own world view and their

teachings from their families of origin. My supervisor's skilled guidance and direction assisted me in exploring the importance of "family of origin" material in the therapeutic process. My strategic skills in this area expanded as I became more aware of the use of "family history" as a means for creating change. I was thus able to communicate "the patterns that connect" to the couples that I contracted with for therapy. As the couples gained an understanding of these patterns, they were able to effectively move beyond these prior limitations. They developed new patterns of operating that improved their functioning both within their couple relationship and family system.

In summary, I believe that a family systems approach to spousal abuse offers a forum for addressing both the content and process issues associated with this problem. A systems perspective to spousal abuse focuses on the need for change on all levels (person, family and environment). It emphasizes a combined effort in the process of change by the couple and fully recognizes that all parties need to accept responsibility in creating change. The use of this approach in assessing and intervening in spousal abuse provides an opportunity to restructure and alter the relationship within its natural context. I believe that providing couple counselling provides an opportunity for "second order change" (Watzlawick, Weakland, & Fisch, 1974), and thereby a chance to save the union of the couple and the family. In addition, it also facilitates an avenue whereby the couple can acquire a respect for the process of differentiation in their relationship and learn to function in

less extreme manners in terms of being either too enmeshed or disengaged. As noted by Massey (1984),

> ". . . family systems thinking expands its analysis through examining the dynamic interdependence of persons-in-context functioning as a coherence in which changes in persons and system evolve reciprocally. Analyzing both person-as-creators-and-maintainers-of-systems and systems-as-controlling-persons enriches systems theory and paves the way for more effective therapy" (p. 37).

Concluding Comments re: Systems Issues

Current theoretical approaches to family violence recognize the multi-dimensional factors and locate the roots of family violence as being attributed to individuals, family structure, and their interface with society. I believe that changes need to occur on all three levels in order for family violence to be eliminated or effectively reduced. As I have already addressed individual and family levels of change, I will focus here on commenting on the more global level of change, that is change on a societal level.

We, as a society, need to address the issue of violence. Abuse has been culturally sanctioned and needs to be addressed in this context if it is to be unsanctioned. We need to "denormalize" violence. We also need to deal with society's denial and minimization of this problem on a global level. One means of correcting this process is by developing stricter legal means of intervening in this problem area. Abuse between spouses is a crime. We often fail to treat it as such. We need to be more effective in implementing legal repercussions in this area. A prime example of the legal system's present ineffectiveness, is restraining orders. This, in principal, is an effective tool, however, it becomes useless to expect the

victim to implement or enforce its use. This simply further victimizes the victim. It is the legal system that should be accountable and responsible for implementing this tool.

On a societal level, we also need to address the issue of inequality between the sexes. We must, however, be cautious in our efforts to correct the problems created by a patriarchal society so that we do not tip the scales in the opposite direction, whereby we could potentially become entrapped in becoming sexist toward men. This is not the solution as it would create reverse discrimination. For women to ban men from women's activities such as vigils is to ostracize them and to prohibit them from being involved in the process of change. It is my view that in order to eliminate issues of power and control between the genders, we need to move towards becoming a "genderless" society. Ideally, I believe that if we could address spousal abuse as "non-gender specific," we could depolarize the issue of blame, and work more cooperatively between the genders to address this problem.

It is also equally important for both men and women to be emotionally expressive in their relationships. Unfortunately, the structure of society has not encouraged this process. We need to support each other in the process of becoming more expressive.

The media, a powerful tool for teaching girls how to be victims and boys to be abusers, needs to be more responsible in emphasizing examples of "healthy" non-violent role models in our society. After all, if society is truly to change then we must all be involved in this effort together.

Society has also, over the years, supported a patriarchal structure of the family. It is important to recognize the shortcomings of this structure and how this imbalance of power and control are not conductive to healthy family functioning. This needs to be corrected so that future generations do not become entrenched in these dysfunctional patterns of relating.

As Roberts (1981) notes, "Efforts aimed at eliminating the conditions which breed wife abuse should include: eliminating sex-role stereotyping; improving the quality of life education for children and adults; and changing society's attitude towards violence through education programs" (p. 157).

Concluding Comments re: Learning Objectives

The main learning objective of this practicum was to utilize a systemic approach to assist couples in abusive relationships to assess, evaluate and change the numerous problematic issues in their relationship. I feel that this goal was met, evidenced by the results of the post-test measures. A further goal was to address enmeshment and disengagement issues so as to provide the couple with direction in learning to differentiate individually and as a couple. I believe that this allowed for more effective normative, independent functioning and therefore reduced the risk of further spousal abuse. All of the couples that I engaged with had changed their patterns of interacting in terms of conflict resolution, eliminating abuse from their repertoire of coping mechanisms, at the end of treatment. They were much better equipped to resolve conflict in a proactive, positive manner. A third goal was to

demonstrate the effectiveness of the use of the selected research tools within a systemic intervention framework. I found the measures to be very helpful in the therapeutic process, enabling the couples to facilitate changes in a self-directed manner, whereby they were able to identify the problem areas specific to their relationship. The research tools also proved very effective in helping me to identify the issues and goals for each couple.

BIBLIOGRAPHY

Ackerman, N.W., & Behrens, M.L. (1974). Family diagnosis and clinical process. In S. Arieti (Ed.), American Handbook of Psychiatry: Vol. II. New York: Basic Books.

Bagarozzi, G.A., & Giddings, C.W. (1983). Conjugal violence: A critical review of current research and clinical practices. The American Journal of Family Therapy, 11(1), 3-12.

Ball, M. (January, 1977). Issues of violence in family casework. Social Casework, 58, 3-12.

Bard, M., & Ellison, K. (May, 1974). Crisis intervention and investigation of forcible rape. The Police Chief, 41, 68-73.

Bateson, G. (1972). Steps to an ecology of mind. New York: Ballantine Books.

Bergman, B. (November 11, 1991). Women in fear. MacLean's Canada Weekly News Magazine, pp. 26-32.

Bloom, M., & Fischer, J. (1982). Evaluating practice: Guidelines for the accountable professional. New Jersey: Prentice Hall.

Borland, M. (1976). Violence in the Family. Atlantic Highlands, NJ: Humanities Press.

Boszormenyi-Nagy, I., & Spark, G.M. (1973). Invisible loyalties: Reciprocity in intergenerational family therapy. New York: Harper & Row.

Brekke, J., & Saunders, D. (1982). Research on women abuse: A review of findings, needs, and issues. In R.J. Gelles & C.P. Cornell (Eds.), (1985). Intimate violence in families. Newbury Park, CA: Sage.

Byrd, D.E. (March, 1979). Intersexual assault: A review of empirical findings. Paper presented at the annual meetings of the Eastern Sociological Society, New York.

Cook, D.R., & Franz-Cook, A. (1984). A systemic approach to wife battering. Journal of Marital and Family Therapy, 10(1), 83-94.

Cotroneo, M. (1986). Families and abuse: A contextual approach. In M. Karpel (Ed.), Family resources: The hidden partner in family therapy. New York: Guilford Press.

Covey, S.R. (1989). The seven habits of highly effective people. New York: Simon & Schuster.

de Shazer, S. (1991). Putting difference to work. New York: W.W. Norton & Co.

Dobash, R.E., & Dobash, R. (1979). Violence against wives. New York: Free Press.

Elbow, M. (October, 1982) Children of violent marriages: The forgotten victims. Social Casework: The Journal of Contemporary Social Work, 465-471.

Ewing, W.A. (1987). Domestic violence and community health care ethics. Reflections on systemic intervention. Family Community Health, 10(1), 54-62.

Flynn, J.P. (1975). Spouse assault: Its dimensions and characteristics in Kalamazoo County, MI. Unpublished manuscript, Western Michigan University.

Ganley, A.L. (1981). Court-mandated counselling for men who batter. In D.A. MacKenzie (Ed.), Wife abuse: An overview of salient issues. Canadian Journal of Community Health, 4(1), 65-79.

Gayford, J.J. (January, 1975). Wife battering: A preliminary survey of 100 cases. British Medical Journal, 1, 194-197.

Gelles, R.J. (1973). Child abuse as psychopathology: A sociological critique and reformulation. American Journal of Orthopsychiatry, 43, 611-621.

Gelles, R.J. (1974). The violent home. Beverly Hills: Sage.

Gelles, R.J. (1976). Abused wives: Why do they stay? Journal of Marriage and the Family, 38, 659-668.

Gelles, R.J. (1979). Family Violence. Beverly Hills, CA: Sage.

Gelles, R.J. (November, 1980). Violence in the family: A review of research in the seventies. Journal of Marriage and the Family, 873-885.

Gelles, R.J., & Cornell, C.P. (1990). Intimate violence in families. New York: Sage.

Gelles, R.J., & Maynard, P.E. (1987). A structural family systems approach to intervention in cases of family violence. Family Relations, 36, 270-275.

Gil, D. (1970). Violence against children: Physical child abuse in the United States. Cambridge: Harvard University Press.

Gushue, L.G. (1990). Intimate violence: An interpersonal treatment approach. Unpublished practicum report, University of Manitoba, Winnipeg, MB.

Haley, J. (1976). Problem solving therapy: New strategies for effective family therapy. San Francisco: Jossey-Bass.

Halperin, S. (1981). Abused and non-abused children's perceptions of their mother's, fathers, and siblings: Implications for a comprehensive family treatment plan. Family Relations, 30, 89-95.

Hilberman, E. (1980). Overview: The wife-beater's wife reconsidered. American Journal of Psychiatry, 137, 1336-1347.

Hilberman, E., & Munson, K. (1978). Sixty battered Women. Victimology, 2(3), 460-471.

Janzen, C., & Harris, O. (1980). Family treatment in social work practice. Itica, IL: F.E. Peacock.

Kempe, C.H., Silverman, F.H., Steele, B.F., Droegemeuller, W., & Silver, H.K. (1962). The battered child syndrome. Journal of American Medical Association, 181(41), 107-112.

Klingbeil, K., & Boyd, V. (1984). Behavioral characteristics of domestic violence. In A.R. Roberts (Ed.), Battered women and their families. New York: Springer.

Lebow, J. (1982). Consumer satisfaction with mental health treatment. Psychological Bulletin, 2, 224-259.

Lebow, J. (1983). Research assessing consumer satisfaction with mental health treatment. Evaluation and Program Planning, 6, 211-236.

Levine, M.B. (1975). Interparental violence and its effect on the children: A study of 50 families in general practice. Medicine, Science & Law, 15, 172-176.

Lipchik, E. (May/June, 1991). Spouse abuse: Challenging the party line. Networker, 59-63.

MacKenzie, D.A. (1986). Wife abuse: An overview of salient issues. Canadian Journal of Community Health, 4(1), 65-79.

Madanes, C. (1990). Sex, love and violence: Strategies for transformation. New York: W.W. Norton.

Maden, M.F., & Wrench, D.F. (1977). Significant findings in child abuse research. Victimology, 2(2), 196-224.

Margolin, B., Sibner, L.G., & Gleberman, L. (1988). Wife battering. In V.B. Van Hasselt, R.L. Morrison, A.S. Bellack, & M. Hersen (Eds.), Handbook of family violence (pp. 89-117). New York: Plenum Press.

McLeod, Y. (1991) Structural and strategic family therapy with families in the adolescent stage of the life cycle. Unpublished practicum report, University of Manitoba, Winnipeg, MB.

Minuchin, S. (1974). Families and family therapy. Cambridge, MA: Harvard University Press.

Minuchin, S., & Fischman, H.C. (1981). Family therapy techniques. Cambridge, MA: Harvard University Press.

Neidig, P.H., & Friedman, D.H. (1984). Spouse abuse: A treatment program for couples. Champaign, IL: Research Press.

Neidig, P.H., Friedman, D.H., & Collins, B.S. (1985). Domestic conflict containment: A spouse abuse treatment program. Social Casework, 4, 195-204.

Okun, B.F., & Rappaport, L.J. (1980). Working with families: An introduction to family therapy. North Scituate: MA: Duxbury Press.

Owens, D., & Straus, M.A. (1975). Childhood violence and adult approval of violence. Aggressive Behavior, 1(2), 193-211.

Papp, P. (1983). The process of change. New York: The Guildford Press.

Parke, R.D., & Collmer, C.W. (1975). Child abuse: An interdisciplinary analysis. In M. Hetherington (Ed.), Review of child development research: Vol. 5 (pp. 1-102). Chicago: University of Chicago Press.

Pascall, G. (1986). Social policy: A feminist analysis. New York: Tavistock.

Piercy, F.P., & Sprenkle, D.H. (1986). Family therapy sourcebook. New York: Guilford Press.

Prescott, S., & Letko, C. (1977). Battered women: A social psychological perspective. In M. Roy (Ed.), Battered women: A psychosociological study of domestic violence (pp. 72-96). New York: Van Nostrand Reinhold.

Roberts, A.R. (1981). Sheltering battered women: A national study and service guide. New York: Springer.

Roberts, A.R. (1982). A national survey of services for batterers. In M. Roy (Ed.), The abusive partner (pp. 230-243). New York: Van Nostrand Reinhold.

Roberts, A.R. (1984). Battered women and their families: Intervention strategies and treatment programs. New York: Springer.

Roy, M. (1977). Battered women: A psychosociological study of domestic violence. New York: Van Nostrand Reinhold.

Saposnek, D.T. (1983). Mediating child custody disputes: A systemic guide for family therapists, court counsellors, attorneys, and judges. San Francisco: Jossey-Bass.

Satir, V. (1967). Conjoint family therapy (2nd ed). Palo Alto, CA: Science & Behavior Books.

Schultz, L.G. (1960). The wife assaulter. Journal of Social Therapy, 6, 103-111.

Sedlak, A.J. (1988). Prevention of wife abuse. In V.B. Van Hasselt, R.L. Morrison, A.S. Bellack, & M. Hersen (Eds.), Handbook of family violence (pp. 319-358). New York: Plenum.

Shainess, N. (1977). Psychological aspects of wife-beating. In M. Roy (Ed.), Battered women: A psychosociological study of domestic violence. New York: Van Nostrand Reinhold.

Sinclair, D. (1985). Understanding wife assault: A training manual for counsellors and advocates. Toronto, ON: Publications Ontario.

Skinner, H.A., Steinhauer, P.D., & Santa-Barbara, J. (1983). The family assessment measure. Canadian Journal of Community Mental Health, 2(2), 91-105.

Snell, J.E., Rosenwald, R.J., & Robey, A. (1964). The wife beater's wife: A study of family interaction. Archives of General Psychiatry, 11, 107-113.

Spanier, G.B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. Journal of Marriage and The Family, 38, 15-38.

Spinetta, J.J., & Rigler, D. (1972). The child abusing parent: A psychological review. Psychological Bulletin, 77, 296-304.

Star, B., Clark, C., & Goetz, K. (1979). Psychosocial aspects of wife battering. Social Casework, 60, 479-487.

Stark, R., & McEvoy, J. (1970). Middle class violence. In R.J. Gelles (Ed.), Violence in the Family: A review of research in the seventies. (November, 1980). Journal of Marriage and the Family. 873-885.

Steinfeld, G. (July, 1980). Progress report: Men and stress control. Bridgeport, CT, Bridgeport Division of the YMCA. In A.R. Roberts (Ed.), Battered Women and their families. New York: Springer.

Steinmetz, S.K. (1977) The cycle of violence: Assertive, aggressive and abusive family interaction. New York: Praeger.

Steinmetz, S.K. & Straus, M.A. (1974). Violence in the family. New York: Dodd, Mead & Co.

Straus, M.A. (1974). Forward. In R.J. Gelles (Ed.), The violent home: A study of physical aggression between husbands and wives (pp. 13-17). Beverly Hills: Sage.

Straus, M.A. (1979). Family patterns and child abuse in a nationally representative American sample. Child Abuse and Neglect: The International Journal, 3(1), 213-225

Straus, M.A., & Gelles, R.J. (1986). Societal change in family violence from 1975-1985 as revealed by two National Surveys. Journal of Marriage and the Family, 48, 465-479.

Straus, M.A., Gelles, R.J., & Steinmetz, S.K. (February, 1976). Violence in the family: An assessment of knowledge and research needs. Paper presented to the American Association for the Advancement of Science Convention, Boston, MA.

Straus, M.A., Gelles, R.J., & Steinmetz, S.K. (1980). Behind closed doors: Violence in the American family. New York: Anchor Doubleday.

Taylor, J.W. (1984). Structured conjoint therapy for spouse abuse cases. Social Casework, 63, 11-18.

Teichroeb, R. (December 6, 1991). Massacre deeper than 'the act of psychopath.' Winnipeg Free Press, p. B18.

Trute, B., Campbell, L., & Hussey, B. (1988). Monitoring family therapy at the Children's Home of Winnipeg. Study Series #06820, Child and Family Services Research Group, University of Manitoba, Winnipeg.

Trute, B., & McCannell-Saulnier, K. (1984). A cross-cultural case study of ecological family therapy. Canadian Social Work Review '84, 220-230.

Walker, L.E. (1979). The battered woman. Toronto, ON: Harper & Row.

Watzlawick, P., Weakland, G., & Fisch, R. (1974). Change: Principles of problem formation and problem resolution. New York: W.W. Norton.

Weitzman, J., & Dreen, K. (1982). Wife beating: A view of the marital dyad. Social Casework, 63, 259-265.

APPENDIX A

INTAKE QUESTIONNAIRE

IDENTIFYING INFORMATION

The purpose of this questionnaire is for me to obtain information about violent behaviour that has occurred in your past and current relationships. I ask that both you and your partner each complete a questionnaire. All information will be treated confidentially. Please bring your completed questionnaires to the first interview.

Name	
Address	
Home Telephone No.	Work Telephone No.
Date of Birth	Date of Marriage
Number of Children	Ages of Children
Last grade completed at school	
At present you are: (Circle) employed unemployed employed part time	
Present Occupation	
Length of time at present job	
How stressful is your present job? (Circle) not at all slightly stressful stressful very stressful N/A	
All things considered, how satisfied are you with your job? (Circle) very satisfied satisfied unsatisfied very unsatisfied N/A	
Number of previous marriages, if any?	
Age at time of first marriage?	
Did you and your partner live together prior to your present marriage? ☐ Yes ☐ No	
If so, how long did you live together before your present marriage?	
Are you and your partner presently: (Circle) living together separated divorced	

BACKGROUND INFORMATION

Were you raised primarily by: (Circle)

Mother & Father	Father only
Father & Stepmother	Mother only
Mother & Stepfather	Grandparents
Other family	Foster family

During the time you were growing up did your father (or an adult male):

Comfort you or help you when you had troubles? (Circle)

never sometimes often almost always N/A

Hit or slap you? (Circle)

never sometimes often almost always N/A

Scold or yell at you? (Circle)

never sometimes often almost always N/A

Beat you? (Circle)

never sometimes often almost always N/A

If beaten, describe the beatings:

During the time you were growing up did your mother (or an adult female):

Comfort you or help you when you had troubles? (Circle)

never sometimes often almost always N/A

Hit or slap you? (Circle)

never sometimes often almost always N/A

Scold or yell at you? (Circle)

never sometimes often almost always N/A

Beat you? (Circle)

never sometimes often almost always N/A

If beaten, describe the beatings:

How old were you the last time you were spanked or hit by a parent? (Circle)

3 or younger 3-6 6-12 12-15 15-18 older than 18

Looking back, do you consider yourself to have been punished too severely? (Circle)

yes maybe no

Punished unfairly? (Circle)

yes maybe no

Physically or emotionally abused? (Circle)

yes maybe no

Did you ever see or hear the people who raised you argue or fight? (Circle)

never sometimes often almost always N/A

Did you ever see or hear your father hit your mother? (Circle)

never sometimes often almost always N/A

Did you ever see or hear your mother hit your father? (Circle)

never sometimes often almost always N/A

When you were growing up, were you ever afraid of being physically harmed? (Circle)

never sometimes often almost always N/A

VIOLENCE HISTORY

The following questions are about the violence in your relationship. You may find that you agree with your partner or that you remember things differently than your partner. Please circle the answer in the way you remember or feel that things happened.

The first time there was any violence in your relationship were you:

going together just married married ≤ 1 year married ≥ 1 year

How upset were you about the first incident of violence when it happened?

not upset slightly upset upset very upset

Did you blame yourself? yes no

Blame your spouse? yes no

Blame someone or something else? yes no

If you blamed someone or something else, please specify.

Have you ever been involved in physical violence in a previous marriage or relationship?

yes no

If so, please describe:

Have you ever used weapons or objects as weapons against another person?

yes no

If yes, was it a member of your family?

When did your last incident of violence happen?

Describe the incident.

What sort of injuries did you receive:

1. None
2. Minor, no treatment needed
3. Moderate, treatment needed
4. Serious, hospitalization needed
5. Permanent disability

Did any of the following get involved at the time of the last incident.

1. No one
2. Police
3. Neighbours
4. Other family members
5. Medical personnel
6. Counsellors
7. Minister or Priest
8. Friends
9. Others (Specify)

Did any of these people recommend you get help for the problem of violence?

yes no

If so, who?

Did any of these people discuss your problems with violence with you?

yes no

If so, who?

How upset were you after the last incident of violence?

not upset slightly upset upset very upset

After the last incident of violence, did you tend to blame yourself?

yes no

Blame your partner? yes no

Blame someone or something else? yes no

If you blamed someone or something else, please specify:

Have you ever had problems outside of the home with anger or violence?

yes no

If so, please specify how:

Have you ever been arrested?

1. No
2. As a juvenile, non violent charge
3. As an adult, nonviolent charge
4. As a juvenile, violent charge
5. As an adult, violent charge

Had you been drinking or using drugs at the time of the last incident of violence?

no some alcohol a lot of alcohol drugs

Do you feel that alcohol or drugs contribute to your marital problems?

yes maybe no

Do you feel that your spouse has an alcohol or drug problem?

yes maybe no

How often do you feel frightened at home?

never sometimes often almost always

SOCIAL INFORMATION

What is your religion:

How important is your religion to you?

not at all slightly important important very important

How often do you go out to socialize or to have fun with your partner?

1. less that 1 time per month
2. 1 time per month
3. 1 time every 2 weeks
4. 1 time per week
5. 2 to 5 times per week
6. almost every night

How often do you go out to socialize or to have fun without your partner?

1. less that 1 time per month
2. 1 time per month
3. 1 time every 2 weeks
4. 1 time per week
5. 2 to 5 times per week
6. almost every night

FAMILY INFORMATION

How many of each of the following live in your home?

Natural children
Step children
Friends
Relatives

Do you think that the children have been affected by the conflict and violence in your home?

no slightly moderately greatly N/A

Do you usually agree with your partner when it comes to disciplining the children?

Yes No N/A

How do you feel about the way that your spouse disciplines the children?

1. Too easy
2. Just about right
3. Somewhat too harsh
4. Much too harsh
5. N/A

How do you feel about the way you discipline the children?

1. Too easy
2. Just about right
3. Somewhat too harsh
4. Much too harsh
5. N/A

Would you like some help with parenting such as individual classes or parenting classes?

yes no

Thank you very much for completing this questionnaire. Please bring it with you to the first appointment.