

Chapter IV

RESULTS

Introduction

The body of this chapter comes from two sources. Most of the data comes from the qualitative interviews conducted with male clients, female clients, and their therapists after their second and fifth sessions of the therapy program. Some of the data also comes from open-ended questions on pre-tests that each of the participants filled out before beginning treatment. There were six areas of inquiry that guided the study: participants' prior expectations of therapy; helpful aspects of therapy (and the consequences associated with those); aspects of therapy that are not helpful (and the consequences associated with those); racial difference as a therapeutic issue; domestic violence treatment controversy; and the changes made by participants. The chapter begins with a description of the participants to give the reader a sense of who was involved in the project.

Description of Participants

Five therapy units, each comprised of a couple and their therapists, were included in this study. Three of the units were part of the single couple therapy treatment modality, while the other two units were part of the multi-couple group therapy. The following information was gathered from two sources. Most of the information was gathered during the qualitative interviews with the participants, while some of the demographic and history of violence information was collected from the intake packets filled out by the

couples when they entered the study. All of the names and distinguishing characteristics have been modified to protect the confidentiality of the participants.

Justin and Tamara

Justin and Tamara are an African-American couple in their early twenties. Prior to beginning couples counseling, Justin had been getting individual counseling for anger management with his probation counselor who referred him to our program. When they began couples therapy, Justin and Tamara had been dating for over two years, but living separately. Both divide their time between working part-time and being students.

Justin and Tamara described one of their major areas of conflict as their career differences. He would like her to be more interested in his career as an artist than she is. Their violence coming into the program was mutual, including verbal abuse and pushing and shoving.

Justin:

We used to, like, really blow off or I used to get really excited, and a lot of yelling and sometimes throwing things.

Both agreed that they wanted to work on improving their communication in counseling.

Alan and Laurie

Alan and Laurie are a White, upper-middle class couple in their late thirties. When they began the conjoint couples counseling, they had been married for 10 years. They have two elementary-school-aged daughters.

The violence in Alan and Laurie's marriage included mutual verbal abuse and Alan's physical violence (throwing objects and slapping Laurie). Their therapists described them as "polarized" when they began treatment. When therapy began, Alan had recently moved out of the house, which was not the first time the couple had been separated in their ten-year marriage. At that time, Laurie was very concerned about Alan's emotional abuse. She described feeling confused about Alan's inconsistency, sometimes treating her kindly with compliments, other times telling her that she was never a good wife. Alan described his concern over the violence in their marriage that had recently re-surfaced.

Alan:

The violence itself--95% of it occurred in the first year of our marriage. There have been a handful of isolated incidents since then. Less than a handful of isolated incidents, and not within the past 3 or 4 years . . . I felt that I had dealt with it . . . in fact, I'd stuffed it in the closet. And when we hit this stressful period, it started to come out of the closet and it started to scare me. We got to a series of very intense verbal conflicts, and at one point, I broke the kitchen table in half. I just didn't want to go there.

Both Alan and Laurie felt that Alan's work in his anger management class had not improved their relationship. Neither one of them wanted to get a divorce, but they both felt stuck in their relationship. They contacted the

director of the anger management program, and she referred them to the couples counseling project.

Ben and Debbie

Ben and Debbie are a working class couple who have been married for four years. She describes herself as African-American, while he is a Black male who recently immigrated from Africa. The couple has an infant daughter. They were referred to our program by the facilitator of Ben's anger management group.

There was both physical and emotional violence in their marriage. Ben had slapped and shoved Debbie, which had resulted in some bruises. On a few occasions, there had been mutual punching and the verbal abuse in their marriage was frequent, which had taken its toll. Ben described the lack of respect in their marriage.

Ben:

Out of this lack of respect that we've lost for ourselves, we say things and do things to the other . . . and then they kind of blow up from there.

One of their therapists noted some of the differences between them, including religious differences. Early on in their treatment, she described them as "playing a right/wrong game." She wondered if they had a vision of their future together or if they wanted to stay together.

Tom and Becky

Tom and Becky are a White, lower-middle class couple in their mid-thirties. They have been married for seven years and have three children.

Tom and Becky had both engaged in verbal abuse, including yelling, insults and name-calling. Tom had been physically abusing Becky throughout their marriage, his actions included pushing, shoving, choking and beating Becky. While she had sustained bruises, she had never had major physical injuries result from Tom's actions. Tom described their ongoing violence as a factor in their decision to begin the couples counseling group.

Tom:

That's definitely a factor. Definitely domestic violence. We've been fighting off and on for the last seven years that we've been together. It doesn't mean that we don't love each other. It just means that I'm very opinionated and she's very opinionated and boy do we share opinions! . . . I remember her saying once, if I could talk to her without violence, in other words, name calling, slandering comments, sarcasm, etc. and then physical violence, then she could learn to get along with me.

Becky described the cycle of Tom's consistent pattern of hurting her and then apologizing.

Becky:

Tom is very apologetic, he says he's sorry, I love you. What good did it do me, an apology is not what we need, we need change. . . .

It's like if someone hits you and then say they're sorry, they love you, and they are really sweet for two weeks, then they do it again, then they do it again.

Tom and Becky decided to begin couples counseling after Becky had Tom arrested for domestic violence, and asked the judge that he be ordered for anger management and counseling. They were referred to the program by the Court. After Tom had completed the first six weeks of anger management classes, they began the couples group therapy. In his first interview, Tom stated his "ultimate goal" was to learn to control his anger and the amount of violence towards his family.

Josh and Amy

Josh and Amy are a White, middle-class couple who have been married for six years (after dating for five). They are in their late thirties and have three children. Josh and Amy answered a newspaper advertisement for our program. Josh participated in an anger management group for six weeks before they began the multi-couple group, as did Tom and Becky.

On their written pre-tests, Josh and Amy wrote about their mutual emotional and verbal abuse, with two physically violent actions by Josh: he had pushed Amy and hit her, one time each. Amy described their violence compared to the other group participants in this way:

Amy:

And see, Josh and I haven't had as much physical abuse in our relationship. We had maybe one or two incidents. . . . For me, personally, our situation isn't really that violent. Our anger is violent--or more emotional violence than physical.

Josh described the problems in their relationship when they began the counseling program.

Josh:

I had been getting more and more angry about things in our relationship and we really needed to work on our relationship. The communication had broken down and we were really working on separate goals.

In fact, Amy clarified that their communication had broken down to the point that they had virtually not spoken for two years, and had just begun communicating when they started the couples counseling group.

Therapists

A total of seven therapists participated in the study. Three of these therapists are advanced students in a master's program for marriage and family therapy, while three others are graduates of the program. One therapist has a post-master's certificate in marriage and family therapy. Two of the therapists had more than one case in this study; they had an individual couple in therapy and they were two of the three therapists for the multi-couple therapy group.

All of the therapists are White, with the exception of one female therapist for the multi-couple group who is African-American, and one male therapist for the single couple therapy, who is Hispanic. None of the Black clients interviewed for this study had Black therapists.

(Note to the reader: When we interviewed participants, we told them to speak freely about their partners and their therapists, so that they would feel free to offer any criticism they had. Therefore, in order to protect the confidentiality of the clients from their therapists and vice versa, participants will not be referred to from here on by anything distinguishing. Instead, generic references (such as “male client”) will be used.

Prior Expectations

Before therapists and clients began participating in the therapy program, they were asked to write down their thoughts about what that experience might be like. Prospective clients were asked about their hopes and fears for counseling, and if they had any advice for the therapists who would be working with them. Similarly, prospective therapists were asked to discuss their hopes and concerns for counseling couples in which the man had been violent, as well as their thoughts about what techniques and qualities would be most helpful to these clients. Finally, they were asked, in general, how confident they were that this population could be successfully treated. One female client and one female therapist did not provide this information, but all other clients and therapists described above recorded

their thoughts. A brief summary of some of the themes that emerged is presented here.

(Note: Since this is a qualitative study, it is not typical to report the number of participants who answered any given response. However, it may be useful to have an idea of about what portion of the sample reported certain ideas and feelings. Therefore, the following guide can be kept in mind: “some” or “a few” refer to more than one participant, but less than half of participants; “many” refers to about half of the participants; and “most” refers to more than half of all participants.)

Changes

Both male and female clients were asked what they hoped would change about themselves, their partners, and their relationships. Therapists were also asked what they hoped would change in the couples they worked with (beyond the obvious, that they would no longer be violent).

Male clients: Regarding their own changes, some of the men wanted to be able to manage their anger more effectively, while one man wanted to learn to communicate with his wife. The other changes the men wanted for themselves related to wanting to feel differently about their partners (e.g. love her more, respect her more, or trust her more). Regarding the changes they hoped their partners would make, many of the men said they wanted to be understood by their partners. Others said they wanted their partners to love or respect them more, and one man wanted his wife to address her faults. These male clients also recorded their hopes about their relationships. These

hopes included better communication, decreased conflict, a happier relationship, and a hope that the relationship would survive.

Female clients: Regarding the changes women wanted for themselves, many of them wanted to make changes related to making their husbands happier (e.g. understand his needs, better meet his needs, make him happy). One woman wanted to increase her own strength, while another wanted to feel more secure and “not have to walk on eggshells anymore.” Regarding their hopes for their husbands’ changes, most of the women hoped that their husbands would learn how to manage their anger or get rid of it all together. One woman wanted her husband to communicate better, and another wanted him to be more romantic. Finally, the female clients simply wanted better relationships (e.g. “good” or “healthy”). One woman wanted them to focus on the strengths in their relationship so they could be a team.

Therapists: Most of the therapists hoped the couples they worked with would develop better communication skills and/or conflict resolution skills. One therapist hoped that both people would be able to understand their roles in the cycle of violence, and another therapist hoped the men would be able to identify the feelings that were beneath the violence. Finally, one therapist stated that she would like to see the couples change for the better or decide to end their relationships.

Concerns

All of the participants were asked what concerns they had about embarking on couples counseling.

Male clients: Some expressed concerns about the therapists, such as would they be able to help or would the therapists be biased against them. Other men expressed concerns about their wife's participation, such as that she would not want to change or would not take the advice of the therapist. Finally, two men said they had no concerns about beginning couples therapy.

Female clients: Many of the women feared their partners would not be honest during the counseling. One woman feared her husband wouldn't change, and another was concerned that the therapists might be judgmental. One woman stated that she had no concerns.

Therapists: Several of the therapists expressed concern for the woman's safety and/or the possibility of ongoing violence during the treatment. A few worried about countertransference reactions (such as overly identifying with the woman or not having empathy for the man or the woman). One therapist was concerned about her skills since she had not done therapy in a while, while another feared her expectations for what the couples could do in 12 weeks would be too high. Finally, two of the male therapists expressed concern for their own safety during the treatment.

Ideas About What Would Be Helpful

Clients were asked what advice they would give the therapists who would be helping them, while therapists were asked what qualities they possess or what techniques they could use with this population that might be helpful.

Male clients: A couple of the men wanted their therapists to demand accountability for actions and to be direct. One man wanted specific advice on behavior, while another asked that his therapists focus on the future and not dwell on the past.

Female clients: Most of the women wanted to learn skills in the therapy to improve their relationships. They suggested that therapists give them tips, teach them problem-solving skills, and let them role play these techniques in the session with their partners. Alternatively, one woman wanted the therapists to send the message to her husband that the pain and hurt he has caused her is not easy to heal or to forget.

Therapists: Regarding the qualities that they possessed that might be helpful to their clients, therapists wrote about patience, acceptance, empathy, and good listening skills. As far as techniques they believed might be useful, many of the therapists thought solution-focused therapy would be helpful with these clients. Others mentioned other therapy models (such as Strategic and Narrative). Some also felt teaching strategies for time-out and communication would be useful.

In summary, prior to beginning couples counseling, male clients, female clients, and their therapists wrote about their concerns about the counseling, the changes they hoped would be made, and suggestions for what the therapists might do to be most helpful. Male clients tended to be concerned that the therapist would be biased against them, while females tended to be concerned that their husbands might lie during therapy. Some

of the therapists expressed concern for the woman's safety, but none of the male or female clients expressed this concern prior to beginning counseling. Both male and female clients wanted the males to learn anger management and they wanted their relationships to become "healthier." Their suggestions for what therapists should do tended to be related to their goals for counseling (e.g. teach communication skills and conflict management). Therapists also believed these behaviors would be helpful, as well as solution-focused techniques.

Helpful

This core category refers to aspects of therapy that either the clients or the therapists (or often, both) experience positively, and/or believe are useful to the clients. Three sub-categories of helpful aspects of therapy emerged from the interviews with clients and their therapists: therapist qualities and behaviors, aspects that were specifically helpful about the couples group treatment modality, and aspects of the treatment structure.

Helpful: Therapist Qualities and Behaviors

Helpful therapist qualities are those characteristics that clients identify as positive to the treatment. This data came exclusively from interviews with the clients. Although they were not asked specifically what positive qualities their therapists possessed, clients often mentioned personal characteristics of their therapists that they view as positive.

The category of helpful therapist behaviors refers to actions taken by therapists during therapy sessions that are perceived positively, or more

specifically, as helpful to treatment. This data came both from client interviews and therapist interviews. This was one of the major questions that interviewers probed for when talking to clients and therapists; therefore numerous themes emerged in this category.

Clients and therapists talked about a number of therapist qualities and behaviors that were helpful during therapy. Some of these therapist qualities and behaviors seemed to serve primarily as a context to help the clients change, while others seemed oriented to directly facilitate client change. Two categories of context for change emerged: engagement-related therapist qualities and behaviors, and therapy-process-oriented roles of the therapist. The remaining therapist behaviors are more directly oriented towards facilitating change and are categorized as client change-facilitators. Although these qualities and behaviors are grouped into the categories to which they *primarily* relate, there is some overlap involved. For example, some therapist behaviors that are most directly thought of as change-facilitators also help clients become engaged in the therapy process.

Engagement-related therapist qualities and behaviors: These qualities and behaviors are those that primarily help clients to become engaged in the therapy process. All of these themes emerged from interviews with the clients; none of the therapists specifically mentioned these behaviors as helpful. Clients, however, talked about these therapist qualities and behaviors as helping them to feel “comfortable,” “validated,” emotionally “safe,” “understood,” “supported,” “respected,” “non-defensive,” and “cared

about.” Therefore, these therapist behaviors and qualities tend to help clients become comfortable in the therapy process, which lays the groundwork for them to change.

Listening: This refers to therapists’ efforts to genuinely listen to their clients in therapy, including reflecting their thoughts and showing attentive body language. Nearly every client (eight out of ten) we interviewed specifically mentioned how much they appreciated feeling listened to by their therapists.

One female client spoke about the body language her therapists used that helped her feel that they were really listening to her.

Female client:

The listening close, the turning of the head like they’re listening, the eye contact. It makes you feel someone is listening. If someone’s eyes are wandering off, it makes you feel that they’re not listening. But, I always got good eye contact, good posture. They were like sitting straight up and leaning into it.

Several clients mentioned that their therapists’ ability to paraphrase what they said and reflect it back helped them to feel understood.

Female client:

The feedback from what I say is not given in my exact words. So that gives me an idea that the person is understanding what I am talking about. They can repeat what I am

saying--the meaning of what I am saying--without giving me the exact same words.

A couple of clients also liked that their therapists seemed to ask them “good questions” when getting to know them. One male client felt that the therapists asked questions that enabled them to really understand how he thinks and acts.

The most often mentioned impact of the therapists’ efforts to actively listen to their clients and reflect back what they hear was that clients felt understood by their therapists. One female client talked about how significant that understanding was to her.

Female client:

You know, I have someone in there, even if [my husband] doesn’t understand what I am saying, someone in the room understands what I’m saying. I’m not crazy, O.K. So, that’s good.

Caring attitude: Many clients, both male and female, remarked that they liked the feeling that their therapists genuinely cared about them. Having a therapist that they perceived as caring seemed to help create a safe, comfortable therapy environment.

Male client:

I felt real comfortable. I just, I don’t know. I liked the environment. They act like they really cared about making everything work between my [partner] and I.

A female client liked her therapists' "soothing voices." She stated several times that she felt very safe in the therapy environment. A male client in the couples therapy group felt his therapists were caring for the simple reason that they had cared enough to learn everyone's names in the group.

Lack of bias: Many clients talked positively about their therapists' openness and perceived lack of bias against them. This lack of bias seemed to be especially important to these clients, many of whom anticipated bias against one of the partners, or had experienced it in the past. Therefore, clients really appreciated it when their therapists seemed to be equally accepting of both partners, rather than accepting of one and biased against the other.

A male client talked about his appreciation for the unbiased attitude of his therapists.

Male client:

One of the concerns that I did have coming in was that perhaps things would be biased, or that there would be a natural bias in either direction. And I haven't perceived that at all.

A female client also talked about her appreciation for the balanced support that her therapists gave to each partner.

Female client:

I just feel like they're supporting both of us, and there's again that balance that needs to be there. It doesn't feel lopsided.

Competence: Many clients stated that they saw their therapists as “professional” and felt that their therapists “know what they are doing.” For one client, his belief that his therapists were professionals helped him trust that they had an agenda, even when he was not sure where they were heading in therapy.

Using humor: Two male clients discussed the therapists’ efforts to lighten the session by using humor (or responding positively to the client’s humor) as very helpful. One male client liked that his therapist laughed at a joke he made; the favorable response to humor helped this client feel connected to his therapist. Another male saw humor as a good coping mechanism, and suggested that humor continue to be included in counseling.

Male client:

Don’t take away humor. Because if you can’t laugh at a situation, then you’re going to go and get angry . . . There’s been a lot of humor. You have to learn laughter is the best medicine. That’s the truth. It’s a very good way to learn to deal with something.

Self-disclosure: This theme refers to a therapist sharing something personal about him/herself during the course of treatment. One female client mentioned therapist self-disclosure as helpful to her because it helped to normalize her experiences and encouraged her to share more of herself during therapy.

Female client:

I just think that they're honest about even their own lives, within reason. I mean, they won't share too much, a few things came up last week, I actually asked about a healthy relationship, if these things happen in healthy relationships versus unhealthy relationships. One of the counselors was very nice to share that yes, they do, and that person happened to have anger issues in their life, and they've learned a lot about themselves. I mean, counselors are people. So, they have a lot of the same issues. And sometimes coming from a professional, it helps to say--"O.K., I'm not--" I mean, you start feeling like you're sick or something, you know? It's nice and refreshing to hear. I appreciate that honesty.

Therapy-process-oriented roles: Clients and therapists discussed actions the therapists took during treatment sessions that facilitated the therapy process. Three roles emerged as helpful during the therapy sessions: therapist as director, therapist as responsive guide, and therapist as voice of the client. Again, there may be some overlap in function with some of these roles also contributing to clients feeling engaged in the therapy process, or making changes. In general, however, these roles seem to primarily serve as a context for change during the therapy process.

Therapist as director: This theme refers to therapists efforts to "direct" the conversation in the session, in order to keep the session as productive as possible. One example of a therapist's direction is making sure all of the

clients (especially in the group treatment) have a chance to talk. Both therapists and clients spoke favorably of the therapists' ability to direct the flow of conversation such that everyone has a chance to participate.

One female therapist talked about the efforts of herself and her colleagues to help facilitate disclosure by group members.

Female therapist:

I see it very informally done. . . If we haven't heard from someone, [one of the women], in particular, needs an invitation. So, we may call on people specifically, or bring it out to the group. "What do the rest of you think of this?" Or if one person has been pretty vocal about one side of the issue, someone will say, "what do the rest of you feel about this?"

A few of the clients mentioned that they appreciated these types of efforts by the therapists to guide the group interaction.

Another example of a behavior that therapists use when they are in the director's chair is blocking. Blocking refers to therapists' efforts to interrupt a client's speech when they believe that continuing would have an adverse effect on the therapy session or the clients (e.g. the session becomes unproductive). Many of the clients described this behavior and said it was extremely helpful to them, and one therapy team cited blocking as a useful technique. Clients spoke favorably about their therapists' efforts to block any hurtful attacks their partners were trying to make, keep the men from overpowering the women (in the case of the couple's group), and just

generally “keeping things on track” by not allowing clients to go off on tangents.

One female client talked about her therapists’ ability to prevent her husband from being overly critical of her during their sessions.

Female client:

Within the session, they’re not allowing him to personally attack me. It’s not coming in this petty thing, and this petty thing--she did this and this and this was not a good week. That’s not happening.

It’s not as emotionally charged between us.

One male client talked about his therapists’ skill at interrupting tangents to get things back on track in the couples group treatment.

Male client:

[A male client] starts going off on a tangent. We all do that.

Immediately, if the counselors--I mean all three of them, I give all three of them credit--put their hand in a shape of a “T” that says, yo, O.K., time-out. We’re getting off track here. Let’s get back on track.

. . . They do it respectfully, they do not say, “hey what’s wrong with you?”

Therapist as responsive guide: This theme refers to the therapists’ ability to respond to the needs expressed by their clients that evening, and guide the session accordingly. Many clients and one therapy team mentioned therapist flexibility to clients’ needs as very helpful to the treatment. Participants spoke of the efforts by the therapist to change the agenda of the

session depending on clients' needs, either explicit (e.g. client suggests a direction for the session) or implicit (e.g. therapist perceives a client need different than what he or she had planned for the session, and changes the session to address that need).

For example, one male client talked about appreciating his therapists' flexibility to address his concerns. This client would mention a concern in the pre-session check-in and found that the therapists would work on this concern during the conjoint session. Another male client also shared the impression that his therapists really tailored the session based on what he and his wife wanted to do.

A therapist from the couples group talked about being impressed with her colleagues' abilities to guide the direction of the session when a couple needed some communication work in the session. It was clear to the therapists that this couple had been missing each other's meanings in a recent exchange. This female co-therapist was impressed with her colleagues' ability to just "jump on" this opportunity to do some spontaneous communication training in the session at a time when one couple seemed "ripe" for such work.

A female client who had been expressing her concerns about the direction of the couples group was pleased that they had been addressed by the therapists.

Female client:

[The sessions] have gotten a lot better. That's, I think because the therapists are listening to the group, where the group wants to be focusing on sharing in the group.

Therapist as Voice of the Client: This theme refers to therapists' efforts to speak for the client in order for the partner to better "hear" the message. Therapists tended to act as the voice of the client either when the client was unable to challenge his or her partner, or when the client was delivering a potentially hurtful message, the therapists would rephrase the message so that the partner could hear it non-defensively. Some of the clients really appreciated their therapists' ability to do this.

One female client preferred it when her therapists challenged her husband in her place, since the client felt her husband could hear the message better coming from the therapists than from her.

Female client:

I don't want to bring up something that's kind of a little touchy to him, not that I'm afraid that he's going to be violent towards me, but because he's just going to get upset with me. . . I'd rather have the counselor point--kind of probe at that, than me, because it seems as though he doesn't--he wouldn't understand it coming from me. No matter what I say, he's not going to agree. He's not going to understand. But, if someone else were to do it, then . . . a light bulb will go off and he'll be a little more yielding to it.

A male client talked about how he perceived his wife as getting very defensive when he spoke to her, but somehow more responsive when his message went “through” the therapists.

Male client:

[My wife] gets very defensive at times. Very defensive. And it's hard to be very tactful on how I will say what I have to say to her. And in doing that sometimes I may say it wrong or not get it out there really right . . . and, so, we don't really get an understanding of things. So, I think that . . . having somebody be there to talk to and sit around, it then goes around--through somebody else to her, and it's not a direct attack like an arrow shot to the heart.

Client change-facilitators: This theme refers to actions of the therapists that serve primarily to help clients make changes in themselves or their relationships. Rather than serving as a context for change, these actions seem to be designed to help clients to begin making changes, once they are ready to do so. There are four categories of therapist behaviors that are designed to help clients change: solution-focused strategies, teaching, having and returning to a theme, and assigning homework. Again, although these behaviors function primarily to facilitate changes in the clients, clearly there is some overlap with providing a context for change.

Solution-Focused Strategies: Solution-focused strategies are techniques employed by therapists that are associated with the solution-focused school of therapy (Berg & Miller, 1992; De Shazer, 1985). The theory of these techniques

is to help clients change by helping them focus on their positive behaviors and amplifying them. In the process, the positive focus of these techniques also tends to help clients become engaged in the therapy process.

One solution-focused strategy mentioned was *compliments*. This is a technique in which therapists' praise or positively reinforce their clients' strengths. A few clients and a few therapists described these compliments by the therapist as a helpful technique. One male client talked about his appreciation that the therapists complimented him on his courage for coming to therapy:

Male client:

I like the way they acknowledge right up front they said, "I know it took a lot of courage for you to come in here." I appreciate that . . . I like the way they acknowledge--because it does. It takes a lot to go in there and start talking to people that you don't know about something that you're already having a problem with.

A female therapist talked about how helpful she thought it had been to use compliments with the couple she was working with.

Female therapist:

How useful it is for them to hear other people recognize some of the strengths, because I think they were so problem-saturated that to hear compliments and to hear praise for sticking in there and for the things that they're doing right--I think is not something that

they've probably felt from anyone from outside sources, and certainly from each other.

When the interviewer asked her why she believed these compliments had made an impact on her clients, she explained the male client's reaction:

Female therapist:

When I was pointing out some of the things that were going well and how unique that was and how special that was, and also complimenting the man on some of the strengths and some of his positives, he got very, he got emotional. . . . It wasn't something that maybe he's heard, or was acknowledged from an outside source.

You know, he thanked me, he got tears in his eyes.

The second example of a solution-focused strategy that was discussed by clients and therapists is *asking for a vision of the future*. This refers to attempts by the therapists to get their clients to focus on how they would like to see their relationship be in an ideal or improved future. Sometimes, therapists use the intervention of the "miracle question" to get at this vision, and other times more informal questions are asked. Both therapists and clients identified this technique as helpful.

One female client in the couples therapy group liked it when her therapists brought up the notion of what her relationship might be like if a miracle happened. She felt it helped the couples focus on nice things they had done in the past that they could do again to improve their marriages.

Female client:

It gave the husbands a second look of what they could do. It all goes back to dating, what people do when they're dating and they don't do when they're married. You go out of your way for each other, when he wants something I go out of my way to get it for him. You're always touching, holding hands and kissing, once you get married all that stops.

A male therapist talked about the informal efforts of himself and his co-therapist to get the couple to develop a positive vision of their relationship in the future:

Male therapist:

We've used a fair amount of "what would be different when you or the other person is doing your vision of what you'd like them to be?" or, "what would they be doing differently when you're doing something differently?" those kinds of things. To try to get them to look at different possible ways of behaving and interacting.

A third solution-focused strategy discussed is *looking for exceptions*. This technique refers to the therapists' efforts to seek out exceptions in problem patterns and amplify them. Two therapy teams and a few clients spoke favorably of this technique.

One male client spoke about how he liked that his therapists helped him "build on strengths" and diminish weaknesses. Another male client

talked about how his perception had changed with regard to focusing on exceptions to the problem rather than the problem itself.

Male client:

I had put down on one of the forms (*post-session questionnaires*) that I wanted to see a lot more interaction in terms of conflict, but I'm starting to see this a little differently. The counselors are taking the good things that happen, they are discussing it in the groups, and they are telling the group members, "Something good happened this week. What can you tell the rest of the group? How can you describe to the rest of the group how these things went, so we can hopefully learn from it?" I appreciate that. I have to admit that is better than saying, "well, she hit me, he called me a bitch, dah dah dah." That does work better than conflict.

A female therapist talked about her view of the impact of looking for exceptions on a male client she counseled.

Female therapist:

One of them even commented on it last week, is the thing he likes, the most important thing he gets out of coming, that the fact that even though things might have happened in the week in a way that he really didn't mean for them to happen, he can see how he's getting so much better at it now than he used to be. And the fact that we don't bang them over the head with "oops, you didn't have a good week!" But instead we highlight what he did right, he really

likes that. It makes him feel good about coming. It makes him feel good about the progress he's making. And I guess about himself.

Finally, there were a few other solution-focused strategies that were mentioned only by therapists. They include *scaling questions* (a technique in which the therapist asks questions to illustrate small changes, using a scale of numbers on a continuum--e.g. "If you are currently happy with your partner about a six on a scale of one to ten, what would be one small thing he could do this week to bring you to a seven?") and *presuppositional questions* (a technique in which therapists ask clients about the future using language that presupposes positive change--e.g. "When you start sharing your feelings with your wife, how do you think she *will* respond?").

Teaching: This theme refers to therapist actions that follow the expert role of a teacher, such as teaching relationship strategies. A few clients and therapists stated that offering specific suggestions in therapy can be very useful. Therapists tended to refer to this as "psychoeducational techniques." Clients just appreciated it when they felt their therapists gave them "tips" to improve the relationship, or "taught them" something they didn't previously know about communication, relationships, or time-out.

A few of clients talked about the importance of the therapists teaching communication skills. One therapy team also described these techniques as helpful. When clients learned these communication "tips" from their therapists during the session, they were able to put them into practice at home.

One male client described what he had learned about reflective listening.

Male client:

Well, they kind of gave us pointers on that. Just when one person is talking, you don't say anything, you just listen. You may have feelings, but don't say anything. Just listen to them. And when they're finished, repeat back to them what it is they said, just so you can let them know that you understand.

The same client explained that he had been able to apply the reflective listening skills with his partner at home when they discuss problems.

Male client:

When she has a problem, when she says something to me about something that's going on, I will repeat it back to her. . . . I will ask her, "are you saying that such and such is making you feel this way because that the way I'm hearing it. Is that what you're saying?" That little thing right there, that's been helpful too.

Some clients really appreciated their therapists efforts to take the time to "teach" any number of "subjects." A client in the couples group really appreciated the thoroughness of her therapists' attempts to make sure that everyone in the group understood what they were trying to explain.

Female client:

They make sure everyone understands what's what. They don't stop until you understand. They just keep--they'll change scenarios

and they'll just keep going until you understand exactly what they mean. . . . They even draw charts.

Having and returning to a theme: Some therapists talked positively about their attempts to frame a relationship pattern as a theme or metaphor. This frame seemed to give clients words for a relationship pattern they were experiencing, and seemed to help them recognize it when they were “doing it again.” For example, the therapists in the couples group framed some of the couples’ habit of not listening and interrupting each other as “talking over each other.” The therapists found that once that common theme had been established, the clients in the group could recognize and name the pattern when they saw it in other couples.

Female therapist:

Commenting on it [has been helpful]. Like this one couple was talking all over each other. Now it’s kind of like the running theme is, “O.K., are they talking all over each other, or are they giving each other space to talk?” And it’s been like three sessions that someone has said something about it.

Another therapy team focused on a metaphor that their male client had used when he said he felt like he was “running a marathon.” The therapists expanded on this metaphor to point out the couple’s relationship process to them, and attempt to change it.

Female therapist:

We have a theme in each session of running a marathon. It's a metaphor that we've used that was the client's language, actually--the male client started it--that we've used and has evolved into kind of the theme of therapy. That's been very useful and it keeps coming up . . . They felt that they were running a marathon. So, we have slowed them down a bit. Well, let's train. Let's get in training. Let's get fit for the marathon. Let's run at a marathoner's pace. We can use that in saying the female client wants to sprint, the male client wants to walk, and we've been able to use that to take their polarized stances and have a mutual pace.

This particular theme also seemed to become a common language in this therapy unit. Both the male and the female partners referred to their "marathon" in subsequent interviews.

Assigning homework: A few clients mentioned that they liked it when their therapists assigned out of session tasks for them to complete. One therapist team also highlighted homework as a helpful technique. For example, one male client stated that he liked a homework task the therapists assigned to think about the qualities that first attracted him to his wife and look for those qualities over the coming week and then to write them down.

In summary, there were three aspects of positive therapist behaviors and qualities that seemed to help their clients. Some of these qualities and behaviors seemed to serve as a context for change. They either helped to

engage the client in the therapy process so that he or she became comfortable and trusting of the therapy, or they helped facilitate the running of the session to be as efficient as possible. Finally, some of the therapists' helpful behaviors seemed to function more directly to facilitate changes in their clients. In general, clients spoke much more frequently about engagement behaviors and qualities, while therapists were more likely to mention their efforts to direct the session or the techniques they used to facilitate change.

Helpful: Couples Therapy Group

There were some helpful themes that emerged from talking to clients and therapists who were involved in the couples group therapy treatment modality that were unique to the group nature of the treatment. These themes were helpful aspects of therapy that were specifically related to treating multiple couples in one therapy group. A total of seven themes emerged: collaborating on group rules, sharing common experiences, sharing strategies, members challenging behavior of other group members, having couples who represent a range of readiness to change, group members providing feedback, and making time for individual work.

Collaborating on group rules: One male client in the group was very pleased that the group members were asked to help define the rules of the group on the first evening of group therapy. He felt that collaboration sent a strong message that the therapists cared about the thoughts and feelings of the group members, allowing them to feel comfortable in the setting.

Male client:

They showed caring, in terms of what we expected, what kind of rules do we want. I appreciated that one billion percent. . . . That gave a lot of freedom of will. In fact, I think that was incredibly smart, because it not only told these people, if we give you the choice to make the rules, that's also basically saying, we'll also give you the choice to say what you want. If you want to be more interactive as the group goes on, then do it at your own pace. I don't think anybody was forced to do anything they didn't want.

Sharing common experiences: Both group members and group therapists expressed how comforting it was for the clients to hear other people discuss feelings and experiences that were similar to their own. Having a sense of shared experiences seemed to result in both the men and women feeling validated that they were not alone in their problems.

Male client:

You know, it's nice to know that you're not the only person in the world having these problems. You don't feel so alone, if you know what I mean. Yeah, it's extremely helpful to know.

More than one therapist thought it was very helpful for the women to share their experiences.

Female therapist:

I think it speaks to the fact that the women, especially listening to what they say, that it was very important to find out that others

were having similar experiences to theirs. I think that was real critical, a validating piece to them. And it was good that they no longer had to keep this quiet, hidden and they had people that they could trust.

There were times when a group participant shared something that no one else in the group had shared. Both clients and therapists thought it was helpful to have one member of the group take the risk to disclose something personal. A therapist talked about how she felt one benefit of this was that a previously taboo topic that was, up until then not disclosed, was now out in the open.

Female therapist:

She just shared something deep of “I almost left my husband and this is why I stayed” and it was kind of, I think, an elephant in the room almost, like everybody was thinking we’ve almost left each other, or our marriage has almost failed. She introduced that into-- that the stakes are high, for a lot of these couples. The stakes are high. This is the last ditch, or they’ve thought about splitting. So, I think that was helpful that that happened.

Another positive benefit that seemed to come from one person disclosing something personal is that a ripple effect followed. One male client spoke about how he felt it was important for the men to hear about the pain they had caused their wives, and that once one woman shared her pain, others could follow.

Male client:

They also need to hear how the other women have been . . . suffering. I mean they really were. . . . [One woman], just last session came right out and said, “Hey, this is how I feel, and you need to know it.” I even heard [another woman] say, “look at these other wives, they’re telling their husbands how they feel, let me tell you how I feel.”

Sharing strategies: Another helpful aspect that was unique to the group treatment was that couples could hear the ideas of other couples who were dealing with similar problems. All of the group participants expressed how helpful it was to hear the coping strategies of other couples which they would often try to replicate.

Female client:

[My husband] and I on the way home take from examples from other people and think “wow, that would be a neat idea to try.”

Many of the clients cited specific ideas that they had learned from other group members and “copied,” such as the idea of having a weekly couple meeting.

Members challenging behavior of other group members: One male client and two female clients in the group really liked that group members challenged each other, such as calling them on lies or offering respectful “constructive criticism.”

One of the therapists described the way that the men and women were challenging each other in the group.

Female therapist: You have women challenging other women, women challenging men, men challenging women, men challenging other men.

One female client commented on how group members challenged one another respectfully. She felt one of the benefits was that her husband could hear a suggestion in a different way if it came from a group member instead of coming from her.

Female client:

I don't think anyone ever says, "I don't think you did that well." They offer constructive criticism, which I think is good. Because I can sit with my partner and tell him the same thing, but it isn't taken the same way, by someone who you live with and you love.

Other clients (both male and female) felt another benefit of group members challenging one another is that it resulted in the men taking some accountability for their behavior.

Male client:

It's hard for people to accept that they are the cause of other people's suffering. I mean, come on. You gotta accept responsibility for what you do. But, I think these men were actually taking the courage to say, "I did this and I'm not going to be ashamed to admit it." And I'll use [one couple] for example. [Wife] said, "hey, look, he's openly admitting that he made mistakes, why can't you?" . . . I haven't seen anybody do any personal attacks on anybody. And that's good.

That's very good. That's one of the rules we have. So, [Husband] knows that, for example, if I suggest to [him], "hey, you made a mistake, you've got to 'fess up to it." Then, "O.K. You're right." He takes in that idealism.

Having couples who represent a range of readiness to change: Both clients and therapists stated that they felt it was somehow helpful to have couples who were ready to make changes (who were clearly making progress) and couples who were not ready to begin the change process (who seemed to be stuck) participating in the same group. A female therapist expressed her mixed feelings about having one couple, who did not seem to be improving their relationship, participating in the couples group.

Female therapist:

I think there are some specific couples who would be getting better treatment if they were in an individual couples therapy. But, if they weren't in this group, other people wouldn't be moving as far as they have. So, it really, you kind of have a dilemma there. Though they might not be getting the best treatment that they could be getting, they're involvement is so important to the whole group that if they weren't there, we would lose something. And I don't know if another couple would be as far if this one couple wasn't there.

However, one of her co-therapists disagreed that this couple would have been better served by individual treatment. This therapist believed that the

particular couple in question was not prepared to change, and they would profit from the group by getting ideas for the future if they reached a readiness to work on their issues.

A male client talked about how helpful it was to have, in a sense, two different couples to observe and then choose future actions accordingly. His wife, who he perceived as previously disregarding the value of time-outs, saw the way two different couples had been handling the procedure.

Male client:

[My wife] recognized that [one couple] was using the time-out procedure, but then on the other hand, she saw how [another couple] wasn't using the time-out procedure. They hadn't even sat down and talked about it. So, she saw how one couple used it and was working, the other couple it wasn't working. That's what I meant when I said that having the couples there interact, she can see the negative and the positive. That to me was extremely helpful. I remember looking at her face when she saw how [the first couple] was getting along using their time-out procedure. Now, all of a sudden she says to me, that weekend that followed that session, "time-out."

Group members providing feedback: One male client identified this theme, that the group members providing feedback about his ideas helped him to understand how others react to his thoughts. Once he understood how his message had been received, he could work to clarify his thoughts.

Male client:

I remember I said something, I told my wife how I felt about something. I was trying to be real positive. What was funny was I watched within the group . . . and [a male client] understood what I said, but [his wife] took it totally negative. [Another female client] heard what I said, but she was kind of in between. [A third female client] completely understood. [A fourth female client] completely understood. So, I got mixed reactions. And then I was able to clarify what I said. But, that's the nice thing about the group. Get to say how you feel, both the men and the women, and it brings up a lot of misconceptions. That's a big thing.

Making time for individual work: A final theme that emerged as helpful in the couples group treatment was the efforts of the therapists, despite the fact that counseling took place in a group setting, to make time for individual work outside of the group. Both clients and therapists talked about this action of pulling a group member aside when it appeared that he or she needed some one-on-one time with a therapist.

Female therapist:

I think another thing that has been helpful is individuals, and now three individuals have come forward, if they have issues--one wasn't a toxic issue, but two were--if they're just feeling overwhelmed, can't deal with what's going on, we've been there for them. And I think that has helped to manage something that

might have gotten out of control, or even something that could have become an imbalance. If someone had issues that are looming so large, that they can't become a member, just one of the group, because they're feeling out of control, I think that has been helpful.

A male client talked about how much he appreciated the efforts of one of the therapists to take him aside during the group.

Male client:

[The therapist] recognized I was really trying to ask a lot of questions here and trying to get some feedback. I was really trying to get a feeling of understanding here. So, [the therapist] very professionally and quietly pulled me aside and said, "Hey, I noticed that you're really trying to get some help here." [The therapist] went ahead and asked how I felt about it. And I told [the therapist] "yeah, I was really trying to get some feedback here, and I appreciate you recognizing that." [The therapist] did show some personal concern.

Helpful: Therapy Structure

This category refers to aspects of the way therapy is structured that are perceived as helpful by clients and therapists. For example, both the couples treatment and the couples group treatment are 12-week treatment programs that are structured so that there is a check-in period before the conjoint session, followed by the conjoint session, and then a post-check-in after the conjoint session. Both treatment modalities have male/female co-therapy teams. In the case of the individual couple treatment, one of the therapists

meets with the woman before the session, and the other meets with the man. All four meet together for the main session, and then split up again for a check-in after that session. The therapists alternate who they meet with (e.g. it is not always the female therapist that meets with the female client, etc.). In the case of the couples group treatment, one or two of the three therapists (two female and one male) meets with the group of women prior to the group session, while one or two of the therapists meets with the men. Similarly, after the group session, the men and women are divided into groups again, with one or two therapists. From the interviews with clients and therapists, four categories emerged as helpful about the structure of therapy: having male and female co-therapists, having a 12-week limit to the treatment, the pre-session check-in period, and the post-check after the session.

Male and female co-therapists: Many clients and all of the therapists felt having two therapists, one of each gender, was enormously helpful to the therapy. Clients felt that having a male and a female work together created a balance and a sense that both genders could be understood.

Male client:

I really like the fact that we have a man and woman, together, and that's where I feel that both of us can be very much understood. We don't feel uncomfortable that hey, well that's a woman so she's going to take sides with [my wife], or well that's a man so he's going to take sides with me. . . . Which I feel sincerely in my heart that

there are some things about men that women feel are hard to understand and likewise about men towards women. And I think that with two therapists...who are not bound together by a relationship like [my wife] and myself. . . . they can discuss the things much more in the air and really analyze than [my wife] and I when we take personal stances towards these things. And I feel that they can come together and discuss the male and female perspective of it and help us to get a better understanding of that.

A male therapist believed his clients would not have stayed in treatment if it were not for the fact that they had both a male and a female therapist. He believed that having one therapist work with this couple would have too many potential problems.

Male therapist:

If it was just that one, there would be too many potentials for alliances, somebody feeling left out. This is just very even.

Limited time-frame: Although many clients expressed frustration with a 12-week limit (see “not helpful/therapy structure” section), one male client and one female therapist expressed the opposite view.

A female therapist liked getting practice with a 12-week limit, since this was similar to the demands of managed care and would give her good experience trying to work within that confine. A male client liked the fact that there was a set limit to the therapy, so that he didn't feel the therapists would try to keep him there after therapy was no longer needed.

Pre-session check-in: A number of clients, both in the single couple therapy treatment and in the multiple couples group treatment liked having a pre-session check-in before the treatment. Three positive consequences for the clients emerged from the pre-session: clients felt comfortable to speak freely, not in the presence of their spouse(s); the check-in allowed clients to get in the right mindset for the joint session; and the check-in period was a special opportunity to get support. A male therapist added that he believes that a lot of issues that came up in the pre-session would probably never have been discussed if there had not been private time with each client.

One male client expressed how the pre-session check-in allowed him to speak freely and prepare for the therapy session.

Male client:

It gives you that time away from the other person where you can kind of communicate a little bit freer about what's happened. . . kind of work out the events of the week and what's happened, where you think you are. Maybe you get in the right mind set. I feel like I can be open, or more open than if my wife were sitting there too, if it's a tense issue where you have to be kind of delicate. Whereas if she's not there, I can kind of be more direct.

Both female clients and their therapists in the multiple couples group treatment thought it was helpful for the women to have the check-in time to support and empower one another.

Female therapist:

You see that in the small group, the women's group, that they're using that to be a place where they are uniting. And the power meant that their feeling by being together, coupled with the frustration of, I think from years of being in a relationship where they've been one down . . . there's a really powerful situation.

Post-check (after session): A male client and a therapy team thought the post-session provided a valuable opportunity to emphasize the important points that had occurred during the session. A male client explained that the post-check allowed him to get his thoughts together with the counselors before going home.

Male client:

It's almost more like a debrief. What just happened in there, what do you think. . . . Maybe it gives me a chance to maybe synchronize my thoughts with the counselors in a different environment that isn't inhibited to free speech.

A female therapist expressed that the post-check provided a great opportunity to emphasize important points to each individual.

Female therapist:

Taking the individual time at the end, I think that's very important. It seems very important to our clients as well to be able to talk about issues that have come out or to debrief after the couples session. Also, to bring up some individual issues that they each have. Those

have been useful. . . to kind of hammer home at the end of the session things we've talked about. . . and kind of make it appropriate to the individual as well as the couple and to go over those things.

In summary, both clients and therapists described numerous helpful aspects of therapy, including therapist behaviors and qualities, unique positive aspects of the couples group treatment, and benefits of the way the way the treatment program is structured. Several of these benefits were paired with positive outcome themes.

Positive Outcome Themes Associated with Helpful Aspects of Therapy

Some of the quotes in the previous sections suggest a number of positive feelings clients had as a result of helpful aspects of therapy (such as feeling understood, validated, or empowered). Beyond those positive feelings in response to helpful aspects of therapy, clients and therapists talked about the changes couples were making as a result of their work in therapy. Some of the changes observed by therapists or reported by clients were small, while others seemed to be quite significant. While all couples reported some positive changes, some of them also reported new challenges that had come about as a result of the work they had been doing. *(A more thorough description of the changes made by clients, for better or for worse, is reported at the end of this chapter).* A few other positive outcome themes were identified from our conversations with clients and therapists: confidence in

the potential effectiveness of the treatment and the decision to complete the treatment program.

Confidence in effectiveness: One of the questions we asked both clients and therapists during the interviews was “how confident are you that the treatment is going to be effective for you and your partner?” (or your clients, in the case of the therapists). Clients and therapists were asked to select a response ranging from very confident to not at all confident. Participants either responded in the “very confident” or “somewhat confident” categories. Interviewers also asked participants to elaborate about the reasons behind their level of confidence. Those who were confident always pointed to the changes they had already made in therapy, which helped them to feel hopeful that they would continue to make more changes.

Complete: Since this study only covers interviews with participants during the first half of their 12 week therapy experience, we wanted to get a sense of how likely it was that clients would finish the whole program. Interviewers asked this question of clients and all of them, with the exception of one male client, said they were very likely to complete the program. The male who said completion was only somewhat likely did in fact finish the treatment, while one couple who said they would complete decided to drop out of the treatment. All other couples interviewed completed the program. There were three themes that emerged as reasons for deciding to complete the program: necessity for therapy, changes already made, and commitment to research.

When we asked clients why they had decided to complete the program, many of them spoke about the need for therapy. Some clients expressed that this treatment was their only hope for making their marriages (or relationships) work.

Female client:

[The therapy] is something he needs, something that--the marriage is downhill from here. I think I've heard most everybody say that. This was the last straw. This is it. If this didn't work, it's gone.

Some clients talked about the changes they had already made influencing their decision to complete the program.

Male client:

I've gotten a lot out of it. I've felt if I could get one thing out of it, it would be worthwhile.

Finally, a few clients spoke about the commitment they had made to the couples group and the research project as a reason to finish therapy.

Female client:

We've made a commitment. We're not only committed to each other, but we're committed to the group and to you all. You've given us, you've selected us to be a part of this group and I don't like to use this word, because it's not what I mean, but it's an honor, but it's like to be able to be selected to do a therapy for basically free. These days and in this city, it's a very nice opportunity. And to be able to make an opportunity to make some changes for something

that can go on in the future for other people is very nice to be able to do that, be a part of that.

In general, participants expressed a number of thoughts about what was helpful in their ongoing therapy. The helpful aspects of therapy seemed to lead to positive consequences, such as participants feeling confident that the therapy would ultimately be effective. While most feedback participants shared about the therapy was positive, participants did offer some complaints and suggestions for improvement.

Not Helpful

In addition to asking participants what they experienced as helpful about the therapy, interviewers also asked them what they had found to be not helpful. The number of themes that emerged as helpful aspects of therapy far outweigh the number of themes that emerged as not helpful. However, therapists and clients did discuss three categories of unhelpful aspects of therapy: therapist behaviors, aspects of the couples group, and therapy structure. In many cases, these themes are the “flip side” of those that were identified as helpful.

(The reader should keep in mind, however, that interviews were conducted during the first half of treatment. Therefore, some aspects that were identified as “not helpful” may not necessarily have continued over time. For example, some clients identified therapist behaviors they would have found helpful that therapists failed to do. Therapists may have done these things later in the treatment).

Not Helpful: Therapist Behaviors

This category refers to things therapists did during therapy sessions that are perceived negatively, or more specifically, as unhelpful to treatment. In some cases, clients described the *absence* of a behavior as not helpful. A total of six themes emerged, some of which are techniques that were also perceived as helpful by some clients and therapists (see Helpful: Therapist Behaviors).

Too much repetition: One client felt that the therapists did the same thing each week, which made counseling boring to attend.

Female client:

Every week I knew what was going to happen. I knew what they were going to say. When we first go there they'd say, "well, how's everything been going?" And it's like, O.K. something may have happened and we'll tell them about it. I don't know. . . . Maybe if we didn't talk about the same things all the time. . . . Every week we come and it's like a pattern. . . . I really don't look forward to going. It isn't something that keeps my interest.

Looking for exceptions: While some clients and therapists found this technique helpful, others felt that it didn't allow them to get to the real problems. For example, one female client talked about how much the therapists focused on problems they had solved during the past week, rather than helping them with the problems they could not solve.

Female client:

That's what wasn't helpful, us dwelling on what we did when we'd already solved that. . . . I feel we needed to be going for things we can't solve within ourselves.

Asking for a vision: This solution-focused technique refers to the attempts by the therapists to get their clients to focus on how they would like their relationship to be in an ideal or improved future. While many participants found this to be a helpful technique, some clients and therapists struggled with it when it did not seem to fit the needs of the clients who would prefer to discuss their past hurts.

Male therapist:

When we're trying to have them tell us this vision of what their partnership could be, what they see it being, and they don't have a vision of that. Or they're still talking about all this past stuff that's really bugging them. When we're trying to do that, that's not helpful.

Failure to get to the root of the problem: The treatment model used in this study was largely solution-focused. While many people expressed positive feelings about looking for things that were going well and many liked the "tools" they were given to work on communication, others felt it was important to discover or discuss the causes of the problems they were

having. One male client talked about the need to get to the root of the problem rather than staying at the surface.

Male client:

[They] put a Band-Aid over it or treat the symptoms. Coming here and getting these exercises and so forth will treat the symptoms and maybe we get things that say well, how to communicate or what words to say. Yeah, that might kind of intrigue, but that's not going to get rid of [the] problem, or that's not going to address the issue that's at hand.

Failure to follow through on the use of a genogram: One client talked negatively about her therapists' use of a genogram. Although she liked it when the therapists gathered information about her family tree, she felt that they did not do anything useful with the information. She explained that her therapists gathered the information but never talked about it again, nor did they explain why they had constructed her family tree.

Failure to teach communication skills: Several clients mentioned that they felt their therapists should have spent more time helping them learn to communicate better. Some clients felt that they were really not given adequate tools to communicate with each other about problems, especially related to the heated issues for which they use time-outs.

Female client:

[We don't get] any tools to deal with it. How to get rid of it. When we're talking together after time-out and say everything has calmed

down, they don't tell us how to talk to each other. It just goes back to another fight. . . . They're not telling us how to dispose of the anger. They're showing us how to bring it up, how to get it out, then what do we do with it? It's like having a newborn baby and they give it to you and say bring it home.

Alternatively, some clients felt they were given adequate communication and problem-solving tools, but were not given the opportunity to practice them or "role play" in the session, so that therapists could facilitate their skill-building.

Failure to prepare clients for changes: One male client expressed his surprise at the emotional intensity that surfaced in his relationship once he and his wife started to make changes. He wished his therapists could have somehow prepared them for such a radical shift.

Male client:

I think there should have been [a warning]. . . I don't know if they could tell beforehand some of the problems that were going to arise, but there has been some churning of feelings, and I don't know how people are supposed to handle that. To expect that there's going to be this emotional upheaval. There's a change in the relationship. When you change the relationship, the way it functions, there's going to be reactions. I think a lot of people were unprepared for the reactions to the changes. Because it's pretty rapid.

Not Helpful: Couples Therapy Group

This category includes unhelpful aspects of therapy that were specifically related to treating multiple couples in one therapy group. Some clients mentioned the fact that things “take longer” in the couples group, just by the nature of having a lot of people. Clients gave the example that it sometimes takes longer to get messages across so they are understood by ten people than it would if there were just two people.

Another aspect of the couples group that was difficult for one of the female clients was hearing other people’s problems which remind her of her own.

Female client:

When you’re talking to other couples, even though we’ve gotten past the nit-picking, you know the snapping, and talking on top of each other, we’ve gotten past that. Most of us have gotten past it. The one couple hasn’t, and they do it in the class. It kind of reminds you of that part of it. So, it makes some of the girls really upset.

A third aspect of the group that one female client found frustrating was the fact that therapists had to gear the group to the couples who were most violent. Therefore, it makes it necessary to spend a lot of time checking in with the women to ask about their safety and construct safety plans, which this woman felt were not necessary for her.

A fourth aspect of the couples group that many of the clients mentioned could be improved on was a lack of support materials such as visual aids, handouts, or a manual. Many thought these sort of aids would be helpful to reference during the week, or even after the group is over, so that they could work on problems outside of class.

One final difficult aspect of the group was mentioned by the therapists. They all expressed finding it challenging to try to work with five couples simultaneously who had such a serious problem as domestic violence.

Female therapist:

Do I go with this individual couple, or how do I bring it into the group, and how do I manage five couples with this intense stuff?

It's a bit of a dilemma.

Not Helpful: Therapy Structure

This category refers to aspects of the way therapy is structured that are perceived as not helpful by clients and therapists. Four themes emerged here: session length; treatment duration; pre-session check-in; and the post-check (after session). The latter three of these categories were experienced as helpful to a number of clients (see Helpful: Therapy Structure).

Session length: A few of the clients felt the session length (one and one-half hours for the single couple treatment, and two hours for the multi-couple group treatment) was not long enough. They expressed frustration with the feeling that the session always seemed to end just when things were getting interesting.

Male client:

After 40 minutes, in fact, after 30 minutes, people start opening up, they start talking, they start really communicating on thoughts and ideas of current events and using them as examples, and then we run out of time.

Treatment duration: Many participants, both clients and therapists, felt that 12 weeks was not an adequate treatment length to address issues of domestic violence. Although the following two quotes represent clients in the multi-couple therapy group, clients in the single couple treatment also expressed concern that 12 weeks would not be long enough to solve their problems.

One female client felt 12 weeks was especially too short given that treatment was being offered in a group setting.

Female client:

I don't think 12 weeks is long enough with a group. I think that this group setting is really good and I think that you get to know all these people, it takes a while to open up, and then when you open up, to the counselors as well, all of a sudden it's over when you could start making some changes. Twelve weeks isn't enough time for people to change and to work. I feel like the 12 weeks are going to happen and all of a sudden it's going to be over and we're going to be like, well, now what do we do? All these worms will be open, cans will be open and all, what's going to happen is we're going to

go back and it's going to be the same roller coaster. So, I'm really getting upset about that part.

Another female client felt that 12 weeks was particularly too short because the couples had violence in their relationships.

Female client:

If [the men] weren't hitting, most couples just argue and fight and you can get that resolved. It's different when you have couples actually physically go at it because it's a deeper hurt. It's not just something that they did together to make you angry, it's usually something that's happened all his life and something that has happened all your life. It's way deeper than couples that just argue and fight and just don't get along.

Check-in: While many clients and therapists felt that the pre-session check-in with each partner (or by gender group, in the case of the multi-couples group treatment) was helpful, some therapists and clients did not find it useful.

A therapist felt that the individual time before the conjoint session was potentially problematic, as it gave clients the opportunity to try to force their separate agendas into the conjoint session. This therapist also felt that the check-in took time away from the conjoint session that might have been better spent there.

A female client in the couples group felt that the check-in (and the post-check, for that matter) took away from the time the couples could have spent together, which resulted in a feeling of separateness.

Female client: Well, we go in, and when we go in, we are together, but then we are separated. We do a lot of that. We get separated, and then we go...Then we get back together, though, it feels uncomfortable being together, because here we have just been with these women. So, it feels like two groups, instead of that my husband and I are a team and we're trying to work together. It seems like very separate.

Post-check (after session): Some of the clients in the multi-couples group treatment stated that they did not feel the post-check after the session (dividing up the group by gender to de-brief) was helpful to them. Some of them stated similar reasons as to why the check-in was not helpful (e.g. takes time away from the conjoint work, leads to a feeling of separateness). One male client stated that although he felt the check-in was helpful to open up, he felt the post-check could be misused because men saved their negative remarks for that separate group.

Male client:

To talk about [the group] afterwards, for me, is like a betrayal. Because that's like saying, "Oh, by the way, I didn't agree with what she said." . . . I see it as a negative kind of thing. To me you're supposed to be honest in the beginning talking because you're not,

because there's that lack of--what's the word I'm looking for--lack of courage to speak in the beginning. O.K. That I see. Then we interact, but then that's where it should be. I just don't agree with discussing it afterwards. Every single time that we sit down afterwards, I really don't have anything to say . . . If you feel that--whether it be negative or positive, say it in the interaction. Don't come back afterwards and say something that you don't want the wife to hear. Because then that takes away from the honesty of the group.

Negative Outcome Themes Associated with Not Helpful Aspects of Therapy

There were two themes that emerged as consequences of some of the aspects of therapy that were perceived as unhelpful by clients. One couple chose to drop out of the project, and their thoughts are summarized below. Unhelpful aspects of therapy also seemed to affect clients' confidence in the ultimate effectiveness of the therapy program.

Drop-out: One couple dropped out of the program, and they were interviewed about that decision. It became clear that one partner had made that decision, while the other partner would have preferred to continue. The partner who had ultimately made the choice to terminate therapy presented three basic explanations for that decision: client factors, external barriers, and accomplishment of goals. That client talked about the fact that they did not practice the skills they learned in therapy at home, so therefore continuing did not seem worthwhile. The difficulty of getting to therapy due to the

distance it was from their home combined with their busy schedules were external barriers to therapy that they mentioned. A third reason cited for dropping out was that this client felt they had already made some changes, so perhaps it was a good time to stop.

The therapists also had some suspicion that perhaps the therapy had become a burden, since it forced the couple to confront difficult issues.

Therapist:

Kind of makes you wonder if there's some problems that are harder for them then we're appreciating maybe? Logistically or from a relationship standpoint, this is putting too much of a burden. We had a suggestion of that last week, that it was hard for them to come in, because they're forced to stare in the face of their difficulties rather than kind of being able to ignore them.

Lack of confidence in effectiveness: There seemed to be four aspects of therapy that made it difficult for clients and/or therapists to trust that the therapy would ultimately be effective: urgency to "get going," 12-session limit, lack of support materials, and continued violence. First, one theme that emerged was a feeling of uncertainty as therapy was first getting started. A few clients seemed to feel an urgency about getting beyond the first steps of therapy (e.g. learning time-out, constructing a safety plan, or setting group rules) to the "nitty gritty" of the problems they had been struggling with.

Female client:

It's only been two times, so I don't know, but I hope it's not just going to be learning about time-outs and safety, but I hope we'll be able to develop how to deal with our relationship after, since we have had a lot of anger, how to go back into that relationship and get to a point where you can communicate freely without being concerned that the anger's going to erupt if you talk about things.

Male client:

The only thing that keeps going through my mind is when are we going to really start talking about the things that are causing the anger between the two of us to start? I want to get right to the nitty gritty stuff, and I think that the first class, we discussed the rules of the class, and so forth. That was understandable. But, let's get down to it, because that's what everybody is there for.

For both of these clients, their confidence level increased between the first interview (after their second session) and the second interview (about the mid-point of therapy).

Another concern that affected the confidence of many clients and therapists was the length of treatment being limited to only 12 weeks. Several participants felt the pressure of trying to accomplish all the necessary work in that time period. One therapist talked about his concern that his clients, who he perceived as benefiting from therapy, would not reach their goals in the 12 weeks of therapy.

Male therapist:

I think 12, I mean I sense them as being real amenable to counseling and therapy. My own personal fear is that 12 sessions isn't going to be enough for them.

One male client expressed doubt that he and his wife would be able to sustain changes after the end of treatment. He felt support materials such as a workbook or handouts that he could keep would help them sustain their changes, as they would have something to refer back to when therapy ended.

Male client:

I would say somewhat confident because I think to continue practicing the methods that are taught, I think they always need to be reviewed. . . . That's why I think the written books and material are so important, that you take something with you.

Finally, one therapy team expressed a lack of confidence in the effectiveness of the treatment for their clients, since their couple continued to be violent during the treatment.

Male therapist:

Well, there's these incidences, still there's the pushing and shoving. I mean two weeks ago. So, it's still there and it continues to come back and we're already half way through. So, we'll have to see. We're toward the end, so I'm not totally confident that that will be solved.

In summary, some clients and therapists identified aspects of treatment that were not helpful. Many of these same aspects were identified as helpful by other participants, or even these very same participants (some participants' views changed over time, usually in the positive direction). Aspects of therapy that were identified as "not helpful" were most often associated with a lack of confidence in the ultimate effectiveness of the treatment.

Racial Difference as a Therapeutic Issue

One area of interest that the interviewers pursued with participants is the issue of racial differences in treatment, and whether they are perceived to be important, either by clients or therapists, or both. In the individual couple therapy modality, both Black couples and their White therapists were asked to share their perceptions of the racial difference between them, and whether they thought it affected therapy in any way. In the multi-couple group treatment, neither of the couples included in this study were Black. However, one of the therapists, and two couples in the group were Black. So, we asked clients and therapists whether they thought the mixed races of participants affected the group in any way. Three basic answers emerged from both clients and therapists: racial difference does not matter to the therapy, racial difference might matter, and racial difference is a strength.

Racial difference does not matter: The majority of the clients and therapists expressed this view that racial difference between therapists and clients and/or racial diversity in the group treatment did not seem to matter

or had not become any kind of issue. Typically, participants stated that since people from all races share feelings, a common understanding exists that supersedes race.

Black Female client:

I don't really get into that race thing. Because I feel that we're all the same deep down. We all have feelings. And just by them being--I don't even know what their race is. They could be--their skin is light, but you know, I don't know. Just as long as we all have emotional feelings and they can understand where I'm coming from. If they're human, we all cry, we all . . . that really doesn't matter to me.

Another Black female client stated that she felt that all races have the same issues, and therefore Black clients did not have different problems that could not be understood by their White therapists.

Black female client:

I mean, you know, minority clients have the same issues as majority clients, you know? Family, relationships. . . financial problems. I mean all the same things other people. . . I mean sometimes it's on a different gamut, but along the same lines.

A female therapist stated that she did not believe the racial differences between the therapists and their clients had become a therapeutic issue.

White female therapist:

It hasn't become overt in any way. We haven't looked at each other and said they don't know what they're talking about. And they haven't looked at each other as if to say, these two are out of it! It's not that obvious.

One Black female client explained that unless someone had the exact same background that she had had, they would have to really listen to understand her. Therefore, she did not feel that race was an issue, but rather it is the therapists' ability to listen that is essential.

Black female client:

It does not matter to me as far as race, because if you're not from the same exact background that I'm from, then you won't understand to the fullest. But, if you're there listening and trying to understand, then it's helpful. I don't care if you're white, black, green or purple. You won't understand, if you're a different race than I, you won't understand to the fullest where I'm coming from. But if you're trying to understand, than that's helpful more than anything. Because they could have been two African-American counselors with us and they could have been not helpful at all. They could have been not even listening, not even trying to listen. . . But, I felt they were trying to listen to me, but that was helpful. The race didn't matter.

Racial difference might matter: One Black male client and one White female therapist felt that race might make a difference in therapy. The Black male client did not feel that racial difference had been an issue in the therapy he had received, but he did express that he might like to get therapy from two Black therapists, rather than two White ones.

Black male client:

It hasn't really been a problem. Not for me. I think I would probably like to experience having some counselors that are the same race. But I never thought about it. I'm thinking, well, as far as the problem that we have, it probably doesn't really make a difference. But, as far as just overall counseling, having African-American counselors, I think that they can probably relate more to what we may be feeling, or--I'm not really sure. I never really thought about it. . . I don't think that, it may make a difference with other problems or other issues, but I think that what we're here for, as far as getting our communication skills together, I don't really think it makes too much of a difference.

A White female therapist felt that race may have played a factor in the dynamics of the women's sub-group of the multi-couple group.

White female therapist:

Well, I do have to bring up that in the women's group though, it was interesting, because there was one African-American woman in there for a long time, and then another joined at the end. She was

the one who challenged the other one on the issues. None of the Caucasian women challenged. So, I think there might be some play, here, at some point. There might be something going on.

She also believed that those dynamics had changed over time.

White female therapist:

When we first started the group, it seemed to me, that [a Black female client] didn't say much to other women, but she would to [another woman] who is also African-American. . . And what I have seen, over the evolution, is [the Black female client] reaching out to other women like she reached out to [one woman] who is White. And I don't know if that's a racial thing, if it's a woman thing, if it's nothing at all.

Racial difference is a strength: Finally, one client and one therapist expressed that they thought the diversity of the multi-couple group was an asset.

White female client:

I think that's good. . . I think we can add and help each other better if it is a diverse group ethnically. Because I think some cultures, to not be, and I'm not saying it in a prejudiced way at all, but I think some cultures think that it's O.K. to beat or to abuse women. I think that for them to realize it doesn't matter what culture you are. If this is going on, and it is not O.K. I think that's a very--I don't think

you can get that across necessarily if you have one type of group.

You can teach each other.

One White therapist expressed a similar view of the group's diversity.

White therapist:

I think the diversity of the group is one of its strengths. . . Everyone is, in their own way, contributing to the group. And I think that diversity, the different styles five couples bring to the group allows other people to hear maybe. If you can't hear one voice, maybe you can hear another voice, maybe. I feel the richness and the diversity is a plus.

In summary, participants were most often neutral or positive about racial difference in therapy. Only one participant expressed any notion that racial difference in therapy might matter. This Black male client suggested it might be nice to have two Black therapists, but he also added that he did not feel racial difference had mattered in this therapy. Two out of three Black clients felt that the racial difference between themselves and their therapists was not an issue. A couple of participants in the multi-couple group treatment thought the racial diversity of the group was a strength.

Domestic Violence Treatment Controversy

As discussed in the introductory chapter, there is controversy in the family therapy field about what type of treatment is most appropriate for domestic violence. The traditional treatment has been to provide anger management groups to men where skills are taught. In these groups, time-

out is often one of the primary skills taught. Men are coached to be aware of the early warning signs for when their anger is escalating and call a time-out if they have any concerns they may become so angry that they physically or verbally abuse their partners.

Men meet in their own groups to work on their anger, while their partners are sometimes treated in support groups for female victims. The nature of working with both partners conjointly has been controversial, due to concerns that the women may feel blamed (co-responsible for the violence) if she is also a focus of treatment, or that such couples work might put her in danger.

Throughout the interviews with clients and their therapists, several opinions on these issues came forward. Some interviewers explained the controversy about doing couples work where there has been violence, and asked the women how they felt about the issue. Other thoughts and opinions emerged without clients or therapists being directly asked to share their views. Three areas of discussion emerged from the interviews: time-out as a tool to address violence, views on traditional domestic violence treatment and couples therapy as a treatment option for domestic violence.

Time-out as a Tool to Address Violence

Clients had different views about using time-outs to address anger or violence problems. Many clients had strong opinions on the issue. Some did not like the tool at all, while others, particularly the women, felt it had the potential to be abused. In fact, for some it seemed that time-out was a major

issue of conflict. However, some clients did find the technique useful and reported successful outcomes. Additionally, views on the usefulness of time-out often changed (often from negative to positive) once couples learned the technique together in couples counseling. The following section is divided into two sub-sections: time-out as not helpful and time-out as helpful.

Time-out is not helpful: Some clients felt that the technique of time-out was not helpful for one or more of three reasons: they did not like the concept of taking a break from a heated discussion, they thought that time-out did not work, or they (the female clients) felt that it was being abused by their male partners.

Only one female client did not like the technique of time-out at all. She expressed her frustration with the notion that they had to postpone their arguments to a later time, when she would rather discuss the issue at the moment.

Female client:

Because that's like saying, well leave me alone right now. Just cut everything that we're talking about. And a lot of times we're like, we want to get it out of the way, and that puts a pause on it, then we have to come back to it. So why not just get rid of it right then and there instead of calling a time-out?

Only one male client thought that time-outs did not work prior to couples counseling. He had learned the tool in his men's anger management

class (several months before they began the couples counseling project). He felt that the technique did not work because his wife did not follow it.

Male client:

She would become aggravated when I left, and when I returned, she was aggravated about whatever the initial problem was, plus she was aggravated that I had left. Even more than just leaving, even if things got heated, I'd step into the other room to get away, and she'd follow. Even to the point, she called the men's program and said, "is this what he's supposed to be doing?" And "you're not doing it right." And that whole thing was gone. . . Eventually, I would just stay away long enough that basically I would just wear her down. So, I'd come in and she'd want to talk about it, and I'd say "look, if you want to do that, I'm going to leave again." And she'd just back off. That was my only way to control the situation.

Some women did not find time-outs helpful, because they felt their husbands used the technique in a way that was abusive. They explained that their partners used the time-out as a way to control the conversation (i.e. get out of discussions they did not want to have) and sometimes failed to use it during the dangerous times when anger is escalating, for which it is intended. One woman talked about her husband's failure to use the technique when it was really necessary, and employing it to keep her away from him when it was not necessary.

Female client:

They really don't work. When he is really angry and really upset, he still wants to argue and fight. When he's not mad he pulls a time-out just to do something to make me mad to keep me away. It's not much of a force to stop the arguing before it gets into a fist fight. . . It doesn't work because he doesn't want it to.

Another female client described her frustration with the way her husband had abused the time-out technique he learned from his anger management group. She felt he was not following the technique that he was taught, and denying that he knew the proper way to use them. She described how he would use the time-out to end conversations and leave the house for hours at a time.

Female client:

I feel my husband is still denying that he knew the real coping mechanisms. . . . because the coping mechanisms, and the time-outs to me were not balanced, were not equal. To me . . . I found them abusive . . . the way he was leaving and not letting me know where he was . . . When I tried to approach him about how I didn't think the time-out was right, and I called the [anger management] program, and they said . . . "Well, no, we don't really tell them to take off for that period of time." And then when I would tell him, he wouldn't validate me.

Time-out is helpful: Many clients spoke positively about time-outs. Many men expressed the notion that time-outs were one of the “most useful” things they got from counseling. Both male and female clients talked about the successful changes they had made in being able to avoid violence by using time-out, and later come back to discuss the issue. Some therapists also commented on these successful applications of the technique. (For a more thorough discussion of some of these changes, see last section: Changes).

Some of these same clients who reported positive changes from using time-out had spoken negatively about time-outs as well, often discussing their potential to be abused when only the male client has been taught the technique in his anger management group. However, once these couples learned the time-out technique together in couples counseling, they were able to trouble-shoot problems they had been having and clear up any “misconceptions.” Although half of the people who had expressed negatives about time-outs changed their perception of the technique once they clarified it in couples counseling, one woman (who did not like the concept at all) did not change her negative opinion. The fourth client who expressed negative views of the technique, a woman, had mixed emotions at the time of the last interview. They had had some successes with the technique, but she also stated that her husband did not always use them when necessary, and sometimes used them to avoid discussion with her.

Views on Traditional Domestic Violence Treatment

Clients had several thoughts about the traditional treatment for domestic violence where men are most often treated in groups to learn anger management skills, and some women, if they get treatment, join support groups for victims. All but one of the male clients who participated in the study had had a men's anger management group before starting couples counseling. The fifth male client had worked on these skills individually with a counselor. Although some of the women had had individual counseling or previous couples counseling, only one woman mentioned attending a support group for female victims of partner violence. Some clients felt that the traditional treatment has helpful aspects, while others felt that it is not helpful at best, or harmful at worst.

Anger management groups are helpful: Some clients, both male and female, felt that the man's participation in an anger management program had had positive effects on the relationship. One female client attributed her husband's increased involvement in the family to his participation in an anger management group. Other clients, both men and women, believed it had benefited the man (such as helped him feel calmer), even though they did not feel that the anger management group had benefited the relationship.

Anger management groups have negative aspects: A couple of women thought that their husbands actually became more emotionally abusive after taking anger management classes. One of the women talked about her

perception of the men's anger management classes as a dangerous support group.

Female client:

I think in the men's program, or maybe even in a woman's program, all you're there to do is, well not all you are there, but there is support there. My husband would come home and say, this wife is like this, and this wife did this. To me they were supporting each other that it was justifiable why they were angry at times. It's almost like their rights were infringed on so they became so angry that they became violent.

Another female client talked about trying to stay out of her husband's way when he came home from his anger management class.

Female client:

It's just from him coming home angry. Then he takes it out on us. Everything we do is wrong from then on. Friday nights are getting to be hard nights. They're supposed to be getting better. You'd think the more they took the class, the better off things would get. But they bring up so much things in a class, probably about their feelings, to bring up their emotions. It's like giving a kid a ball, and never showing him how to throw it.

Both male and female clients stated that one impact of the men doing a separate anger management class was that they learned vocabulary (e.g. time-out) that their wives did not know.

Male client:

The biggest issue that came up before with regards to incompatibility of the men versus the women because of the anger management with the men, was that the men were talking, what they called, a common language. They'd use a term from anger management that the women had no comprehension of.

As discussed previously in the time-out section, this lack of knowledge on the women's part seemed to set the stage for frustration for the women, and potential abuse of techniques by the men.

A couple of the men suggested that this lack of common knowledge could be addressed by their wives having to take anger management groups. Both of these men also believed their wives could benefit from anger management skills training.

Male client:

Personally, if it's focused just on men are angry, women aren't, I don't think that's true. I think we become couples because we both have some feelings that are shared, intertwined some way.

Whether the man's angry and the woman is accepting the anger, or the woman is angry and the man is accepting the anger. Some way it meshes, but I think there's some anger on both sides. Or there is some hostility. There's something going on, the communication is breaking down, or it's hostile. So, I think it's important if both couples are brought through the process at the same time.

Finally, some clients believed that although the separate treatment modalities for men and women might help the men and women as individuals, these treatments did not benefit the couple's relationship. A male client believed that the men's anger management class was only addressing one half of the problem.

Male client:

They can't really address relationships because they're only seeing one half of the issue. . . . The primary function was to persuade the people to stop that behavior and give them tools to help them do that. However, I mean, that was good, that was right, that's what they should be doing. The other side of that is these people are involved in relationships and there may have been something, I think in most cases, there was something wrong with the relationship. Yes, it was a bad attribute of the guy's behavior, but there was something else there too, and that needs to, at some point be addressed.

One female client stated that the separate groups do not help the relationship improve. She felt they were working at cross purposes.

Female client:

You go into an isolated group of women . . . we all talked a lot. But we're just in there supporting each other and saying how wrong. . . this doesn't feel right, this doesn't feel good. Pointing out the things that aren't right. That escalates . . . It's like they're building each

other up. But separately. They're getting support in the [anger management] program to feel better about themselves, maybe to help control the anger. The women's support group they're getting support to build them up. But what are you doing for the couple? . . . Because doing this . . . in a vacuum, for us was not working. I don't know how it can with anyone. Someone just attending the [anger management] program and . . . not having any interaction with the women. It was like one-sided. My going to [the victim's support group], I got support there, but when I tried to communicate what I was learning from [it] there was resistance. It was like we weren't in the same show.

Couples Therapy as a Treatment Option for Domestic Violence

Interviewers talked with clients and therapists about their views on the potential risks and benefits of couples therapy for domestic violence. A couple of female clients expressed safety as a concern, while a couple of them did not feel this was an issue. Overwhelmingly, both male and female clients supported couples therapy as essential for helping them work on their relationships.

Although none of the women mentioned safety as a concern when they answered that question on their pre-tests, a couple of women talked about the potential risk to the woman's safety of doing couples work when they were interviewed. One female client mentioned that although she did feel safe to bring up issues in session, she sometimes wondered how her

husband might react after the sessions. This same woman mentioned that her therapists did a good job of not allowing her husband to be overly critical of her during the sessions. At the end of their treatment, neither this woman nor her partner had reported that any incident of physical violence took place during therapy.

Another woman felt secure in her own safety, but wondered about the safety of her fellow group members.

Female client:

When they ask us at the end if we can go home and we know that we won't be physically abused this week, or whatever, you know, I can positively say no. I don't think everyone can.

Alternatively, some of the women felt completely secure about their physical safety. A female client stated that although she felt safe to voice her opinions in counseling, she preferred it when the counselors could challenge her husband for her.

Most of the clients believed that couples counseling was essential to save their relationships. One of the major benefits they mentioned was being able to both be present when therapists clarified time-outs, so that they could work out any problems or misunderstandings and come away from the discussion with a shared understanding of the proper use of the technique and a mutual commitment to use it. One of the therapists explained how she believed it was useful to clarify the technique with both parties present.

Female therapist:

I think, the time-out, going over the time-out procedures has been very helpful to these particular spouses. They didn't have congruent thinking of what time out was and how to use it, so we really took the time, and made a plan, and got very specific on what a time-out is, how to use it, when to use it, what's their sign, what are they going to do when they come back . . . Really working that out, giving permission for the wife to take a time-out. That has been very useful to them.

A female client talked about how discussing the time-out conjointly allowed her husband to hear what she had been trying to tell him before--that he was misusing the technique.

Female client:

The most important thing was the clarification of the time-outs. I felt my husband wouldn't listen to that I knew they were not being done the way they were taught to be done. But he was very resistant. Somehow by coming here and they are saying exactly what I had learned from [the support group] and learned from the material in his [anger management program] that he would not even sit there and discuss with me. It was his terms and this was the way it was going to be. By coming here it was almost like he's listening . . . he listened.

One of the concerns about conjoint treatment for violence is that the woman may feel blamed, or co-responsible for the violence. One woman in the multi-couple group talked about how her experience had been quite the contrary. She stated that after hearing other people share their violent histories, she would no longer feel blamed for being the cause of her husband's violence.

Female client:

Yeah, it's kind of sad, but it really helps to know they're going through the same thing I go through. He had me convinced that it was just me. It's really helpful to know that they're going through the same things, their husbands did the same things, it's like looking in the mirror.

Finally, many of the clients expressed the belief that couples counseling was not only a helpful alternative, it was the only hope for helping their relationships. One woman described this couples counseling program as their "last resort" after a long search for someone who might be able to help them.

Female client:

There's not hardly anyone that would take a violent couple. I've called, and you just get, if he needs counseling, call this number. And every number I have called and they say, "Oh, we can get you in." And then they'll say, "well, how violent is it?" [When I tell them they say] "Oh, no, we can't do that!" So, there's hardly anywhere. Not even the churches. We've tried the churches.

We've tried [the] County. There's just nobody that wants to deal with violent couples. All they want to say is "well how soon do you want to get a divorce?" Well, I'd really like to try to work it out first . . . Even if you have him arrested. People call me. There's a lady that called me from some kind of counseling center, I don't remember what it was now, but that's all she would talk about--was how to divorce him. I said, "I work for [a place where] I get free lawyers, that's no big deal." I said, "that's not what I want!" But there's just no counseling for--there's anger management for men, but nothing for us together.

Another female client who had some concerns about the violence in some of the other couples in the multi-couple group still believed that the couples counseling was essential to help these couples improve their relationships.

Female client:

Well, if that couple has chosen to stay together, then they need some couples counseling sessions. I think it's essential. I don't think they'll ever be safe--they have hope to be safe if--I think we have some intense group members that have had very much more physical violence than I've ever known about in my life. And one in particular I don't think it has been helping, but some it has been and they've brought up big issues in the group. And they've gone home and the next week they've had a great week.

Clearly, participants expressed strong beliefs about the experiences they had with anger management groups and this couples counseling program. The technique of time-out was an area of major conflict between partners, and elicited a range of responses, from feeling that it is the most helpful technique they have learned to feeling that it is completely worthless. All but one of the participants had had experience with traditional anger management groups, and some spoke favorably of their impact, while others did not. Overall, most of the clients interviewed (seven out of ten) expressed the belief that couples counseling with their partners was their only hope for positive relationship change.

Changes

In each of the interviews, both with clients and therapists, participants were asked about changes being made by the clients as a result of their work in therapy. Clients often seemed to have mixed emotions about changes (e.g. perceiving positive changes as challenging since they are on new ground, or feeling that the change may be good for them personally, but difficult on their partner--or vice versa). One of the female therapists expressed the notion that changes are constant and challenging.

Female therapist:

I think each couple, at its own rate, is going through changes, whether it's a change to stay the same, a change to keep growing, a change back. But, so many issues have been raised. Women are finding their voices, they're talking about their pain. Men are

finding that they can control their anger or they can't. They're struggling with how to do this, how do you do that? How do you maintain? That it's just this big state of instability for each couple. And it's interesting to see how they come in each week. Because they're at a different place each week.

A male client spoke about the process of changing and how difficult it can be to get used to new patterns.

Male client:

I think that in the beginning, when the change starts to take place it kind of feels like out of the ordinary, because I'm not really used to practicing the skills and techniques. But, I think that after practicing a while I could just deal with the different issues, that it's going to come more and more as being natural, which it is starting to become now. At first it feels kind of awkward, you know, because I guess just because of not being used to practicing the things they teach us. But, my feelings towards it is just like, if this is what it takes, I'll try it for a little while, if it doesn't work out, just don't give up.

After reading all that these clients and therapists had to say about changes, I felt that these changes seemed far too complex to categorize.

Rather than dividing the changes into "positive changes" and "negative changes", they are simply presented here, as reported by the therapists and clients.

Changes will be presented in three categories: changes made by the women (as reported by themselves, their partners, or their therapists), changes made by the men (again, as reported by themselves, their partners, or their therapists) and changes made in the relationship (as reported by either partner or their therapists).

Changes in the women: One change that came out of their work in counseling was that some women became less critical of their husbands or partners. One man also spoke about his wife's return to some of her courting behaviors, about which he was very pleased.

Male client:

Oh, she used to pull surprises on me all the time. Even though I would suspect some of them, they're still a wonderful surprise...but things have changed in the last year, because of me, and because of her both, regards to how we were dealing with our anger before, but yeah, this last event she did (*surprising him with balloons and a card after his graduation from anger management class*), this was typical of her to me of whenever she does something spontaneous and fun. That's her way of trying to make me happy. Yeah it is having an effect. As long as I can stay level-headed, I think she'll start to be more responsive.

A female therapist for the multi-couple group talked about her observation of the women becoming more vocal about their anger and pain. She described

how as the men learned to manage their anger more, the women became empowered to share feelings that they had repressed for a long time.

Female therapist:

They had been terrified, I think, before, so they were keeping all this stuff, all the issues, their impressions, everything, repressed down.

And now that the guys are dealing with their stuff, it's giving them some space to let their stuff come forward, and the guys are saying, "Whoa!"

A female client also talked about how she was gradually becoming more open to communicating with her husband.

Female client:

I think that I'm more willing to--he's been talking more--but I'm more willing to trust our relationship--to be able to ask him to do things that I wouldn't ask him to do, since we've had our communication barrier. I'm starting to open up a little more. Let down some walls.

Changes in the men: Some of the participants noticed that the men were becoming less angry or reactive as therapy went on. Some female clients and male clients noted that the men were becoming less verbally or emotionally abusive. A male client described his surprise when his wife thanked him for not verbally abusing her.

Male client:

The other thing that shocked me was when she said to me, during this past week, she said, “Gee, thank you for not yelling at me today.” I said, “what?” She said, “Thank you for not--you didn’t raise your voice, you didn’t call me any names, you didn’t put me down, nothing. Thanks a lot.” I was really shocked.

One woman spoke about how she saw her husband getting more involved in family activities.

Female client:

He’s been more of a partner in helping, sharing responsibilities with the children. I’ve been doing a lot of it, and he’s taking more. And he’s enjoying it, not just doing it. Trying to help me a little more, a little. It’s not a lot. But trying to communicate and being more positive. So, it’s been more positive. So, it’s helping a lot. But, I think it’s also his, as I’ve told him, I think it’s his attitude has changed too. He’s chosen to make himself change.

Finally, both therapists and clients talked about some of the men beginning to take accountability for their actions.

Male client:

I think that the fact she recognizes now is that I’ve accepted that my anger is caused by me and only me. I think that’s tremendously changed her attitude to me.

Changes in the relationships: Some couples seemed to start listening to each other more. One therapist shared this observation about her clients.

Female therapist:

I think they've always listened to each other...but it's a little more reciprocal. I'm going to say something, and you're listening, and then you might say something about what I said. It's a little more full circle stuff. Instead of coming back to us at one time.

Therapists talked about their clients' increased physical closeness as a sign of change. One therapist talked about the body language he noticed during a session.

Male therapist:

Yeah, and oh, body language! They've been sitting far apart but when . . . they've had some good times, and both of their legs were almost touching!

Another therapist talked about the changes in physical attraction that her clients had reported.

Female therapist:

She was saying that she's physically more attracted to him, wants to be closer to him intimately, which is a big change for both of them. They've both acknowledged that. I don't know what to attribute that to...but it was something that she brought up in session that she felt, obviously, important enough to mention in session.

Some clients seemed to shift their outlook of the future to being more positive. A male client felt that both he and his wife were feeling more hopeful as a result of the therapy, and a therapist noticed how her clients were beginning to make future plans together, which she saw as a shift.

Finally, some clients talked about how they were able to use time-outs and come back to solve problems together. One male client talked about how they used to never use time-outs.

Male client:

When we started it was zero! I would follow her around the house, yelling and screaming. She'd be yelling and screaming, the kids would be crying. We weren't really doing anything...[Now] we're able to come back. Come back level-headed and calm, and I'd say about ninety percent of the time we'll resolve. Whereas it used to be [she] would just say to me, "Whatever," or "I don't want to talk about it, just do what you want to do." She doesn't do that anymore.

Another male client gave an example about how he and his wife had been able to use time-outs and then return to solve a situation where his wife had become overwhelmed by a stressful situation.

Male client:

She's usually, from my perspective, she's just in a situation where she's overwhelmed by things. She's gotta cook dinner, maybe people are coming over, she's gotta get the kids to school.

Something, or it was multiple things going on, and it's a pressure cooker, and it was some minor thing like where you put your keys on the counter top will just blow up. We had that kind of thing this weekend, and before I realized it we were starting to shout at each other, and I said, "wait a minute. Wait a minute." And I walked out of the other room, literally for 2 or 3 minutes, I just kind of sucked wind and then I went back in and I said, "Look, I know you're really busy now, why don't you just take a minute?" We walked into the other room, kind of got out of the situation. "Look, this is all I'm saying, can I show you?" She said, "I see, and I understand." She started to kind of cry and talk about different things that were stressing her, that I knew were stressing her, because I'd seen it coming on . . . So, we took five minutes and she was able to relate all these things to me. And I said, "Good, now, let's get on with things." We went back into the kitchen, started working together, and made it happen.

Conclusion

Five couples and their therapists wrote about their expectations of couples counseling before they began treatment. These participants were also interviewed about their experiences in a 12-week couples therapy program designed to treat domestic violence. All of the clients and therapists shared positive feedback about the program, including the behaviors of the therapists, the structure of the therapy, and the experience of multi-couple

group treatment. Clients and therapists also offered information about aspects of therapist behaviors, the structure of the therapy, and group treatment that they thought were not helpful.

Participants were also asked to offer feedback about racial difference in therapy (either between therapist and client or among group members), and the impact it has on treatment. In general, these clients and therapists believed that racial difference has no negative impact on therapy, and possibly has the positive impact of adding diversity. Finally, clients and therapists shared their views about traditional domestic violence treatment as compared to couples treatment for partner violence. Overwhelmingly, participants believed that couples counseling was essential for couples who wanted to remain together to help them make changes in their relationships.

Post-Script

Of the five couples who participated in this study, only one dropped out of therapy, about half-way through the program. The other four couples completed all 12 sessions of couples therapy. One of those four decided to separate permanently, without a violent incident. The other three couples are still committed to making their marriages work.