

CONJOINT COUNSELLING FOR SPOUSE ABUSE COUPLES
A SYSTEMIC APPROACH

BY

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

MASTER OF SOCIAL WORK

Faculty of Social Work
University of Manitoba
Winnipeg, Manitoba

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MASTER OF SOCIAL WORK

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ACKNOWLEDGEMENTS

Undoubtedly, my academic pursuits at this Master's level has been a compilation of efforts by many. I would like to express appreciation to my clinical advisor Dr. Barry Trute, who has been inspirational in his clinical skill, knowledge, and dedication to the profession. Thank you Barry for the support and encouragement. I would also like to thank the other members of my practicum committee, Dr. Diane Hiebert-Murphy, faculty member, and David Charabin, faculty member and director of the Elizabeth Hill Counselling Centre; their time and contribution to making the practicum experience a success was much appreciated. As well, I'd like to thank my cotherapist Dwight Hearty, who greatly enhanced my learning experience during the practicum.

I thank my parents Lino and Elsa, who continue to make limitless sacrifices for their children and who maintain undying faith; and the rest of my family, especially my sister Cora who always sent warmth and encouragement across the telephone lines. Very special thanks also goes to my husband Reagh Sherwood, who provided every type of support imaginable for the initiation and completion of this degree. Thank you Reagh for teaching me the power of believing.

Last but certainly not the least, I would like to express gratitude to the couples who participated in the program; their strengths and resilience were astounding. These clients, who struggle on despite painful pasts and defeating situations, are the true reason we must strive in our profession. They have gained my utmost respect.

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CHAPTER 1. INTRODUCTION

Domestic violence, with its many facets, has presented enormous challenges to theorists and clinicians alike. Indeed, when it comes to spouse abuse, there is a popular belief that the solution to this criminal and social problem is for the victim to leave the abusive partner. Statistics show however that this is not easily done. Due to the alarming nature and prevalence of intimate violence, it is crucial that the situation of these couples be gravely considered. Although many programs, ranging from gender based groups to individual counselling have been used to address this issue, the battle to alleviate partner abuse continues.

The purpose of this practicum was to implement a unique treatment program for spouse abuse couples. Despite widespread criticism, though in keeping with feminists concerns, conjoint counselling was used here. This was achieved by incorporating a male and female cotherapy team, which was a key component of this program. A systemic treatment approach was utilized, with strong emphasis on family of origin issues.

Though couple counselling is the cause of much debate, the literature on this topic is largely outdated and has little empirical data to speak of its success. The paramount issue however is that we must examine the alternatives, challenge popular beliefs and ensure that the interest of the victims, which may include both members of the couple relationship, are protected. Couple counselling as second

phase treatment, can be considered for some couples. It is assumed here that by this stage, the perpetrator will have learned to accept responsibility for his or her violent behaviour. Specific criteria for acceptance of such couples into this treatment program will be outlined.

Learning Objectives

- 1) To acquire skill in using Systems Theory as a method of assessing and intervening with violent couples;
- 2) To gain competence in developing a hypothesis for treatment planning;
- 3) To expand knowledge of, and techniques in, couple counselling in the context of spousal abuse;
- 4) To increase confidence in assuming the role of therapist with this population;
- 5) To develop a sensitivity to gender specific issues experienced by both males and females in violent relationships;
- 6) To work competently and complementarily in a cotherapy team;
- 7) To identify my own personal reactions to family violence and address accordingly;
and
- 8) To ensure the completion of the MSW practicum requirements.

Overview

This controversial topic of couple violence where physical force has been used by one or more partner towards the other will be discussed in great length. Specific areas that will be explored here are the cited causes of family violence; chapter two focuses on etiological factors, a description of the battered woman, the battered man and the dynamics of their abusive relationship as discussed in current literature. Some discussion of family of origin issues is also included. Chapter three concentrates on intervention methods by exploring different types of programs that have been done in the past, as well as crucial factors that warrant serious consideration. Feminists' critique of couple treatment is discussed in chapter four and the key areas of concern are evaluated. Chapter five begins the discussion of the practicum itself: it provides detail regarding the components of the practicum environment, including the outcome measures and criteria used. Chapter six is devoted to relaying sociodemographic information about the couples as well as their results on the scales and inventories used. Chapter seven focuses on the influence of family of origin issues on the current situation of these couples. Various themes of intervention are discussed in chapter eight; these include a brief examination of violence through a systemic view, as well as an elaboration on other crucial themes that emerged among these couples. A discussion on the pattern of resilience in the female population of this group also occurs in this chapter. The conclusion chapter summarizes the dimensions of my own learning experiences through this practicum.

CHAPTER 2. LITERATURE REVIEW ON SPOUSE ABUSE

Although terms like couple violence, abusive couples, spouse abuse and abusive relationships will be used here interchangeably, this is not meant to imply a belief that both partners are necessarily violent, that the victim has caused the abuse or that the victim and abuser share responsibility for violent behaviour. This practicum was conducted under the premise that the abuser was solely and completely responsible for his or her own use of force.

For a brief overview of the seriousness of spouse abuse the statistics are as follows. More than 100 Canadian women are murdered by their male partners annually (Avis, 1992). More than 50% of all women who are killed in the United States are murdered by husbands who have previously been violent, usually when they attempt to end the relationship (Walker, 1993). At least 1 out of 10 women in Canada and 1 out of 6 in the United States is abused every year by the man she lives with (MacLeod, 1987). According to Statistics Canada, 43% of women who have experienced spousal abuse have left the situation. Out of these, a staggering 70% of them have eventually returned to these relationships (Johnson, 1995). This confirms that wife assault is prevalent, and although leaving the situation may be a reasonable solution to end the violence, it often does not end the problem.

One must keep in mind the many reasons that women choose to stay, despite the presence of abuse. Although it is easy to say that women should simply terminate the union, the numbers prove that many women are unable or unwilling to do so. Women stay in abusive relationships for a multitude of reasons. These range from lack of money, transportation, and a safe place to go (Hansen, 1993). Deeper rooted issues are loss of social status, disapproval of family and friends, and feelings of failure and guilt for leaving the relationship (Dobash & Dobash, 1979; Walker, 1979).

There are also psychological factors that affect a women's decision to leave; the concept of learned helplessness (Seligman, 1975) has been widely used in the literature, to explain how a victim develops deficiencies in motivation, cognition and behaviour. Other researchers have sighted the emotional bonds developed with the abuser as a significant factor. Graham, Rawlings and Rimini (1988) claimed that spouse abuse dynamics were similar to the Stockholm Syndrome, wherein victims psychologically identified with their captors, responded to their kindness and disregarded their behaviours. Painter and Dutton (1985) called this traumatic bonding. According to Browne (1987), the most serious reason for staying in an abusive relationship was the fear that battered wives have of retaliation by their violent spouses against themselves, their children and their families if they leave. Their fears are real as women who have left abusive relationships have been stalked for extended periods of time, and some have been killed.

Informed advocates of couple counselling are well aware that such intervention may be entirely inappropriate for some relationships (Karpel, 1994). A differentiation has been made between couple relationships where physical aggression has occurred but no one has been hurt and the wife is not afraid, and those in which violence has been used as a method of subjugation and control (Karpel, 1994). Johnson (1995) made the distinction between "common couple violence" wherein conflict sometimes escalated to the point of minor violent episodes, and "patriarchal terrorism", wherein the male exercised his belief that he had the right to control his wife; this usually involved the use of terroristic methods such as physical force, economic subordination, threats, isolation, and other tactics of control. Although these definitions are not absolute, they shed light on the fact that spouse abuse is not homogeneous and that various situations require various responses. Indeed, when considering conjoint counselling, focus must be given to the relationships where violence has ceased and the victims do not fear their partners, where the abuser is able to take full responsibility for his or her behaviour, and where the risk of recidivism is minimal to non-existent.

The literature on spouse abuse revealed a wide debate about who the target client group should be, along with a multitude of theoretical paradigms used within each treatment modality. In fact, there are many differing opinions about the etiology of spouse abuse itself.

Etiology

When exploring the cause of spousal abuse in the published literature, it is evident that theorists from varying disciplines have developed differing explanations. One of the earliest interpretations appears to be by psychoanalytic theorists, who claim that the individual's personality as formulated by early life experience predisposes the abuser to be violent, and the victim to submit to violence (Harway, 1993). This perspective allocates certain characteristics to the battered women including a need to provoke violence, and a masochistic motivation that perpetuates violence. No empirical data was located to support this view, which has been highly criticized by feminists.

The feminist theory of violence in turn states that the root of wife battering was in the male's exertion of control, dominance and power over his female partner (Birns, Cascardi & Meyer, 1994; Bograd, 1992; Harway, 1993; Walker, 1979). Coleman and Strauss (1986) found evidence suggesting that violence rates were highest in male-dominated couples, and lowest in egalitarian couples.

Social learning theorists present another view. They state that past exposure to violence, wherein abusive behaviour is accepted or tolerated, lead women to expect the same in their adult relationships, and lead men to be abusive. Caesar (1988), Roy (1982), and Rosenbaum and O'Leary (1981) noted that batterers, when compared to nonbattering subjects had a greater likelihood of having been abused as children, having seen their fathers assault their mothers, and having been

subjected to corporal punishment as children. This theory appeared to be widely accepted and has been incorporated into many treatment programs that will later be discussed.

Sociological theorists have also made contributions to the literature on spouse abuse by naming two influential theories: the subcultural and the family organization theory. The subcultural theory that violence is accepted as a cultural norm among different cultural groups has been used to explain the prevalence of abusive behaviour in some marriages. Further support of this belief is provided by Gentemann (1984) whose survey results indicated that older, less educated, and lower income women were more likely to agree that violence was sometimes justified. Caution should be observed when using this theory as there is growing evidence that wife assault knows no boundaries.

The family organization theory on the other hand described the family as being a stressful unit, therefore having a high potential for conflict and violence (Straus, 1980). Isolation is also seen as a factor that contributes to maintaining violence because stress is likely to affect isolated families, and resources to deal with it are likely to be scarce (Farrington, 1980).

To best clarify the complex components of the spouse abuse literature, discussion here will be centred on the analysis of the battered woman, the battering man, the abusive relationship and treatment programs used in the past.

The Battered Woman

There are varying opinions about whether battered women present unique characteristics that are absent in the larger population of women. Weitzman and Dreen (1982) presented the argument that battered women have a specific profile that makes them a likely counterpart to the battering man. They cited literature suggesting battered women have histories of violence from their own childhood, have dependency conflicts, and have limited coping responses (Roy, 1977). These authors further claimed that the woman's own experience with violence, along with her gender socialization to be submissive contribute to her inability to leave her abusive partner. Star, Clark, Goetz and Malia (1979) described a pattern of immaturity and the lack of an identity caused by early deprivation as characteristics of battered women. Hotaling and Sugarman (1986) in their discussion of risk factors noted that one characteristic seemed to distinguish abused women from the nonabused: this was that battered women were more likely to have witnessed their fathers assaulting their mothers. According to their study, battered women presented no other difference from most women.

Finn (1985) claimed that although battered women were under a considerable amount of stress, they were less likely to use active, problem solving methods of coping. Walker and Browne (1985) on the other hand argued that focusing on attributes of wife assault victims should be questioned, as their methods of response may be significantly altered by living in constant fear of physical attacks.

The Battering Man

Most literature regarding male violence against women reflects the assumption that male exertion of dominance over his female partner is a product of gender messages instilled in early childhood development (Avis, 1992; Goldner, Penn, Sheinberg & Walker, 1990; Walker & Browne, 1985). Birns et al. (1994) highlighted the influence of sex role socialization on an interpersonal level, by stating that men delivered violence when their domestic dominance and position of control was threatened or challenged. Jones and Schechter (1992) supported this by emphasizing that male abusiveness towards their women partners was a result of thousands of years of patriarchal culture, institutions, and law that permitted, sanctioned, and even encouraged these actions. Rosenbaum and O'Leary (1981) noted a correlation between wife abuse and low self-esteem among abusive husbands, who were more likely to view their wives' behaviour as threatening towards their self-concepts. Hotaling and Sugarman (1986) stated that the use of force towards children, sexual aggression, witnessing violence between their own parents, using violence outside the home, and drug and alcohol use were attributes that emerged in their study of batterer traits. They were noted to be less assertive, educationally and economically inferior to their nonabusive partners. Coleman (1980) identified other characteristics such as dependency conflicts, abandonment anxieties, feelings of inadequacy, inferiority, personal failure, and helplessness as common to male batterers. Browne and Dutton (1990) claim that men who are

physically abusive towards their partners, gain personal feelings of power and feelings of controlling situations that felt unmanageable before their use of force.

The Abusive Relationship

When attempting to understand the intricacies of spouse abuse dynamics, one must be mindful of the underlying reasons for the interactions. Weitzman and Dreen (1982) name six major control themes that are evident in the battering relationship, some of which will be discussed extensively in relation to the practicum experience. These include distance and intimacy, jealousy and loyalty, dependence and independence, rejection and unconditional acceptance, adequacy and inadequacy, and control, power, and powerlessness. They clarify that although these themes are apparent in nonabusive relationships, violence tended to surface when the established rules regarding these themes are challenged. According to them, such rules are rigidly polarized in violent relationships. These authors also mention that there are two main reasons why the battered woman and the battering man together make a violence prone relationship. Firstly, violence is seen as rooted in their assumptive world through their own personal experiences and sociological conditioning, causing this to be learned and rewarded behaviour. Secondly, relationships are marked more rigidly among violent couples, who supposedly have narrow coping responses that render them poorly adapted to the inevitable problems of stress and change in marriage.

Finn (1985) drew a relationship between external stress and family violence, rather than focusing on psychopathological factors. He noted difficulties with finances, jealousy, alcohol abuse, pregnancy, problems with children and relative difference with social status as factors that contributed to the presence of violence. In exploring the stresses and coping strategies, his study concluded that battered women and abusive men were under significant stress and had underdeveloped coping strategies.

Great contributions to the literature on spouse abuse dynamics can be found in Walker's (1979) work. She developed the cycle theory of violence, which describes the nature of the abusive relationship. This involves three stages: the tension building phase, the acute battering phase, and the loving contrition phase. During the first phase, minor incidents of violence occur while tension slowly builds up; the victim usually attempts to diffuse these and usually succeeds. When the tension became too great over a prolonged period of time and the victim could no longer appease the abuser, she usually withdraws awaiting the occurrence of an acute battering incident. This second phase entails a physical outburst that usually causes serious injury to the victim, sometimes requiring hospitalization. Following this is the loving contrition phase wherein the abuser apologized profusely, showers the victim with attention and promises to change. This stage has been known to be reinforcement for the women to stay, due to the intense emotions involved in the process. This cycle of abuse is usually repeated at a later time.

Deschner, McNeil and Moore (1986) discuss a more detailed variation of Walker's model, which includes seven stages. The first stage occurs when a relationship forms based on mutual dependency that encourages isolation; the second stage transpires when a noxious event surfaces within the relationship; this leads to the third phase which is a coercive exchange; when one or the other partner decides that the situation is intolerable the fourth stage has been reached; primitive rage emerges which is indicative of the fifth stage; the six stage involves the victim withdrawing from the batterer, while the battered reaches the last stage, which is the repentance phase.

Balcom (1991) suggests that a crucial dynamic in the battering relationship is the interaction of shame; this he defines as the judgement of the self as worthless, inadequate, devalued by the self and others. He surmises that the couple experiences shame for their behaviour on both the individual and couple level. According to him, parental influence formulates three childhood processes that lead to the internalization of shame. These are caused by direct shaming statements from parents, the indirect process of neglect by failing to provide for the child's growing needs, drives and desires, and the intergenerational transmission of shame. He further states this deeply rooted shame operates in cycles, playing a mobilizing role in the occurrence of abusive behaviour. It seems that in an attempt to mask shame, acts of violence are used, leading to further guilt and shame.

Treatment Programs

In reviewing the published literature on treatment approaches that have been attempted, it appears that conjoint counselling programs for abusive couples have been on therapists' agenda for the last twenty five years. The more significant changes however occurred about ten years ago. Historically, a broad range of programs using different theoretical premises have been employed. Combinations of these approaches have been used including brief solution focused (Lipchik, 1991), cognitive behavioural (Harris, 1986; Neidig, Friedman, & Collins, 1985), psychoanalytic (Madonna, 1986), social learning (Margolin, 1979; Saunders, 1977; Taylor, 1984). These programs have differing levels of intensity and involvement.

One of the earlier programs that could be found in the literature was presented by Saunders (1977). He challenged the catharsis theory of aggression which views abusive behaviour as an inborn tendency that cannot be kept within. Saunders proposed that it was possible to replace aggressive responses with friendly ones resulting in tension reduction similar to hostility catharsis (Saunders, 1977). The goals of treatment were to aid the couple in improving positive means of influence and problem solving, to change the consequence of abuse, and to directly inhibit the abusive response.

Margolin (1979) on the other hand proposed an anger management focused program. This was based on the concept of social learning and its aim was to reduce the emotional and/or physical abusiveness within the relationship, and

increase marital satisfaction. Margolin (1979) worked on the premise that abusiveness was learned, that it was a mutual problem, and was related to poor problem solving skills. She focused on altering the sequence of anger episodes. Cues that contributed to angry exchanges were identified by assisting the couple to be aware of early signs such as tightening of a jaw and a quickened pulse. A plan of action to interrupt the conflict pattern was developed; these were related to taking immediate action to disengage from conflict, planning to reunite to deal with the problem later, de-cuing the victim, modifying faulty cognitions regarding relationship functioning which applied to the restructuring of expectations that spouses held for one another and finally, developing problem solving skills (Margolin, 1979). A serious downfall of this program however was its lack of emphasis on challenging abuser/abused belief systems. As well, her idea of de-cuing the victim placed responsibility for the violence on the victim.

The social learning theory was also used in Taylor's (1984) program; he went on the premise that the raw expression of anger and frustration often led to later violent marital interaction. The model also viewed abusive anger expressions as learned behaviour rather than personal or moral defects; abusiveness was seen as stemming solely from the abuser but developing into an abusive system over time. The release of abusive anger was seen to be intensified by stress and by internal abusive self-dialogue. Feelings of low self-esteem and powerlessness were related to and precipitated by abusive behaviour. As well, abusiveness stemmed from and

was maintained and escalated by poor problem solving abilities. Taylor (1984) strongly advocated that conjoint couple treatment only be considered for mild to moderate abusers; he clarified that substance abusers, child abusers, severe abusers or criminal repeaters should complete a six month program with either individual or group work prior to couple work.

Cook and Frantz-Cook (1984) suggested a treatment program using both systems and family of origin theory to treat couple violence. The couple members were interviewed separately in the beginning. Major components of their program included a thorough assessment of the relationship, the formulation of a protection plan for the victim, non-violent contracts, differentiation, identification of triangles, coalitions, sequences and themes, and the coaching of alternative responses. It was further recommended that a male and female cotherapy team be used.

Another treatment approach was discussed by Neidig, et al. (1985), called the Domestic Conflict Containment Program (DCCP). Based on a skill building format, it incorporated both cognitive restructuring and learning principles. It assumed that violence occurred as a result of the couple having skill deficits rather than faulty belief systems. Six to eight couples met for classes weekly, for a total of ten weeks. Treatment was done through three avenues: instruction, behaviour rehearsal and by being given feedback. The program was originally designed for military personnel, therefore mandatory attendance to sessions was required and enforced. The program encompassed six main principles: that violence in the home should be

eliminated, that violence was never justified, that it was a learned behaviour, that abusive behaviour was a relationship issue, that it was ineffective in the long run and that it escalated when left untreated. A goal attainment treatment plan which addressed control, anger, stress, isolation, communication, conflict and locus of control was introduced to the couples (Neidig et al., 1985).

A program that embodied cognitive behavioural concepts was the Walker Model (Harris, 1986). It proposed an intervention wherein the couple members were treated separately during the beginning sessions. It was further recommended that the couple reside in different addresses to ensure safety, and their motivation for therapy. Conjoint sessions were later interspersed. The main goal was to stop violence from occurring, and to get the abuser to accept full responsibility for his actions. Secondary goals were to improve communication, conflict-resolution, and problem solving skills. Harris' (1986) description of this model included the use of a male and female cotherapy team. Careful attention was placed on using this team strategically, through building same sex and opposite sex dyads. With regards to assessing the success of couple counselling, Harris (1986) found a pattern after evaluating forty couples that she treated herself. Success seemed more prevalent with couples where the age of the batterer was increased, in cases of higher income, when the onset of violence in the relationship occurred later and when the couple had attended more sessions.

Of particular interest was a multi-dimensional treatment program explained by Weidman (1986). He recognized four factors that were associated with family violence: the intergenerational cycle of violence, socioeconomic status, social stress and social isolation. This model was adopted by a family service agency that provided four components to treatment; these included a structured cognitive behavioural group for men, women, children and couples. Couples were usually involved in the other groups when appropriate. This program was designed to end violence and enhance familial growth. Conjoint sessions were typically expected to involve twenty sessions.

McKain (1986) utilized both systems and alienation theory in his treatment program for violent couples. Alienation theory according to the author views the family as an interpersonal system having goals, means and a consequent degree of function-dysfunction depending upon the compatibility of goals and means. This treatment model was designed to reduce the potential for violence by changing family structures and challenging belief systems that maintain the violent cycle. The circumplex model was used for assessment. Although both couple members were present, this model was used in a group setting where a small number of couples participated simultaneously. Therapy was usually accomplished in sixteen to seventeen hours, over five sessions that were scheduled within a time frame of a week. The program was highly concentrated for maximum impact of the material, and to avoid an extended approach which was difficult to maintain.

Both psychoanalytic and systemic methods were used in Madonna's (1987) treatment program. Based on his work with one case, Madonna (1987) suggested that maladaptive thoughts and assumptions brought to the relationship by each partner should be confronted and challenged. The goal was to halt violence. Intervention was extensive and time consuming for the therapist, who was expected to be on call at all times. Considerable effort was placed into analyzing unresolved issues from the past. This program involved at least forty conjoint and individual sessions (Madonna, 1987). A verbal agreement was made that they would not assault one another while the therapist encouraged the gradual, measured verbalization of hostile affects. Alternative means of expression were also considered (Madonna, 1987).

One of the more recent treatment programs was presented by Lipchik (1991). She approached couple violence with a brief solution focus. This model looks at the exceptions to the problem by pointing out positive experiences within the relationship, and bringing the couple to recognize their own strengths. These principles were reinforced, encouraging the couple to move beyond feelings of despair and self-punishment (Lipchik, 1991). Systems theory was used as well. Lipchik (1991) explored signs of bonding and personal caring between a couple prior to accepting them into treatment. Significant effort was used in the intake process when couple dynamics were carefully observed. Her main concern was to prevent the recurrence of violence, and to assist both members of the couple to find

the resolution that suited them best, individually and together. Success also meant the effective facilitation of a mutually satisfying sense of closure. Lipchik (1991) argued that a variety of couple treatment programs for violent couples were necessary, as there were wide diversities among these couples.

CHAPTER 3. INTERVENTION

By understanding the literature on abusive dynamics, one becomes aware of the volatility and uniqueness of this population, making it imperative that only appropriate treatment methods be considered. Although deciding to treat abusive couples conjointly is not an easy task, it seems even more effort should be delegated to selecting the most effective treatment plan. Indeed, selecting this form of treatment is only the first step, as so many other factors must be considered thereafter.

Systemic Treatment Approach

The systemic approach was chosen as the primary theoretical intervention for this practicum. Basic systems theory suggests that a change in one part of a system will bring about change in all of the other parts, thereby changing the system as a whole (Hartman & Laird, 1983). Indeed, the general consensus among theorists is that the system is more than the sum of its elements, which is composed of the parts and the way they function together (Hartman & Laird, 1983; Nichols & Everett, 1986; Nichols & Schwartz, 1995). The couple members interact within their marriage, similar to parts of an organism. Some systemic practitioners view the couple as being locked into a recurrent vicious cycle which each has a part in maintaining (Cook & Frantz-Cook, 1984); others view spouse abuse as the result

of a husband attempting to restore the equilibrium in the relationship (Weitzman & Dreen, 1982).

For the purpose of this practicum, the systemic approach is appropriate as it allows two crucial assumptions to be incorporated into this treatment program. Firstly, through this perspective, the value of couple interactions and the powerful nature of couple communication are recognized. When dealing with violent couples with very firmly set patterns of relating to each other, such interactions must be a specific area of treatment focus. Secondly, the systemic approach allows for equal allocation of power to the couple members, thereby emphasizing that each member plays a very active role in effecting change. With spouse abuse relationships, highlighting their roles as individual players within the system leaves much room for holding the perpetrator fully responsible for violent actions. For this population these considerations are vital, specifically when dynamics can play a large part in maintaining violent cycles. Clinically, the aim here was to alter the system as a whole through altering its parts.

Other Approaches Used

It is significant to note that although the systemic approach was the overarching theory utilized here, other more focused clinical theoretical approaches were also drawn on during various stages of treatment. For instance, during the information gathering phase elements of behavioural theory was used. The

assumption that behaviour is maintained by its consequences (Nichols & Schwartz, 1995) was helpful in completing a more thorough assessment regarding individual upbringing. Viewing the client's behaviour as a learned response played a key role in clarifying what each has been taught by his or her own family of origin, and exactly what each was bringing into the marriage.

During the intervention phase, structural family therapy was heavily relied upon. This approach has three essential assumptions. These are that within a system a structure exists which is governed by covert rules; that subsystems are formed; and, that boundaries between individuals or subsystems are created to act as barriers (Nichols & Schwartz, 1995). Although best suited for family work, this approach was effective when used with couples. It provided explicit details regarding the hierarchal structure of the marriage, as well as the nature of the established boundaries. At times recognizing, building, and strengthening such boundaries were crucial.

Strategic family therapy techniques were also employed from time to time when clients appeared to be stuck in rigidity. This approach concentrates on generating changes in behaviour rather than changes in understanding (Nichols & Schwartz, 1995). Two types of change are generally sought. First order change is achieved by altering behaviour or interactions within a system, while second order change entails modifying the actual rules that govern the system (Nichols & Schwartz, 1995). This method's tactical approach to task assignment sometimes

created the desired disturbance. Often strategic questions were asked in the hopes that lasting change would occur as a result. Working with the sequences of interactions following strategic questions produced some positive results.

Family of Origin Issues

The discussion on etiology and intervention, among other things, lends tremendous weight to the power of one's family of origin. One way or another, previous exposure to violence, neglect or other forms of abuse has been linked to abusive relationships. On an interpersonal level, familial ties with such members also plays an instrumental role in the formation of conflictual dynamics within a marriage.

The term "differentiation of self" as discussed by Nichols and Schwartz (1995) refers to the degree to which one psychologically separates intellect and emotions, and gains independence of self from others. These authors suggest that emotional forces between family members operate over the years in recurrent patterns; a lack of differentiation in the family of origin leads to emotional cutoffs from parents and fusion in marriage. In essence, the less differentiation of self one achieves prior to marriage, the greater the likelihood that psychological boundaries between the spouses will be blurred. Unresolved family problems can therefore lead to reactive emotional distance between the spouses, physical or emotional dysfunction in one spouse, or overt marital conflict. Family of origin issues warrant urgent

consideration when dealing with this population. Specific attention may have to be given to enmeshed and disengaged relationships. For the purposes of this practicum the emphasis on family of origin issues was used primarily as an assessment tool, to complement systemic intervention.

Cotherapy Team

The use of female and male therapists seems highly underrepresented in the literature. Kaufman (1992) suggested the presence of a female therapist at all times because male practitioners don't know what they don't know; Cook and Frantz-Cook (1984) also suggested such a team be used for their treatment program. Walker (1979) advocated that male and female cotherapists must work with the abuser and the victim, respectively. Only after this should they be reunited in sessions. The Walker model as adopted by Harris (1986) advocated that the presence of both male and female therapists is singularly important in building trust and rapport; they reported that clients begin to depend on same sex therapists to help express and clarify thoughts and feelings; these create ease in confrontation and behaviours with same sex rather than opposite sex therapists; such therapeutic relationships are noted to be factors that contribute to success (Harris, 1986). This literature was highly relied upon during the practicum.

Cultural Issues

With the growing evidence that family violence crosses all cultural boundaries, one must be fully cognizant of the effects of culturally biased treatment. Cervantes and Cervantes (1993) discuss the necessity of maintaining a multicultural perspective when dealing with violence in a diverse population. According to them, a therapist must work within certain premises. For instance one must not rigidly hold on to stereotyped beliefs about cultural behaviours. It should be assumed that intelligence, problem-solving skills and coping abilities are evenly distributed within all cultural groups. They emphasized an awareness that culture moves through socioeconomic and political realities; marital violence may therefore be related to financial stress rather than cultural attitudes. People from ethnic minorities may also engage in a process of synthesis; they may have a need to form unique, life enhancing coping styles to establish their own identities. The authors further claim that it is entirely appropriate for clients to be bicultural/multicultural, as this combination of cultures increases flexibility and adaptation. The final point discussed by the authors is a crucial one. They cited Jones (1988), who stated that responding to issues of culture as if all individuals are the same implies cultural racism. One must indeed recognize that there are very real ethnic, sociohistorical, and cultural differences both between and within groups (Cervantes & Cervantes, 1993).

Other Treatment Considerations

It is vital that other areas of potential concerns be evaluated. For instance, a number of treatment programs have moderate to strong concentration on anger management. Gondolf and Russell (1991) in their article present a cohesive summary of shortcomings to focusing on anger control when treating batterers, which are applicable to conjoint couple counselling as well. They state that focusing on managing anger implies a shared responsibility for violence, and fails to account for the premeditated controlling behaviours associated with abuse; they express concern that anger control perpetuates continued denial of the abuser. Viewing this as the solution to the problem may endanger battered women. Community responsibility is also relieved when anger control is seen as the target area for change. Common reinforcements for wife abuse and violence towards women in general seem ignored (Gondolf & Russell, 1991).

Criticism can also be found regarding the use of cognitive approaches for such a population. Hansen and Harway (1993) claim that it may be inappropriate to utilize therapeutic approaches that rely heavily on accurate and clear thinking; this may be ineffective because according to them cognitive distortion is common among both perpetrators and battered women.

Willbach (1989) presents an equally concerning facet of counselling violent couples. He highlights the enormous responsibilities placed on the therapists practicing in this field. He emphasizes the necessity of therapists being competent

in exercising good judgement when dealing with the responsibility for family violence, which include having the ability to withhold treatment in some situations when safety of clients is jeopardized. He further makes the statement that sometimes refusing to treat a couple may be an effective tool.

With regards to actual attendance to sessions, there are mixed opinions regarding mandatory participation. A factor attributed to increased success rates was the number of sessions completed (Harris, 1986). The military programs discussed here had moderate rates of success, which suggested that when attendance was enforced clients eventually got used to treatment and engaged appropriately. Bograd's (1984) concern regarding this issue however is that the abuser must be there primarily to address his violent behaviour and therapy is ineffective otherwise. One may argue in response that mandatory attendance may be the only force that would lead such couples, especially the abusers to therapy in the first place.

CHAPTER 4. FEMINIST CRITIQUE

There is much criticism of the concept of couple therapy particularly from the feminist community (Avis, 1992; Bograd, 1992; Goldner, 1985; Hansen, 1993; Kaufman, 1992), which must be considered by all practitioners working in this field. When treating couples of this population it is necessary to evaluate the appropriateness and effectiveness of the approach. According to Bograd (1984) there are four major drawbacks to conjoint couple counselling that therapists must consider. These warrant extensive discussion.

The first disadvantage identified by Bograd (1984) involves the nature of the therapeutic alliance. This directly affects whether or not the couple should be seen jointly at all. Indeed, with regards to the therapeutic relationship, conjoint therapy does presuppose a treatment alliance between the therapist and the clients. The motives of abusers can often be questioned however; it is entirely plausible that the male has attended to placate his partner, his probation officer or simply to monitor what is discussed in therapy. Bograd (1984) therefore cautions that therapy cannot be effected appropriately if the abuser isn't there to address his violence or if he seeks to control the sessions. To address this she suggests that at the very least, non-violent contracts must be meaningfully established with the clients.

The second shortcoming of conjoint counselling with violent couples is the fact that violence is not always the primary treatment issue in such programs. Bograd (1984) argues that assuming wife beating will disappear if the "real" issues like poor communication or dependency needs are addressed can be a trap, because the husband's violence may in fact be the cause of such symptoms. She further criticizes therapists who aim for the reduction of violence as an indication of success. This implies that some violence is tolerated. To address both these concerns she advocates that the primary goal of such treatment should always be the complete cessation of violence. Although most treatment programs generally state that the violence should stop, some are not specific in their claims.

With regards to the third drawback, Bograd (1984) states that when counselling violent relationships, there is the tendency to perpetuate traditional sex roles that have been proven disempowering and limiting for women. She clarifies that some systemic models tend to begin working with the most malleable member, who is usually the woman. Bograd (1984) cautions that through this process, the responsibility for the peace of the domestic environment may be shifted to her. This then could be interpreted as her having control over her husband's actions. To address this downfall, Bograd (1984) explains that the basic power structure within the relationship should be altered instead of just helping the abuser control his violence. Treatment programs should enlist pragmatic testing of values, beliefs, and sexual stereotypes.

The fourth concern that Bograd (1984) presents is the concept of preserving the marriage as a treatment goal. She suggests that a powerful intervention may in fact be to empower the women to seek a legal order to make her abusive husband leave temporarily. She warns that a dangerous situation may arise if the therapist, the battered woman and the abusive man believe that marriages are worth saving despite the violence. In order to deal with this, she suggests including structured separation of the couple at crucial stages, in the beginning sessions and periodically if necessary. Bograd (1984) also advises practicing therapists who are working with abusive couples to check their own personal beliefs about the preservation of marriage in general.

In summary, the areas of feminists' concern regarding therapy in this form seem concentrated on the following issues: (1) The safety of the women is seen as being jeopardized. (2) Blame for the violence is placed on the victim due to some of the terminology used. (3) Systems theory implies that both the couple are responsible for the violence, as opposed to the batterer alone. (4) Due to the patriarchal nature of society male domination over women will always exist and be reinforced by society; these are not addressed in conjoint counselling.

Safety

Literature on this approach to family violence is consistent in the view that safety is paramount, regardless of theoretical viewpoint. There seems to be an acute awareness that the dynamics are intricate, complex and could be life threatening (Cook & Frantz Cook, 1984; Hansen & Goldenberg, 1993; Karpel, 1994). In fact, in his handbook for working with couples he cautioned that if the therapist "mishandles the inquiry into domestic violence, one partner (in the vast majority of circumstances, the woman) may be beaten, even killed, as a result" (Karpel, 1994, p. 290). Other works have been cited that discuss lethality indicators when working with batterers (Roy, 1982; Stuart, 1981). Harris (1986) in her article states that when dealing with violent men and their partners it is best to assume that all abusers are potentially dangerous. These indicate that skilled therapists take a cautionary approach to working with couples where violence has taken place. It is for this reason that the male and female are seen separately during the initial stage, to allow the victims to state their fears in their abusive partner's absence. This does imply that the woman is in a position to gauge her own level of safety, which is not always the case. Although this step fails to provide an absolute determination for safety, it may serve as the defining factor for some. In the climate of abuse, physical or otherwise one can never predict all the variables.

Victim Blaming

Hansen (1993) outlines that traditional family approaches to wife battering formulations results in therapists blaming the victim, which encompasses many levels of inequity for women. Women have been characterized as dependent, immature, clinging, hysterical and masochistic, and personality variables have been attached to them that suggested they have brought the abuse on themselves (Hansen, 1993). Indeed these were present in the literature. It seemed that in an attempt to define and categorize behaviours sensitivity to gender stereotyping was ignored. Hansen and Goldenberg (1993) clarify however that neither the perpetrator nor the recipient of violence were seen as a "hopeless victim" in the context of couple counselling. Rather they were both viewed as active individuals where "she has the ability to protect herself, he has the ability to prevent his own destructive behaviour" (Hansen & Goldenberg, 1993, p. 87).

The Issue of Responsibility

Despite the stipulation of systemists that the abuser take responsibility for his own acts of violence, there is still the idea of shared responsibility because both members of the couple are viewed as a system. Perceiving "coresponsibility" for the battering, and failing to acknowledge and place the responsibility of the battering on the batterer is a key concern (Hansen, 1993). It is for this reason that skilled clinicians take a strong stance against the use of force, and clarify at the onset of

treatment that when it comes to violent behaviour the abuser is held fully and wholly responsible for his actions. This includes a statement that violent behaviour is never justified regardless of what occurred prior to its eruption, that conjoint sessions are likely to be discontinued should violence reoccur, and that appropriate authorities would be notified. Working with the couple system is crucial as it allows the couple to address issues within the relationship that are paramount, that have been suppressed by the presence of violence, and that requires a safe forum.

Neutrality

The issue of neutrality was greatly criticized by Bograd (1992); neutrality refers to the stance taken by therapists that all stories or realities told by the clients are relative and/or valid. Therapists in general do not place judgements on clients actions. The concern here is that the therapist may, through the position of neutrality emit the notion to male batterers that violent actions are sanctioned. Erikson (1992) countered this argument by stating that one of the most important tools therapists have is the ability to confront clients about their behaviour while keeping a good therapeutic relationship. In fact, advocates of couple counselling stress the importance of the therapist making a statement against violence. Karpel (1994) claims that therapist must state and maintain the standpoint that all violence in a relationship is unacceptable and damaging.

The Family in Society

There is a belief that family therapy's conceptualization of family functioning and of female development within the family is "restrictive and insensitive to the needs of women" (Hansen, 1993, p. 69). Moreover, feminists argue that practitioners do not extend their analyses of battering to include the relationship between the family and the broader social, economic, and political environment (Bograd, 1984). This is one of the more crucial limitations of most therapeutic interventions. Bograd (1984) supports the idea that violence and power are not only a component of marital relationships, but a reflection of sex role requirements of the rest of society (Bograd, 1984). Therapists who practice counselling with wife abuse couples should recognize that male dominance over his female counterpart is both historical and cultural. These traditions are sanctioned by current social institutions, and play a definitive role in the act of wife battering.

Interestingly, the critics of this proposed approach to violence in relationships give varying responses to the question of whether or not couple counselling should actually be used. The proposed alternatives to couple counselling diverge. Bograd (1992) questions the methods of couple counselling rather than the approach itself. She advocates that instead of focusing on what the treatment unit should be, therapist should focus more on the content of material covered in therapy. Although Kaufman (1992) advocates that male batterers treatment is the primary way of dealing with the clinical issues of wife abuse, he lists some suggestions for couple

counselling. Avis (1992) claims that proper education of therapists is essential. Others argue that battering groups for men and support groups for women are the appropriate interventions (Goldner et al, 1990). It was interesting that major critics do not outwardly state that it should not be used, rather the idea seems to be that it should be used properly.

Despite the outlined criticisms and apparent limitations, the systemic approach warrants valid consideration. When used exactly and by skilled and informed counsellors this can prove successful for a small population. It at least provides one more option for the seventy percent of abused women who return to their abusive partners. This step addresses underlying issues that are left unresolved when the couples seek help separately.

Perhaps it is necessary to alter some of the focus of insisting that women leave their abusive spouses, to educating them of options if they choose to stay. This should not by any means be interpreted as sanctioning women remaining in violent situations, but more as an acknowledgement of the reality that many women, in the current state of our society, return to their spouses despite societal efforts. If couple is an appropriate candidate and counselling is engaged in, the woman may find some of her strength; she may gain insight into the quality of her marital relationship and feel empowered enough to leave the relationship at a later time.

Although there is a myth within society that "counselling" or "therapy" is for the sick and terribly disturbed, many people from all walks of life with varying levels of wellness access this service. It is the common belief that because the male is the abuser then he alone needs professional help. Given the dynamics of abusive relationships women are not likely to survive this experience unscathed; counselling can play a strong role in empowering women.

CHAPTER 5. THE PRACTICUM EXPERIENCE

Setting

Referrals were sought from two primary sources. Due to the fact that it was necessary for the violent couple to be ready for second phase treatment, it was felt that the most appropriate clients would be referred by the Ma Mawi Wichita Family Violence Centre and the local Probation office. Meetings were held with these services early on to establish a referral process. The Psychological Services Centre at the University of Manitoba was also explored for appropriate couples for this project. Some of the couples were self-referred.

All counselling sessions took place at the Elizabeth Hill Counselling Centre, formerly known as the Community Resource Clinic. Sessions were video taped, with prior written and verbal approval from all clients. Weekly one hour appointments were booked with all couple clients, with the intention of having them attend eight sessions or more. Although the main intervention used here was conjoint counselling, concurrent group or individual treatment was encouraged.

The practicum committee was comprised of Dr. Barry Trute, clinical advisor; Dr. Diane Hiebert-Murphy, faculty member; and David Charabin, faculty member and director of the Elizabeth Hill Counselling Centre. A meeting with the committee transpired prior to commencement of the practicum; periodic contact was maintained with these members throughout the process.

Supervision

Direct clinical supervision was provided by Dr. Barry Trute on a weekly basis. The duration of these sessions lasted a minimum of one hour per week, increasing according to caseload demands. Clinical direction and feedback were readily available. Careful analysis of ongoing and upcoming cases transpired, while video tapes were carefully analyzed. The cotherapy process was also explored in detail, and practical suggestions were provided to ease our adaptation into working within this team. Attention was also placed on reviewing applicable theory.

Cotherapy Team

Therapy was conducted through the use of a male and female cotherapy team which included myself and fellow student, Dwight Hearty. All couples were seen together, excepting some instances when safety issues or widely differing views were explored separately. This was particularly instrumental during the intake interviews, which were held for all couples to assess for appropriateness, and to evaluate current or potential risk that clients may be subject to. The male and female cotherapy team allowed the luxury of using same and cross gender alliances, as early described in the literature review. It was instrumental in role modelling and role playing exercises. One of the greatest benefits was in having mutual support and joint efforts in formulating assessments.

Treatment Goals

Hansen and Goldenberg (1993) outlines five goals for couple counselling that were relied on heavily in this practicum; these were addressed to varying degrees depending on the situations that arose in therapy.

The first goal was to lead the couple towards the complete cessation of violent behaviour. Qualities that drew them together were to be retained if they were together for adaptive reasons. Holding the marriage together however was not a primary goal, and caution was exercised to ensure that the best interest of both members of the couple was protected.

The second goal was to reduce the "flood" of emotion in the relationship. Hansen and Goldenberg (1993) qualify that both members are likely to be overwhelmed by these, the batterer by rage and the victim by fear. Therapy was therefore focused on decreasing the intensity of these levels and on helping the couple become more aware of them. Assisting the couple to improve communication was effected while they interacted, rather than through individual work with each partner.

The third goal was to increase the perception of choices for both the clients. Both needed to know that there were alternatives to experiencing the roles of being an abuser, or feeling like a helpless victim.

The fourth goal was to provide corrective emotional experiences. This included encouraging the batterer to expose his tender, frightened and powerless

feelings behind the rage, and the victim's strength was emphasized. Clients were encouraged to expand their range of experiences. The victim's concept of her own power was only likely that of a provoker of violent behaviour.

The fifth goal was for the therapist to ally with societal expectations and reinforce that physical abuse is wrong, and appeal to the parts of the couple that agree with this.

Pre and Post Measurement

For a more thorough assessment and effective treatment, pre and post measures were administered. Unique circumstances, which will later be discussed, necessitated that some of the measures be used at various stages of therapy. The Marital Satisfaction Inventory or MSI (Snyder, 1981) was used to measure overall marital distress as experienced by the couple.

The MSI was a 239 item questionnaire for childless couples, with an additional 49 items for couples raising children. True or false answers are required. The psychometrics of this inventory are reported to be quite strong. The specific domains focused on were global distress, affective communication, problem solving communication, time together, disagreement about finances, sexual dissatisfaction, role orientation, family history of distress, dissatisfaction with children, and conflict over childrearing (Snyder, 1981).

Various instruments were used to measure perceived physical and non-physical abuse, both experienced and delivered within the marriage. These scales, developed by Hudson (1992) included the Partner Abuse Scale: Physical or PASPH, the Physical Abuse of Partner Scale or PAPS, the Partner Abuse Scale: Nonphysical or PASNP, and the Non-physical Abuse of Partner Scale or NPAPS. Scores a range from 0 to 100, with 0 indicating the absence of perceived abuse, and 100 being the perception of extreme abuse. These scales contain 25 items, and a 7 range likert scale for responses. These responses range from abuse occurring none of the time, to all of the time.

All four scales also have strong psychometric properties. Both the PASPH and PASNP are more broadly used and were proven to have good discriminant validity and excellent content, factorial, and construct validity. These scales are reported to have excellent internal consistency with alpha always in excess of .90 (Fisher & Corcoran, 1994; Hudson, 1992).

With regards to the formulation of the practicum itself, efforts of preparation began in September 1995; referrals were carefully reviewed in October, and by November and early December intake interviews were completed. Due to the volatile nature of spouse abuse, client availability fluctuated dramatically. Nevertheless, a moderate number of clients were engaged into therapy and the final sessions were completed by the middle of May 1996.

Criteria

When dealing with this population, a number of considerations had to be observed. For screening purposes the following criteria was set for involvement in conjoint therapy for violent couples:

- 1) Violent behaviour should be absent between the couple members for a significant amount of time, and there should be no fear of reoccurrence;
- 2) The abuser must have received some type of intervention for his or her violent behaviour; this should have led the abuser to being able to take full responsibility for his or her violent actions which is an essential component, as earlier stated in the literature:
- 3) The couple must present some commitment to wanting to work on the marriage. Although saving the relationship was not necessarily a goal in therapy: this would ensure a sense of investment and motivation for clients in counselling.

Intake and Screening Process

During my involvement in this project, perhaps the most frustrating aspect of the experience was in obtaining an adequate size client population. Despite efforts to make appropriate connections with agencies, there seemed to be general difficulty in gaining access to couples who could most benefit from this intervention. A number of couple cases either approached or were referred to the centre. Of these some presented as possible clients for conjoint treatment of violent couples.

The cases were carefully examined; further telephone screening revealed that some were deemed inappropriate as they either recently separated or were no longer interested, while other couples were preparing to separate.

The remaining couples were booked for intake appointments, and some failed to appear. There was a general commonality of ambivalence over the marriage amongst these couples, with only one partner willing to attend counselling. Different options were explored with these clients. They were offered individual sessions that may lead to couple work; efforts were made to accommodate their schedules but to no avail. Many hypotheses were developed to explain their unwillingness, the essence being that they were not ready for couple counselling at that time.

A total of eight couples attended intake interviews. Among these, four did not return for continued counselling. The first couple felt that their single attendance was sufficient for their current needs: although the couple had many grave issues that could have been dealt with in therapy they were not amenable to going further at that point. With the second couple, it was revealed in the intake interview that one partner was addicted to cocaine and could not acknowledge the impact of this addiction on their lives; individual sessions were booked in an attempt to address this concern but the clients did not attend. The third couple presented a different concern. Although the abuser had completed a men's group for batterers, he severely minimized the violence and attempted to align the therapists with him. When this did not happen his interest in continuing diminished. They did not attend

any further scheduled appointments. The fourth couple raised a dangerous concern. The woman, who was receiving concurrent individual counselling at the centre wanted conjoint counselling. The intake interviews revealed that both partners kept many serious secrets from each other; the woman further disclosed, and her behaviour confirmed that she feared her partner would become violent again.

There were three general clusters of client types that I observed during this process. The first cluster represented couples who initiated contact for therapy but were not at a point where they were ready to receive it. These were the individuals who, when followed up had ample reasons to defer treatment. The second cluster entailed the couples who were motivated for change but the risk of recidivism was high for many reasons. These included the presence of addictions, or alarming levels of denial and minimization. The third cluster encompassed the couples who were ready and able to work on the issues.

CHAPTER 6. THE CLIENTS

Out of the numerous cases that surfaced, only four couples remained in therapy for a significant period of time. Despite their commonalities, these couples had very uniquely different circumstances. These four couples are the primary focus of discussion in this report.

Trevor and Marie

This couple was self-referred. They presented as motivated and eager to work on their relationship, both having completed a number of programs in the community. Trevor and Marie attended a total of six conjoint couple sessions. They were a young aboriginal couple who had seven children, ranging from ages four to thirteen. Marie was in her early twenties and Trevor was closer to thirty. They had lived in a common law relationship for about twelve years. At the time of therapy Trevor was attending school full time attempting to complete a grade ten level of education, while Marie had completed fifth grade. Trevor held a part time job as a short order cook and Marie was unemployed.

Both received government assistance and resided in different addresses. Their children were in the permanent care of Child and Family Services (CFS) due to the couple's extensive history of alcoholism, spouse abuse, neglect, and suspected sexual molestation by Trevor. To assist in viewing the quality of their

relationship the MSI was utilized as a measuring instrument. Due to the length of the scale it had to be completed over a number of sessions during the beginning phase of therapy.

History of Violence

The history of violence between Trevor and Marie was extensive and troublesome. Both admitted that violence in the past included hitting, punching, choking and kicking. Although Trevor usually initiated the violent episodes, Marie admitted to hitting him back in defense, or when he was vulnerable. The allegations that Trevor had sexually molested two of their children were unconfirmed. Marie had some access to the children while Trevor was not allowed contact with them. According to both, physical force has not been used between them for over a year.

Both agreed that the violent behaviour began during their first pregnancy. According to Trevor he was under a significant amount of stress as he was unemployed and anxious about parenting. He believed things would have been very different if they had access to parenting courses back then. The first violent incident according to Marie occurred when he came home late one night after having been drinking; she awoke to being punched in the head. Trevor reported that he was quite remorseful after this happened and consequently ran away for a few days. He eventually returned and the pattern continued. Marie learned to fight back to protect herself.

Marital Satisfaction Inventory

In the area of conventionalization, Marie produced a low score which indicated a moderate to great level of marital distress. According to this score she may also have a readiness to openly acknowledge existing difficulties. Trevor's score on the other hand was rather high, suggesting a reluctance or inability to deal with difficulties on an objective basis. Both rated moderately in the area of global distress; this showed great dissatisfaction with the marriage where separation has been considered. Both produced approximately the same scores in affective communication which was evidence of further moderate marital distress. In the problem-solving communication domain there was an increased likelihood of ineffectiveness in resolving conflict. Some areas within the relationship may have been considered "off limits" for discussion with one spouse perceiving the other as being overly sensitive or critical. Both wanted to spend more time together; their scores were exactly the same in this regard, reflecting feelings of isolation and alienation from each other. There were great inconsistencies in their perception of financial agreement. Trevor believed that they had moderate arguments about money while Marie identified this as the major area of marital distress. Both were dissatisfied with some aspects of their sexual relationship. It is crucial to mention that although the MSI was not culturally sensitive it provided some excellent information regarding the couple's perceptions. The results of the test were generally consistent with what was revealed during the sessions.

It was hoped that other measuring instruments could be used with this couple to assess the specific types of violence that occurred. Unfortunately, by the time the scales were located Trevor and Marie had abruptly discontinued therapy.

Mark and Jane

Mark and Jane were also a self-referred couple who attended a total of eight sessions; six were conjoint, one was individually with Jane, and one with Mark. They were a caucasian couple, both in their late twenties and had been married for three years. Both worked full time, Mark as a welder, and Jane as a cashier at a local supermarket. Both completed high school and resided together. Jane had a ten year old son with whom she had no contact; Mark and Jane were trying very hard to have a child together.

History of Violence

Although the exact specifics of abuse could not be determined, what emerged was a definite pattern of violent behaviour. At the time of this report, arrangements were being made for them to see separate counsellors, in individual treatment. According to them abusive behaviour began early in their relationship. Mark reportedly had an extensive history of alcohol use, though he denied being addicted. He regarded himself as a social drinker and believed he controlled his drinking quite well. Jane rarely drank. The most recent violent incident occurred four months

prior to treatment, wherein Jane threatened to leave and Mark supposedly grabbed her by the throat. The couple endured a separation, and then decided to reunite and save their marriage.

Based on their descriptions, physical force had become a regular component of their lifestyle. Both have been charged with assault. Jane completed an anger management course, while Mark did not receive any intervention. Two years ago the couple attended conjoint counselling; this was discontinued when both walked out of a session during a heated argument. An exception was made to admit this couple into conjoint treatment despite the fact that Mark had not received prior individual treatment for his abusive behaviour. Both were adamant in their claim that they had ceased engaging in violent behaviour for at least four months: both seemed able to assume full responsibility for their actions; they were highly motivated, and neither feared that abuse would re-occur.

Marital Satisfaction Inventory

The MSI was also administered to this couple at the onset of treatment. Mark rated low in the area of conventionalization which is commonly associated with average to greater levels of marital distress. Jane's moderate score reflected strong positive feelings within the marriage. Both had high scores on global distress, with Mark rating considerably higher. This indicated strong feelings of alienation and anger towards each other, a long history of problems in the marriage, and

increasing inclination towards separation or divorce. According to this scale they may show moderate commitment to saving their marriage but are more likely to be rated by clinicians as having guarded prognosis. In the area of affective communication, Jane scored high which usually occurs in conjunction with high global distress scores, indicating extensive isolation and negative affect in the relationship. Mark rated a moderate level of distress within the relationship, and may have indicated some desire to work in therapy to find better ways of enhancing intimacy and mutual self-disclosure. Jane produced high problem-solving communication scores suggesting the existence of a long accumulation of unresolved differences, where perhaps minor incidents may precipitate a major crisis. In such situations distress may be generalized into other areas of the marriage. Mark scored in the moderate range, indicating that resolving disagreements were likely ineffective: it was possible that although disagreements rarely occurred, they were poorly dealt with. He may not be willing to discuss certain issues. In the area of time spent together, Jane reflected a moderate score. Coupled with her elevated affective communication score however, this implied an increased likelihood of her feeling isolated and alienated from Mark. Mark rated moderately, suggesting a lack of opportunity or perceived desire for shared leisure activity. With regards to disagreements about finances, Jane rated extremely high, indicating that she viewed money as a major source of marital distress. Disagreements about money may have been intensely emotional and a part of many

concerns, including expressions of affection and trust. Mark's score was moderate in this area, suggesting arguments about money were common. Both Mark and Jane had a moderate score in the area of sexual dissatisfaction, with Mark on the higher range. This may reflect that the sexual relationship was a source of marital distress, perhaps a result of perceived disinterest on the part of one spouse. Role orientation scores showed that both had an increasing unconventional view of marital and parental roles. In the area of family history of distress, Jane scored high, suggesting that disruption in the family of origin was extensive. Jane was likely to have experienced considerable alienation from her parents, where marital disruption among extended family members was common. Mark on the other hand produced an extremely low score, revealing a belief that his family of origin was full of warmth and harmony, and his parents were perceived as positive role models.

Partner abuse Scale: Physical and Physical Abuse of Partner Scale.

On the PASPH and PAPS Jane rated 49.3 and 6 respectively; this indicates a relatively high perception of received violence and fairly low level of delivered violence within the marriage. According to Jane, Mark's use of force included pushing, shoving, hitting, punching, kicking, twisting of fingers, arms or legs, biting or scratching, and pinching. The key areas of physical abuse by Mark included being slapped around the face and head, being beaten so hard that she required medical help, being beaten when he drank, being physically thrown around the

room, Mark acting like he wanted to kill her, Mark trying to choke her, and throwing dangerous objects at her, most of the time. When Mark completed the exact same scales, a broad discrepancy was realized. Mark rated 2 on the PASPH, and 4.6 on the PAPS. This suggests a low perception of physical abuse by Jane, and a significantly lower rate of delivered abuse than Jane claimed he used in the marriage. It was concerning that Jane believed her experienced abuse to have rated 49.3, while Mark acknowledged delivering at a score of 4.6. According to Mark, he had physically forced Jane to have sex which she did not report, although he acknowledged doing most of what Jane claimed, he did not admit to twisting her fingers, choking, kicking, biting, scratching, or pinching. On the PAPS she admitted to delivering physical abuse including pushing and shoving, threatening Mark with a weapon, hitting and punching him in the face, acting like she wanted to kill him, threatening to cut or stab him, twisting his fingers, arms or legs, throwing dangerous objects at him and poking or jabbing him with pointed objects. With regards to abuse received from Jane as indicated in his PASPH, Mark believed that Jane threatened to hurt him with a weapon, but reported no other use of force.

Partner Abuse Scale: Non-physical and Non-Physical Abuse of Partner Scale

In the PASNP Jane rated quite high in her perception of experienced non-physical abuse within the marriage. A good part of the time he belittled her, demanded obedience to his whims, did not want her to have male friends, told her

she was ugly and unattractive, screamed and yelled at her, ordered her around, frightened her, treated her like a dunce, and was rude to her. She further responded that most of the time he insulted or shamed her in front of others, shouted and screamed when he drank, showed no respect for her feelings, and acted like a bully towards her. Her overall score was 56.7 out of 100. Mark's score on the NPAPS, measuring the non-physical abuse he delivered was considerably lower than Jane's responses. He generally acknowledged abuse in the areas she identified, although he rated these to be less frequent. His overall score for delivered non-physical abuse was 24.7.

Mark's perception of received non-physical abuse was considerable as indicated by his responses in the PASNP. He believed that Jane acted like he was her personal servant, was stingy in giving him money, and did not want him to socialize with his female friends, all of the time. A good part of the time she demanded him to stay at home, and ordered him around. Some of the time she objected to him having male friends and became surly and angry when he said she'd been drinking too much. His overall perception of experienced non-physical abuse was 26.7. Jane also produced scores that generally acknowledge this abuse when measuring her perceived delivered non-physical abuse, but also to a less frequent level. Her score on the NPAPS was 15.3.

Joe and Carmen

Joe and Carmen attended a total of ten sessions, four together, one individually with Joe and five with Carmen. Carmen was in her mid-thirties while Joe was in his early forties. They had been married for fifteen years, and had three teenage children; their son was fourteen, and the daughters were twelve and eleven. Both immigrated to Canada about twenty years ago, and came from very different cultural backgrounds. Carmen was of Filipino descent while Joe was middle eastern. Carmen worked as a full time attendant at a downtown hospital, and was the sole contributor to the family household income; Joe, who injured his neck many years ago drew a disability pension which he largely kept to himself.

Joe frequently interrupted Carmen when she spoke during sessions, seeming preoccupied with defending his position at all times. Carmen as well was quite distressed when she did speak, breaking into tears a number of times. She presented as overwhelmed with anger and frustration; Joe showed little acknowledgement of what she said.

History of Violence

Unique circumstances were apparent regarding the use of force with this particular couple. Both confirmed that Carmen alone was physically aggressive within the marriage. Carmen reported that in their fifteen years of marriage, this occurred twice; one involved her throwing an object at him and the other entailed

some shoving. Although violent behaviour is never justified, it is significant to note the physical characteristics of this couple. Carmen was barely five feet tall with a petite build, and not likely weighing over a hundred pounds. Joe was six feet, with a medium frame, and has earned a black belt in Karate.

Marital Satisfaction Inventory

Although the MSI was administered, Joe experienced great difficulty with the language therefore the completion of this was prolonged. The couple legally separated shortly after the fourth session, leaving the scale unfinished. For the same reasons, the second half of the partner abuse scales were not completed with them. Individual sessions were booked to assist with their transition.

Partner Abuse Scale: Physical and Physical Abuse of Partner Scale

On the PASPH Carmen and Joe rated 1.4 and 12 respectively. This indicated that Joe believed he experienced Carmen as considerably more abusive than Carmen experienced him. On the PAPS scores Carmen rated 1.3, while Joe rated 0. Carmen admitted to having demonstrated abusive behaviour, while Joe believed he had not. Wide discrepancies could be found in their perceptions. Carmen admitted to delivering some violence. Joe in turn believed that Carmen has used force on him, but he has not used any on her. Carmen's results showed that Joe threatened her with a weapon, though he denied this. Both confirmed that Joe had

never been physically abusive towards Carmen, and that Carmen had hit him and thrown objects at him. Joe however reported that she also pushed and shoved him, acted like she wanted to kill him, bit, scratched and injured his breasts or genitals. What actually transpired was likely something between these extremes.

Michael and Jessica

Michael and Jessica attended a total of eight conjoint sessions at the time of this report, with plans of continuing on in conjoint counselling for an indefinite period. They were a caucasian couple, of moderate means. Both were in their mid-thirties and they had been married for eight years. Their three children were pre-school aged and resided with them. Michael was seasonally employed as a landscaper, while Jessica worked full time for an auto parts distributor.

History of Violence

Violence within this relationship occurred primarily while both Michael and Jessica were under the influence of alcohol. About a year ago Jessica contacted the police to inquire about her rights should she choose to leave Michael. The officer ended up asking numerous questions that led to Michael's arrest for previously assaulting her, and using force on their child. He was incarcerated for two months and put on probation for one year. Michael maintained that he decided to abstain from alcohol use prior to this incident. Both reported that violent

behaviour had not been displayed since. It seemed that alcohol was present in their relationship for as long as they could remember, as far back as their teenage years.

Marital Satisfaction Inventory

The MSI was also completed by the couple. Both had low scores in the area of conventionalization, confirming the presence of marital stress, where there was readiness to deal with some of their difficulties. Their global distress levels were exceptionally high, indicating strong feelings of alienation; Michael's score was considerably higher, which validated his stated anger towards Jessica. These scores may have indicated thoughts of separation and divorce, though these were not overtly confirmed during therapy sessions. Both revealed high scores in the area of affective communication, which suggested extensive isolation and negative affect. Jessica's scores were elevated compared to Michael's, perhaps suggesting that she experienced a higher level of dissatisfaction in this domain. According to their scores in this area, Jessica's high score revealed a view that their problem solving methods were generally ineffective, while Michael considered this area less problematic. Both presented high scores in the area of time together, reflecting a deficit in enjoyment of interactions with each other; this showed further dissatisfaction with the marriage and supported the hypothesis that separation or divorce may have been under consideration. A significant area with this couple involved finances, where both acknowledged that this was a major source of conflict.

for them. This was a topic of constant disagreement in therapy sessions as well. Jessica attempted to keep on top of their bills, while Michael showed less concern. According to their scores in the domain of sex, Jessica was clearly dissatisfied while Michael scored only moderately. This coincided with their revelations in therapy, and proved to be extremely relevant. Their scores in role orientation reflected that Jessica was generally flexible in this domain, and Michael viewed his parental and household responsibilities as of equal value to his career. Jessica's score in the area of family history distress was in the top end of the moderate range, indicating noticeable conflict between her own parents and possible alienation from one of her parents. Michael's score was in the lower moderate range which suggested similar circumstances as Jessica, with other family members experiencing extensive marital conflict. With regards to the children, Jessica's moderate score revealed feelings of either disappointment or dissatisfaction with the demands of childrearing. Michael's score on the other hand indicated that he viewed childrearing as contributing to overall happiness in their marriage and to him personally. In the area of conflict over childrearing however Jessica's score suggested parenting contributed to marital distress, with some conflict regarding parental roles. Michael produced a rather high score, revealing significant conflict in parenting roles and tasks. Overall, the results of the MSI proved to be consistent with what occurred in sessions.

Partner Abuse Scale: Physical and Physical Abuse of Partner Scale

With regards to the PASPH, Jessica reported that previous violence as inflicted by Michael included pushing, shoving, punching, threatening with a weapon, beating her when he drank, making her afraid for her life, and acting like he wanted to kill her. The results of Michael's PAPS directly corresponded with Jessica's experienced abuse, indicating both were in agreement with the degrees of abuse Michael inflicted on Jessica. When her PAPS score was compared to Michael's PASPH scores, only minor discrepancies were noted. According to Jessica she pushed, shoved and punched him. Michael's score in the PASPH was consistent with her responses.

Partner Abuse Scale: Non-physical and Non-physical Abuse of Partner Scale

Jessica's responses on the PASNP indicated a perception of experienced non-physical abuse at a moderately low level. The main areas of abuse involved Michael belittling her intellectually, telling her she could not take care of herself without him, insulting or shaming her in front of others, screaming and yelling at her, treating her like a dunce and being surly and rude to her some of the time. A good part of the time he supposedly became upset when work wasn't done, and most of the time he had no respect for her feelings. Her overall score was 23.3. Michael's score on the NPAPS was also 23.3, indicating that he believed he delivered a level of non-physical abuse equal to what Jessica reportedly experienced. Although the

item responses varied slightly, the differences were not significant. With regards to non-physical abuse experienced by Michael, his overall score on the PASNP was 23.3, while Jessica's reported non-physical abuse of Michael rated 20.3.

There were only minor discrepancies in the reports of both Jessica and Michael which suggested that their views of what has transpired in their marriage were congruent.

CHAPTER 7. FAMILY OF ORIGIN ISSUES

With regards to all these couples, a number of relevant themes emerged. Perhaps the strongest commonality between them however was the overpowering influence of family of origin issues.

Trevor and Marie

Marie has had a difficult life. Her mother was pregnant with her at age fifteen, and Marie was consequently raised by her aunt at her grandparents' home. She stated that she was a product of her mother's affair with a married man who had a family of his own. Marie further stated that her mother had many partners and many children. While growing up with extended family on the reserve, Marie led a fairly isolated life. She did not have contact with her mother, nor did she desire any.

She admitted through tears that she was sexually abused repeatedly by various family members and friends. These experiences began at a very early age, and continued into her teenage years. She met Trevor while he was visiting the area and she viewed him as her saviour; he removed Marie from the reserve and brought her to the city with the promise of a better life.

Trevor came into foster care at a very young age. His biological parents left him alone in the house for almost a week when he was only a few months old; had it not been for a concerned neighbour he likely would have died. He was

apprehended and placed with foster parents who eventually adopted him. Trevor became very close to these parents and considered them his family. They passed away about two years ago. Little was known about his upbringing in this home however, other than they moved around the country many times. Although Trevor spoke very highly of his adoptive parents, he did mention incidents of physical abuse when he "deserved it" particularly during the rebellious teenage years. Questions about his childhood were evaded in therapy, leaving large gaps in information regarding his growing experiences; it was interesting to note that Trevor strongly disapproved of the foster care system. Nevertheless, Trevor often brought up the subject of his grief over his parents' deaths saying there were many reminders that triggered his thoughts of them. Upon turning eighteen, Trevor made contact with his biological family. He was greatly disappointed by this. When he did visit he claimed he did not stay long because he strongly disapproved of their lifestyle which involved a considerable amount of drinking.

When considering the situation of this couple, they displayed strong indications of inadequate differentiation from their own families. One may wonder if Marie bonded at all with any family member. Her unwillingness to establish contact with her own mother, or seek support from any remaining relatives suggested that she had chosen to sever all ties with them, signifying the completion of an emotional cutoff. Marie could be described as immature and lacking an identity of her own, which were likely a result of deprivation during her early life.

Trevor on the other hand experienced abandonment anxiety, feelings of inadequacy, personal failure and helplessness. His sense of identity seemed ill defined as he often defended his parents, and yet evaded any meaningful questions about them. His use of power over Marie to elevate his self esteem revealed his frailty. Neither Marie nor Trevor developed healthy relationships within their families of origin, causing disengaged relationships with their families. These in turn may have led them to form extremely blurred boundaries within their marriage. Such fusion seemed to hold them tightly together.

For treatment purposes, reviewing the influence of family of origin issues on this couple was extremely significant. Having a clear understanding of both Trevor's and Marie's earlier life bore great relevance to the degree of change that could be anticipated from them. Keeping in mind that neither had the benefit of family support, solid emotional grounding that results from proper bonding in childhood, or a broad range of healthy experiences, clinical work needed to be focused on realistic, short term goals. Examining their families of origin established at the onset that the couple would not likely ever separate, would protect each other at all costs, and had polarized rules of functioning. This further showed a very high level of loyalty between both, which affected their presentation in therapy.

Mark and Jane

Family of origin issues were a definite contributor to ongoing marital conflict with this couple. Jane too was abandoned at a very young age, and was also adopted at infancy. She had no information on her biological family and admitted that this sometimes bothered her. Jane became pregnant at an early age while involved in another abusive relationship, and custody of the child was given to the biological father's parents. Jane has had no contact with her child since. She rarely discussed this in sessions, seeming to have great difficulty with the fact that she herself abandoned her own son ten years ago. Jane was sexually abused by her adoptive father while in her teens; she ended up running away and staying in numerous foster homes. At the time of the abuse Jane told her mother what was happening, but was not believed. Issues between them were yet unresolved and a large gap existed between Jane and her mother; this led to much conflict in Jane's marriage because of the stress this caused Jane.

Jane believed she remained loyal to Mark when arguments involving her mother occurred, which was contrary to what took place with Mark's family. Mark came from a very rigid traditional home where his father was extremely controlling. Although he denied having any difficulties with them, his relationship with his family caused much conflict between Mark and Jane. His family disapproved of Jane therefore she was not welcomed in their home. Jane stated, and Mark confirmed that he was unable to stand up to them when it came to matters concerning her; for

instance at Christmas a parcel arrived from them containing only presents for Mark. Mark did not confront his parents regarding their exclusion of Jane. During a planned visit home, Mark simply decided to go by himself to alleviate any conflict that would arise if Jane came with him. When confronted he usually responded by stating that he had done all he could to talk with his family about this but they were not willing to compromise. Mark further defended that his father was a very stubborn man and nothing more could be done.

When evaluating this couple, the interplay of family of origin issues occurred on an unconscious level. Jane was quite disengaged from her adoptive mother, who was the only person she considered "family". Her mother's unwillingness to believe that she was molested further separated them, leading to emotional cutoff between both. This may have increased Jane's need to connect with Mark, along with her dependency on him. Despite her own acts of violence, it was likely that Jane viewed herself as a victim, and was accustomed to identifying herself with that role.

Mark's inability to differentiate from his own family placed him in an extremely difficult position, which created tension in the marriage. Having to satisfy both sides, while he himself felt trapped may have given him an overwhelming feeling of powerlessness. This frustration could have been a main source of violent outbursts. In this particular situation, blurred psychological boundaries developed due to the existence of both disengaged and enmeshed relationships with their own families.

Clarifying family of origin issues was particularly significant in therapy as it established a clear starting point for treatment. Considering such issues immediately brought to light the fact that both experienced unhealthy upbringing and had entirely different expectations of what marriage should be, thereby partially explaining why their relationship was constantly volatile. Between Jane perceiving herself as a victim, and Mark feeling that he had little control over what was happening this brought urgent attention to safety factors. This also confirmed that both had separate issues regarding their families that needed to be addressed in individual counselling. Viewing their family histories revealed the source of their predictable patterns of coping, and defined their areas of greatest vulnerability. This had tremendous clinical implications.

Joe and Carmen

With this particular couple, family of origin issues caused conflict within the marriage in an overt manner. Carmen was born and raised in the Philippines, with strong catholic values and solid family ties. Joe grew up in the middle east, and was entrenched in Islamic faith. The quality of Joe's relationship with his own family was fragmented, entailing variable levels of distances from family members. Carmen and Joe had differing views about gender roles, parenting and everyday lifestyle issues.

There appeared to be some resentment by Carmen towards Joe's family. Joe's mother supposedly lived with them for a while, at which time Carmen not only provided for them but was also expected to carry out all household duties. Joe's version of this differed; he claimed he spent a lot of money on their son's hockey equipment, and often made meals for the children. Carmen corrected him however by stating that she usually prepared the meals before hand and he merely heated these up. After the couple separated Carmen stated that the children became less stressed for two reasons: she believed that tension in the home was reduced as Joe and Carmen no longer fought in their presence, and secondly, Joe used to nag the children considerably.

Joe believed in raising the children by more traditional Islamic standards, while Carmen viewed the Canadian way as more appropriate. She indicated Joe had little understanding of the need to adapt as the children got older, not realizing that they sometimes required leniency. Carmen expressed that she worried about the children somewhat because of the gender role definitions they received from Joe. Their only son was treated respectfully and favourably by Joe, gestures that were uncommon in his approach to the females in his life. The girls were usually treated with considerably less respect.

When considering the impact of family of origin on this couple, one may speculate that Carmen had achieved an adequate degree of individuation from her family. Carmen was a strong willed woman who kept a close, but safe distance

from her parents and siblings. Although Joe was very independent and clearly served to protect his own interests at all times, he may be interpreted as being emotionally detached from everyone, including his family of origin. His constant dishonesty which implicated his family members caused further difficulties. Carmen's strong ties to her family may therefore have been a source of jealousy for Joe.

At a quick glance, the areas of conflict within this marriage regarding families of origin seemed mainly a result of two diverse backgrounds confronting each other. On a deeper level however it was possible that Joe's mistrust of people led him to be isolated, and he felt threatened by Carmen's attachment to family members. Carmen on the other hand may have wanted Joe to conform to her idea of marriage, allowing her to continue in her traditional lifestyle where divorce was irregular. Joe's prouess to premeditated deception suggested the presence of other disturbances that may have been caused by childhood trauma. Unfortunately, this could not be validated nor addressed. The result however was an extremely antagonistic relationship causing both significant grief.

Family of origin issues were extremely relevant in the context of therapy as it revealed the background information necessary to assess this couple. It became apparent that Carmen consistently held good relationships with other loved ones, which bore great significance to the state of their marriage. Joe on the other hand tended to alienate himself and sever emotional ties. This analysis in turn exposed

the large gap that existed between Joe and Carmen, thereby bringing forward the urgent question of whether or not they wished to remain together. Before therapeutic work on the relationship could even begin, this essential question had to be addressed. Significantly, considering family of origin issues of this particular couple eventually resulted in the couple choosing marital separation, where a shift from conjoint counselling to individual sessions transpired.

Michael and Jessica

Jessica was also adopted at infancy, and was raised as an only child. She admitted that she had not undertaken a search for her biological parents largely out of loyalty to her adoptive parents. Her adoptive mother supposedly drank regularly, sometimes combining alcohol with prescribed drugs. Jessica also referred to her as a very controlling woman who usually meddled into Jessica and Michael's affairs. Jessica left home at an early age and did not contact her family for many years. She later made the decision to re-establish this relationship.

According to Jessica her mother used to call on a daily basis, though an improvement was noted as communication was reduced to every couple of days. Michael admitted that this was a regular cause of stress in their marriage, particularly when Jessica found it hard to stand up to her own mother. Conflict usually erupted when Jessica's mother helped them out financially against Michael's wishes; the sum she has lent them to date is too substantial for them to repay.

Michael's own family of origin presented some dysfunctional patterns. All of his eight brothers and sisters have either divorced or were going through the process. His brother's ex-wife remarried another one of his brothers, and they, along with their combined children lived near Michael and Jessica. Another brother disappeared for a number of years, and continued to live a transient lifestyle. Issues of grief could also be noted as his father, who drank everyday of his life, passed away a few years back.

The impact of family of origin issues on this couple were remarkable. Jessica was significantly influenced by her mother even at the age of thirty five. Jessica admitted that she regularly struggled with achieving independence from her. Both confirmed that conflict stemmed from Jessica's seemingly overinvolved relationship with her mother; this enmeshment contributed to reactive emotional distances between Mark and Jessica. Neither acknowledged any difficulties with Michael's family, which suggested one of two things: either both were in denial of the impact of Michael's family, or Michael has disengaged himself completely from them.

For treatment purposes, exploring their relationships with their respective families had serious clinical significance. This exercise unveiled evidence that Michael and Jessica did not experience much emotional closeness in their own lives prior to marriage. Neither were aware of what constituted a healthy relationship. Much time and effort to repair a damaged marriage was spared, as information suggested that there was never a bond to begin with. This process led to helping

them establish basic communication, allowing them to begin understanding each other. Clinically it emerged that a reasonable starting point was to help them define the type of changes they sought. Focusing on family of origin issues therefore assisted in mapping out clearer treatment direction.

Indeed, when considering these couples, strong emphasis should be placed on the state of their resolution of family of origin issues. The situation of the couples in this practicum suggested that such unclear boundaries contributed to increased marital stress, and perhaps violence; in fact such issues were key treatment elements in these situations.

CHAPTER 8. INTERVENTION THEMES

Systemic Analysis of the Role of Violence

Trevor and Marie

It was likely that violence in the relationship served to keep Trevor's issues about his own past from surfacing. Similarly, the receipt of abusive behaviour and feeling afraid assisted Marie in avoiding the aftermath of her own traumatic childhood. The couple had an enmeshed and yet mutually satisfying relationship which they planned to preserve at any cost. They were unable to individuate; their troubled histories, including their feelings of betrayal and abandonment have left them dependent on each other. Trevor's previous use of physical force served to maintain his dominant position over Marie's submissive one: instead of using the threat of physical pain, he now resorted to the threat of abandonment by talking about moving away from her.

For Trevor and Marie, violence likely occurred at least in part as a result of both being exposed to violent behaviour within their own families. Their histories suggest that both were socialized to believe that violence was a common aspect of family life. Both their descriptions of their home lives coincided with the those set forth by social learning theorists, as both received the message that such behaviour was acceptable.

When treating this couple from a systemic standpoint, the abuse dynamics can be viewed as having evolved into a recurrent pattern. Had it not been for state intervention it likely would have continued. The elimination of violence however did not indicate the absence of abuse, as clearly the pattern continued on an emotional level. Clinically it was crucial to acknowledge that Trevor needed to maintain the dominant role in the relationship, and this hierarchal structure was rigidly set and followed by both. Although shifting the balance of power was necessary, it would not have been realistic to expect immediate dramatic change. Unfortunately, altering the system by strengthening Marie was only possible if Trevor believed that this did not threaten his position. For this case, this imbalance was a reality, engrained in both their belief systems. Recognizing this dynamic was crucial as it defined the basic principle with which the relationship operated: this further elaborated that much effort and patience was required to change certain aspects of the relationship.

Mark and Jane

When considering the purpose served by violence in this relationship, one may speculate a twofold process. On Jane's part, the use and receipt of violence allowed her constant attention from Mark which she often craved. Her violent behaviour caused him to respond to her, while her acceptance of it from him reaffirmed her position as a vital member of the couple relationship. When he did

use force and she forgave him, she may have believed this to be proof that he indeed needed her. Her own upbringing must have left her feeling alone, abandoned and extremely needy. For Mark's purposes, violent behaviour was used as a way of coping with feelings of powerlessness that resulted from his own upbringing. His limited ability to problem solve, along with patriarchal values led him to use force as a way of responding to Jane's extreme demands. It was likely that the calm after violent episodes was mistaken for peace, therefore violence seemed to work. The pattern observed in the couple was consistent with Walker's (1979) cycle theory of violence, wherein the final loving contrition stage served as reinforcement for Jane to stay.

Systemically, although both were responsible for their own use of force they played roles that produced an eruptive relationship. This in turn was prone to violence. It was possible that they displayed argumentative behaviour in sessions so as to avoid confrontation of any real issues. Their elevated levels of insecurity created a reactive combination however, with serious implications. For treatment purposes the couple's tendency towards aggression was a key element of focus. Discerning the role of violence in this situation emphasized the high risk of recidivism, which led to a more thorough evaluation of whether or not conjoint therapy was the most appropriate approach for them at the time.

Joe and Carmen

With regards to this couple, Carmen's use of force served as a desperate attempt to communicate with a rigidly oppressive man. In essence she was trying very hard to gain some control in an emotionally abusive situation. It was difficult to assess Joe's rationale for receiving violent behaviour; perhaps this contributed to him being a "victim" thereby strengthening his position should they legally divorce. He may have believed that accepting her use of force without responding put him in a stronger position of power. His abusive tactics were always on an emotional level.

From a systemic point of view, the recurrent pattern of Joe alienating himself while Carmen responded in anger was cyclical. They became accustomed to defending against each other, and managed to block any other means of communication. They were resolved to maintaining a hostile relationship, and somehow lost the motivation to interact peacefully. The presence of violence exposed the level of deterioration the marriage had reached, shedding light on its grievous nature. Clinically it was essential that this be examined closely with the couple; presenting this to them as a stumbling block had high mobilizing value to an otherwise inescapable sequence.

Michael and Jessica

When one thinks of the purpose served by violence in this relationship, one may speculate that violent behaviour, along with alcohol abuse occurred primarily to keep Jessica and Michael from becoming intimate. It was quite possible that neither ever experienced intimacy in their own families of origin, and probably sought this same climate for their marriage. This may account for their extreme feelings of alienation from each other, particularly since the addiction element in their lives has been diminished.

In systemic terms, the absence of violence and reduction of alcohol disrupted their usual method of functioning, leading them to a point of confusion and standstill. Neither had the benefit of healthy relationships to guide them through resolving issues that gathered through the years. Clinically however, their situation had tremendous potential: their marriage was at a phase where change was inevitable therefore many opportunities for development were present. Evaluating the role that violence played through a systemic standpoint was therefore instrumental in forming a timely and effective intervention plan for this couple.

Themes of Control, Power, and Powerlessness

Trevor and Marie

Trevor undoubtedly exercised control over Marie. As sessions progressed, it became evident that although no violence was being used, Trevor tended to exert power over and control of Marie in other ways. He periodically spoke of moving out of province to start a new life by himself, and was unclear and inconsistent about the impact of this on his relationship with Marie. She responded to these threats by stating that she understood his frustration regarding failing to get the children back, and that she did not believe his leaving entailed a breakup. She further expressed a desire to re-unite with him if or when he returned.

Trevor also tended to dominate the sessions. He spoke endlessly about himself and his pain, often having to be refocused into couple work. When Marie was engaged however it became apparent that she held many things in and spoke gently towards Trevor, careful not to upset him. To explore safety issues she was seen by herself. She confirmed that there were no violent incidents whatsoever and that she did not fear him. Although this was likely true, this response may have been relative to how things use to be in the past. Clearly Trevor has assumed a dominant role in this dyad; although the threat of physical abuse was not present, Marie seemed aware that his emotional explosions were equally as difficult to handle. Her own fragile sense of self has left her vulnerable and powerless.

Acknowledging the imbalance of power within this relationship was a vital

component of treatment. Focusing specifically on the dynamics of power, control and powerlessness provided a global view of their firmly established power positions, where Trevor was clearly at an advantage. The fact that neither viewed this as a problem further reinforced the polarity of these roles. This illustrated that change in this area required proper engagement of Trevor in the therapeutic process. He had to feel in control, and this need could be incorporated into the treatment strategy. Giving Trevor praise for positive changes in himself and in Marie served as a reward for small achievements, and much craved encouragement.

Mark and Jane

Power and control were exercised by both members of this couple relationship. Jane often held Mark's abusiveness over his head, claiming that all it took was a telephone call and Mark would lose his job. She was aware that he enjoyed and took pride in his work. Ironically, her extremely low self-esteem disempowered her as she became extremely dependent on Mark's affection. It seemed she validated her existence based on being part of a relationship, albeit an abusive one. Mark's use of control tactics were evident in his violent behaviour. On a more manipulative level he sometimes insulted Jane right in sessions, telling her that both their families disliked her, but liked him. To someone as fragile as Jane, these words were incredibly powerful. Sadly, it seemed she believed she required his association to improve her standing with others and to define her sense of self.

The struggle between Mark and Jane for power over each other had great clinical significance. It revealed that both were locked into destructive complementarity, where they were desperately trying to change each other. Their emotional battles probably left them exhausted and powerless. As well, when it came to dealing with these struggles both functioned on an impulsive level, lacking a developed sense of consequence. All these factors together made it unachievable to establish equal power positions.

For therapeutic purposes, evaluating the power and control dynamics explained why this particular relationship was so volatile, cyclical and violence prone. It became apparent that the most urgent treatment priority was to break such dysfunctional patterns by replacing some of their current methods of dealing with stress. Although this would not be easily done, exploring their power and control issues at least exposed an aspect of the relationship where both were actively participating. The fact that both were openly vying for power suggested that they may be receptive to redirection in this area.

Joe and Carmen

Power and control were exercised by Joe over his wife Carmen in many manipulative ways. Being fully aware that Carmen held very traditional values, it was likely that Joe financially exploited Carmen under the assumption that indeed, she would never consider a divorce. He often made degrading comments about

people who were unmarried, insinuating that this was a status to be ashamed off. This notion had some impact on Carmen. What did emerge was that Joe rarely spent time at home, sometimes disappearing for ten days straight without contacting the family or leaving a number where he could be reached. According to Carmen this pattern of disappearance and mystery regarding his whereabouts has been happening for a long time. Ironically Carmen divulged that Joe did not trust her, and often suspected her of having an affair. Carmen noted that he did not allow her parents to babysit the children for fear that should she have an affair, they would likely cover up for her. Joe used to demand that she seek his permission to leave the home to do small errands.

Carmen was trapped and left powerless by her own values and her desire to be fair. Perhaps the many years of marriage to Joe led her to simply accept the situation. When asked why she has remained with Joe for so long, she usually said that she felt sorry for him, and that it simply was not right to leave a man alone, without his wife and children. She believed he depended on her for many things and could not reconcile with the idea of abandoning him, despite her misery. She also asserted that she believed a person was only to be married once, and that this situation should be made to work.

The ultimate in abuse of power in a relationship was done by Joe, who tricked Carmen into being married in the Muslim faith without her knowledge. Years ago he made her sign a rolled up piece of paper prior to attending the mosque. She

trusted him wholly therefore obliged. She later found out that she had signed a marriage certificate and been married in his religion.

Recognizing power and control dynamics with this couple proved to have great therapeutic value. In this case focusing on these issues revealed that Carmen, who had adequate coping skills, reached the state of submission and indifference. Indirectly, discussing these issues in sessions proved to be a turning point for her; it validated her feelings of powerlessness while removing self-blame. Joe's defensive responses in therapy further confirmed this. Evaluating the dynamics of power, control and powerlessness was beneficial, as it eventually forced them to make a decision about their marriage, which was long overdue.

Michael and Jessica

Power and control issues with this couple were present when both used physical force on each other in the past; however, they were most apparent in the area of Michael and Jessica's sexual relationship. In essence, Michael exercised control by refusing to have sex. According to Jessica they had not engaged in any sexual activity in almost two years. She stated that she believed this was Michael's way of punishing her for having made the phone call that led to his arrest. Michael usually did not respond to this unless directly asked, and even then he had few answers. He eventually admitted that he held strong feelings of anger towards Jessica. On the other hand, it was possible that Jessica also asserted for more

power by strengthening her relationship with the children. Although she cared deeply for them, she was fully aware that Michael could not separate them from her if they wished to be with her. She knew that he would not deny them anything. A stronger bond with them therefore reduced the likelihood of divorce.

When they were seen separately to clarify the issue of sex, Jessica maintained that their sexual relationship was adequate prior to it being withheld. She believed this also to be related to infidelity issues. She admitted that when she was drinking heavily, Michael caught her flirting with another man and he told her to stop. Despite the gains Jessica has made by drinking less and participating more in parenting, Michael continued to deny her sex and intimacy by claiming the changes were not enough.

Understanding such dynamics were clinically relevant. Their degree of struggle with this signified their own depths of pain and fear, individually. In fact, one may wonder if there were even deeper wounds that caused such a gap between both. Therapeutically, this suggested that other secrets and grudges may have been hidden which needed to be pursued in good time.

Themes of Distance and Intimacy

Mark and Jane

This young couple presented many behaviours that suggested the presence of a struggle between distance and intimacy. Jane consistently stated that Mark did not give her enough attention, which Mark consistently disagreed with. He did make some minor attempts at satisfying her needs but these remained unrecognized. Due to Jane's extremely low self-esteem, her need for attention seemed insatiable. The issue of trust was a significant one with this couple, largely because Jane was betrayed as a child, while both Mark and Jane have betrayed each other in one form or another in the past. Jane often displayed behaviours that may be interpreted as provoking Mark into anger; she would stay out all night therefore angering him, and then fight desperately to save their marriage. At times one may have wondered if she was not pushing Mark to abandon her, a fate she believed would occur eventually. Mark, as a form of distancing usually ignored her actions, and made cutting remarks. He also used his work as an instrument for further distance. Not only did he choose to work long hours, but he also believed himself superior to her because of his better paying job. Childlike, immature qualities were displayed by this couple as both were intent on having their own way. In fact they often bickered back and forth in therapy sessions.

Examining these themes were clinically important for this couple as it defined the source of their intense emotions; on deep levels both feared distance and

desired intimacy. Because such feelings usually came hand in hand they likely sometimes confused one for the other. This brought to light the fact that in their current state, they were not likely to ever experience adequate levels of intimacy. This revealed the extreme vulnerability of both, suggesting that perhaps intense individual work was a necessary foundation for conjoint treatment. After considering such dynamics, the appropriateness of couple counselling was again questioned.

Michael and Jessica

Although power and control issues were strongly linked to the sexual dysfunction of this couple, the underlying concern to all this seemed to be a struggle between distance and intimacy. Jessica's abandonment as a child, her very structured and controlled home environment, and her lack of a strong solid connection with anyone has likely left her completely foreign to intimacy. Michael, who was distanced from his own parents due to alcohol likely shared Jessica's feelings of alienation. Jessica attempted to gain closeness by asking to have sex, and yet ensured that distance was maintained by refusing to abstain from drinking. For a man who has given up alcohol completely, this weighed heavily. Ultimately it seemed Jessica feared abandonment. Michael engaged in the cyclical pattern by insisting that Jessica improve her parenting skills before intimacy was to take place, and yet he continually increased his standards for her improvement. It seemed both desperately wanted intimacy but also avoided it at all costs.

From a therapeutic standpoint, this continuous dance with emotional closeness was at the core of their marriage, and the root of most difficulties they were experiencing. Their troublesome sexual relationship further supported this, as they were unable to engage in this facet. Exploring the themes of distance and intimacy with this couple was essential as it was the singular exercise that guided therapeutic intervention. This central area needed to be examined cautiously. Further questioning in this direction eventually led to a partial breakdown in their defenses. This provided an excellent venue for clinical work.

Themes of Denial and Minimization

All the couples treated in this practicum engaged in denial and minimization in one form or another. The individual circumstances of these will be briefly discussed here.

Trevor and Marie

Trevor regularly engaged in denial and minimization, sometimes at extremely concerning levels. For instance he tended to blame CFS for the removal of the children, usually failing to acknowledge that the violence, alcohol, and neglect contributed to this. He was often protective of Marie vowing to avenge anyone that harmed her, having forgotten that he himself use to beat her considerably. When the allegations of sexual abuse by Trevor on their boys was discussed, Trevor

always brought up the fact that he had taken a lie detector test that proved his innocence, and that he was certain Marie's uncle had done it.

Marie on the other hand, who was victimized all her life failed to acknowledge the seriousness of abuse inflicted by Trevor. When she did discuss these incidents, they were usually minimized into less serious events. It seemed that in her own view, Trevor, despite his abusiveness towards her, could simply do no wrong.

Mark and Jane

With Mark and Jane, Mark not only belittled the violence he inflicted on Jane but at times held a blank look when Jane discussed the abuse. When she brought these events up, he usually did not contribute to the discussion unless directed confronted, referring to them as incidents in the past that he did not want to dwell on. Even then, his short answers revealed a sense of denial and minimization. A particularly difficult topic for Jane was her abandonment of her son. In fact when a genogram was being completed by the couple Jane did not volunteer that she had a child. She broached the subject once, when trying to explain her emptiness to Mark, and her rooted fears about not being able to bear children again. Indeed, her level of denial was concerning as well.

Mark also significantly minimized his abuse of alcohol, making jokes about the time that he was drinking and driving with his buddies. He refused to admit the possibility of an alcohol addiction by insisting that he was a casual drinker. When

it was pointed out to him that much of their marital stress occurred because of his drinking he usually diverted the subject. The levels of denial and minimization seemed alarmingly high at times. In clinical practice, much attention had to be devoted to clarifying safety issues. It was possible that the couple unconsciously engaged in marital conflict during sessions so as to avoid discussion of painful topics.

Joe and Carmen

Within this particular relationship, denial and minimization were also evident. Carmen managed to minimize Joe's financial exploitation of her for her own survival, allowing herself to believe that it was temporary, and not out of ill intent. Joe on the other hand outwardly ignored Carmen's pleas by usually trying to divert her concerns right back to her, and stating that they were her fault. He skilfully protected himself in therapy sessions from hearing anything that may have caused him discomfort. Joe could not listen, nor could he acknowledge that he caused pain.

Clinically, respecting that these were defense mechanisms assisted in understanding the state of Joe and Carmen's relationship. The degree to which their relationship deteriorated became visible, which was largely consumed with anger. Carmen's minimization served to prolong the agony of marital separation, a process that she viewed with great apprehension. Joe it seemed was well

practiced in keeping himself safe from harm. Although alleviating their use of defensive tools was almost an impossible task, breaking down barriers held tremendous possibilities for therapeutic change. For the sake of their relationship as pertaining to the children, some bridging had to be done.

Michael and Jessica

Issues of denial and minimization were paramount with this couple, and it occurred on different levels. Michael denied that anyone in his family of origin had an addiction to alcohol, and yet he admitted that his father drank daily. He rationalized this by saying that his father never drank at home. Although he himself completely abstained from alcohol use because of its previous impact on his behaviour, he was quick to say that Jessica did not necessarily need to quit as well. Michael presented many inconsistent messages regarding alcohol abuse, sometimes claiming that he wished Jessica would abstain, and sometimes minimizing this by saying that at least she no longer got drunk. Jessica as well outwardly minimized her "occasional" drinking as being well within her control, by stating that she could get out of bed the following day and tend to the children's needs. Of greater concern were both their tendencies to minimize the violence that occurred in their relationship. Michael blamed Jessica for him being arrested for assaulting her, despite the fact that there were witnesses and that she tried to get the charges dropped.

When treating all these couples, varying levels of denial and minimization were noted. The presence of these mechanisms had tremendous clinical significance, as they consistently signified great emotional damage on the part of the user. Despite the fact that their situations were quite different, denying and minimizing served the singular purpose of self protection against the painful truth. By focusing on these dynamics it became evident that denying and minimizing had become commonplace in these relationships. It was crucial that these patterns of functioning be recognized in therapy because they served as major stumbling blocks; they had to be moved before meaningful change could occur.

The Pattern of Resilience in Women Victims

Indeed, the concerns outlined by feminists were valid when treating this population. In all these cases, there was ample room for dissolving patriarchal control as all these women were treated as subordinate, weaker counterparts. In working with these specific couples however, there appeared to be a strong pattern of resilience among the victims. It is crucial that the struggles of these women be given appropriately attention.

Marie endured unfathomable abuse throughout her life, and yet she worked hard to gain some peace. Despite her victimization she fought for her children, for her husband and for herself. Although she ultimately could not leave Trevor she tried to make him listen, asserting for whatever change she could manage in him.

Jane too was scarred by many traumatic events throughout her life, including early abandonment, and sexual abuse. Despite these experiences, during a few sessions she was quite passionate in her arguments, revealing a strong determination to fight. Her persistence to bear a child again suggested a struggle to make up for the abandonment of her own son.

Carmen, despite being victimized by an oppressive man, maintained full time work, assumed all household duties while parenting teenage children by herself. She had to work even harder to change some of the rigidly patriarchal beliefs that Joe instilled on the children, and on herself.

Jessica also displayed resilience in many ways. Her own past issues concerning early abandonment and her difficult upbringing were manifested through the use of alcohol. She admitted that drinking used to take precedence over attending to the children. Jessica somehow managed to drastically reduce her alcohol consumption, with the eventual goal of abstaining altogether on her own accord. Despite Michael's constant accusations that she was an inadequate mother, Jessica usually brought to light the fact that that was in the past, and she made many gains since. During the sessions she slowly increased her voice, at times being able to ask Michael direct and confrontative questions that she was not able to before.

In retrospect, all the female clients during this practicum, when given a stronger voice within their relationships seemed to thrive. They all showed remarkable strength and resilience. It seemed they needed to realize that they had equal power, a message entirely different from that delivered by their mates, their families and society in general.

In the context of treatment, it was essential that this pattern of resilience be distinguished, emphasized and reflected back to these victims. Not only did this allocate well deserved respect, but it sent a clear message that they were not responsible for the violence delivered to them, that they had all along been using some abilities to cope, and that they did have a great deal of control over their own lives.

CHAPTER 9. CONCLUSION

My personal learning during this practicum occurred in four general areas: in my knowledge of working with couples, in working with spouse abuse specifically, in using systems theory, and in my own development as a clinician in this context. As well, I believe my learning objectives as discussed earlier have been appropriately met.

Working with Couples

Counselling couples was a relatively new experience for me, despite the work I have done with families. From the practicum process I learned the value of working with a systemic point of view specifically because so much transpired between the couple members, and opportunities for clinical change surfaced in the transactions themselves. Particularly within these relationships, one partner always seemed more motivated to improve the situation, and this agenda was usually enough to mobilize the other partner. Indeed, their hidden objectives usually varied and at times were difficult to determine, but these got them to the therapy room and brought unspoken issues to the surface. Although couple relationships formed and were maintained for varying unconscious reasons, discussion of their issues seemed to either strengthen the relationship or break it apart. A very important lesson that I was taught in supervision was that there was a big difference between what

couples wanted out of their marriages, and what they were in fact willing to live with. In essence, many in fact knowingly stay in unhappy situations and never leave, but this should not be mistaken for contentment or fulfilment within the marriage. Goals of treatment therefore have to be altered to address this accordingly. Another valuable concept that was reaffirmed through this process was that clients always had a way of stating what they wanted out of therapy, whether or not they were aware of it.

Working with Spouse Abuse

With regards to this population itself, many important lessons were learned. Due to the nature and seriousness of family violence, I found it absolutely essential to rely on written literature and supervision to guide my work in this field. This was one aspect of the profession where there were serious repercussions to a therapist being misinformed. The diversity of material on etiology and intervention techniques also taught me to sharpen my own good judgement in screening for valuable information, while keeping it readily available for sessions.

When evaluating the situations of the couples, strong consistencies with published literature were noted. The descriptions of battering couples coincided with many characteristics allocated to such population by theorists. Caution however had to be exercised to prevent the perpetuation of stereotypes, to avoid broad generalizations, and to alleviate systematic categorizations. Indeed all relationships

were different, even when most sociodemographic details were the same. In this regard, the caution expressed by critics were duly noted.

With regards to specifically treating violent couples, acute clinical issues were noted. In order to effect change I had to assume that despite the infliction of abuse, both partners were ultimately capable of having equal power within the relationship; this led me to work towards shifting power to the seemingly less powerful when feasible. When dealing with users of violence I had to make the conceptual distinction between stereotyped violent offenders and partners who had ended their use of force and were seeking better alternatives. Without minimizing the violence, it was helpful to sometimes detract from the actual incidents and explore the deeper levels of what lay underneath the act. I learned to focus on the inherent desires of the clients, either as couples or individuals to create a more functional environment for themselves, and increase their quality of living.

Working with high levels of denial and minimization proved to be challenging for many reasons. The outlined concerns of critics were valid, as assuming the role of the therapist for this population came with many responsibilities. One of these was having to make repeated statements that violence was intolerable. This took some adjustment. A balance between proceeding at the client's pace, while confronting denial and minimization was a necessary but difficult task to achieve. Fortunately, through supervision it became quite possible to practice under such conditions.

Due to the limited number of sessions usually available to therapists, working with abusive couples presented other demands. Treatment plans had to be realistic and flexible as preset agendas were often impossible to follow; when dealing with domestic violence safety issues were always assessed first. As well, attrition rates were high and motivation for change was low.

Using Systems Theory

As an overarching theory, the systemic approach was effective in providing a global map for understanding couple dynamics. The partners' impact on each other was readily exposed while rigid patterns were clearly identified. For violent couples, polarized rules of functioning are quite distinguishable through this lens, as are imbalances within the relationship. The significance of intervening while the couple interacted was therefore highly visible when assuming a systemic view. In general, this theoretical intervention pointed out some direct entry points for treatment.

Using systems theory with spouse abuse couples had limitations, however. With regards to an actual treatment plan, this approach lacked specific components for targeted intervention. For this population, systems theory was best used in conjunction with a variety of other theories. Due to the fact that violent relationships are firm and steadfast in nature, strategic techniques were more appropriate tools for fostering change, and for mobilization. The behavioural approach was useful

in tracking violence as a learned behaviour, while a structural view clarified the purposes and characteristics of established boundaries.

Development as a Clinician

A number of aspects of this practicum have left remarkable impressions on me, as a practitioner when dealing with this population. On a personal level I learned a lot about my own clinical skills. I was able to readily alter treatment goals which was often required when working with such couples. When the possibility of violence was detected I learned to shift immediately by separating the couple and assessing for risk, despite the direction being pursued at the time.

Although my experiences have been broad thus far, I had to re-learn that what I wanted for clients was not necessarily what they wanted for themselves. Although this was a very primary standpoint that practitioners assume, it was very easy to allow personal values to direct intervention. For instance with one or two couples I truly believed that permanent separation would have been best for both of them, and keeping my personal views aside provided a further challenge. I saw potential, strengths and possibilities that clients could not see, and therefore could not pursue. At times I had to hold back so as not to push clients too hard, specifically the women.

I became aware of a protectiveness towards the women victims fairly early, and this assisted in helping me treat both partners in an equal manner. The desire to rescue victims was quite strong, which is probably common when working with this population. I had to focus equilaterally at the couple members by sometimes making specific effort to connect with the male abusers.

As a practitioner I also learned that I do react to clients' uncomfortable feelings and sometimes back off prematurely in my line of intervention to ease such discomfort. Instead of further questioning in an area that needed to be explored, I often responded to clients' reaction by shifting to a topic less challenging. Supervision was instrumental in this discovery. Sometimes I realized this in sessions, and I at least learned to reintroduce the subject at a later time and go a little further. More development in this area will have to be pursued at a later time.

One of my greatest areas of learning during this practicum was in having to face my own personal feelings about my culture. In working closely with a fellow Filipino, I was confronted with my own family of origin issues and began to recognize my need to address these issues. I found my role sometimes less defined when I slipped into viewing myself within the confines of customary Filipino ways. For instance, I felt pressure to avoid certain lines of questioning and to assume a traditional respectful role, rather than that of the somewhat intrusive, assertive therapist aiming to facilitate change. Fortunately, this has led me to recognize this as another area for further development.

This practicum experience reinforced another vital aspect of clinical work; indeed, the strength of a change agent seems to lie in the practitioner's willingness to absorb new knowledge, admit to ability and inability, adapt, and open one's own doors for deeper exploration.

Review of Learning Objectives

When considering the learning objectives discussed in the introduction of this report, I believed that all were met to a satisfactory level. My first objective was comfortably achieved. Doing conjoint couple counselling has been an excellent opportunity to acquire skill in using a systemic approach for assessing and intervening. Much was gained by engaging both members of the couple relationship and working within the transactions between them. This led to the accomplishment of the second objective: I further developed my ability to formulate hypotheses for treatment planning. Although the client numbers were low, the diversity of the couples provided broad knowledge and development of technique when working with spouse abuse couples, which covered my third objective. My confidence in assuming the role of the therapist was therefore increased. The literature and direct experience led me to become aware of gender specific issues experienced by both partners. These encompassed the fulfilment of my fourth and fifth learning goals.

The sixth goal was an especially rewarding one. The cotherapy experience was enriching as it taught me significant things about my own personal style, and

the need to alter this from time to time. Although some adjustment had to take place throughout our working relationship, we learned to work complementarily with each other. Dwight and I had vastly different styles that provided a healthy balance in sessions. From this I learned the value of working as a team, and enjoyed the luxury of sharing the workload while comparing our experiences.

The seventh goal, which entailed assessing my own personal reactions to family violence was also achieved. This transpired intermittently through supervision, log keeping, cotherapist feedback and especially through the completion of this practicum report.

Despite the complex and intense nature of working with domestic abuse, I found this an excellent opportunity for clinical advancement. In fact, the practicum and the compilation of this report combined, has been an eyeopening and yet rewarding experience. Altogether, I consider this practicum of doing conjoint counselling for violent couples, while using a male and female cotherapy team, a tremendous learning success.

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