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LOYOLA UNIVERSITY OF CHICAGO

MARITAL COUNSELING IN SOCIAL WORK: EXPLORING THE RELATION BETWEEN EDUCATION AND PRACTICE

A DISSERTATION SUBMITTED TO

THE FACULTY OF THE SCHOOL OF SOCIAL WORK

IN CANDIDACY FOR THE DEGREE OF

DOCTOR OF SOCIAL WORK

SCHOOL OF SOCIAL WORK

BY

ZAREENA KHESHGI-GENOVESE

CHICAGO, ILLINOIS

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CHAPTER I

INTRODUCTION

There is no doubt that people are having much difficulty with the institution of marriage. It is timely to study marital intervention for many reasons. First, the divorce rate is significant. Second, due to the baby boom, many stressed couples are trying to work out their marriages. McGoldrick and Carter (1982) report that the majority of divorces that occur are between spouses with young children. Third, the developmental life cycle of the family has evolved. Today, the married couple can expect an average of _twenty_ years alone together after the children are launched (McGoldrick and Carter 1980, 174). Thus, the couple living away from related others is, for the first time in history, the longest phase of the family life cycle. This evolution puts tremendous pressure on spouses to redefine what their marriage means for them. At this same historical point in time, there is a lack of clearly defined cultural roles and values about marriage. Marriage really is an individualized endeavor - changing from one generation to the next. This causes marriage to become a phenomenon differentiating more and more from the institution of the family (Donati 1989).

In the past, the institution of marriage has been more structured and set within the larger multigenerational family (Mace 1959). With industrialization, certain family functions and needs to be taken on by outside institutions, thus making multigenerational family ties less crucial to survival (Toffler 1980). With this, marriage evolved into more of an act by individuals and less as an institution necessary for the sustainment of the community (Donati 1989).

Even within the marriage and the nuclear family, values and expectations have changed. Reading of the history of marital practice in social work graphically demonstrates the changes in values and expectations. In 1949, Gomberg wrote that the main source of the individual's self-esteem was from the family. One spouse taking a role function of the other spouse was considered damaging to the latter spouse's self-esteem. In fact, this role crossing was considered "marital pathology." (Gomberg 1944, 114) The family was seen as the best environment for achieving happiness; it was kind of a holding environment where all members could practice different emotions and aspects of self (Hamilton 1940, 96). These value statements were simple and clear - very different from today's marriages with their changing gender roles and dependence on work and other institutions to fulfill some of the functions and needs of family members.

Marriage really is a system in flux. Confusion and value changes about marriage are reflected in the changing laws reflected in palimony suits, premarital contracts and do-it-yourself divorce.

In the larger context, marriage has enormous impact on the family. Satir (1967) states marriage is the pillar of the family. Florence Hollis (1949), Mary Richmond (quoted in Siporin 1980), Frances Scherz (1970) and others have long noted both the following statements: 1) the health of the marriage is crucial to the emotional development of the children, and into the casework arena, 2) most family work ends up as, or is primarily, intervention on the marriage. However, as Hollis (1949) states,

> Marriage counseling is one of the most difficult areas of casework. (185)

Research studies on counselors from all disciplines confirm this statement (Reynolds and Crymes 1970, Haldane and McCluskey 1981).

The title of this research study is "Marital Counseling in Social Work: Exploring the Relation Between Education and Practice." This title contains two crucial ideas. First, marital counseling solely within the social work profession is studied. This is done to focus clearly upon the distinctive tradition and problems within this specialization of the social work profession. Second, although information is sought on what overall influences a social workers' marital practice wisdom; particular insight is sought on the connec-

tion between social work graduate education and marital practice knowledge development.

The first dissertation idea of discerning the marital practice thinking of social workers is problematic because:

1) The history of social work marital practice theory is confused, contradictory, overly diverse and unevenly described (see Chapter II for elaboration).
2) Research studies show confusion about how marital counseling is practiced in social work. Very little is <u>really</u> known (see Chapter II for elaboration).
3) Perhaps worst of all, social work marital practice theory is supposedly described in theory about family practice. However, this marital theory often has to be guessed at through analyzing family literature. This causes the identity of marital practice in social work to become hopelessly diffuse.

This lack of clarity in marital practice knowledge hampers further theory development on marital practice in social work. What can be built if the base is confused? It also forces research in this area to become exploratory by nature. Additionally, the de-emphasis and lack of clear delineation and significance of marital intervention affects larger human service policies. One example of this is the fact that most insurance companies do not reimburse for marital therapy. Lastly, without conceptual clarity, how can social work marital practice be taught? Or, does this result

in social work education just teaching marital practice theories from other disciplines?

This leads to the second research purpose expressed in the dissertation title: what is the connection between social work graduate education and the marital practice learning of social workers?

Research on social work education coverage of marital counseling indicates inadequacy. However, results are amorphous and unhelpful (see Chapter II for elaboration). Current social work curriculum policy gives schools great latitude in this area. Thus, there is probably great diversity in coverage and adequacy of coverage. Social work is "the family profession". Should we teach marital practice conceptually in school or just assume that it should only be learned in practice? Is what is taught found to be helpful (i.e., relevant) to clinical social workers and how they practice around marital issues? Prochaska (1978) states, "Most therapists are about as poorly prepared for marital therapy as most spouses are for marriage."(28) Is this true in social work?

To summarize, the significance of this research falls into two broad categories. First, this study seeks to clarify current social work marital practice conceptualization. This is significant in that it: 1) adds to the knowledge base in the literature; 2) updates the marital practice history of social work; 3) adds new knowledge about current

practice thinking on issues specific to work with couples; 4) assesses thinking about some of the foundations behind marital practice theory (specifically whether workers' focus rests on the individual, the dyad or both); and 5) specifies some of the problems of learning marital practice. The second major purpose of this study is to better inform social work education of social workers' marital practice thinking, their learning difficulties and the influences on their marital practice knowledge development. This is done so that social work education can be more relevant and current with social work practice. One of the major roles of research is to serve as a feedback loop between the field and education.

Definition of Marital Counseling

To enhance conceptual clarity in this study, marital counseling is defined as any clinical intervention where the focus and goal is primarily on changes in the dyadic relationship of a couple rather than change in an external problem. It is assumed that this involves at least one conjoint session (both spouses in the room), so that the multi-layered marital relationship can be seen and addressed. Within this marital counseling definition, the dyadic relationship may be worked on primarily by attention to relational process, by attention to the individual spouse(s) in the process, or both. Family counseling is

defined as any clinical intervention involving changes in the relationship between two or more related generations.[1]

This study's definition of marital counseling is recognized as "new." This definition is limited as such for the following reasons:

1) This particular delineation of marital counseling avoids conceptual overlap with individual counseling or family counseling.
2) The marital dyad living apart from related others is now the longest developmental life cycle in the family (McGoldrick and Carter 1980). This is a new phenomena with new problems. Counseling theory for this new, dominant family lifestyle needs to be spotlighted.
3) As long as marriage norms are in conflict and confusion, couples are forced to make choices for themselves and in relation to their reference groups. This, interfaced with the clinician's own marital value biases, becomes a complex and confusing task for the clinician. Therefore, clinician's thinking about this task and aspect of marriage are the focus for this dissertation.

---

[1]With both marital and family counseling, the terms therapy, treatment, intervention, work, counseling and practice will be used synonymously.

Looking at this confusion in marital norms, Mace (1959) takes a historical perspective. He describes the new developments in marriage as 1) the companionship approach and 2) the freedom to choose one's own mate. Donati (1989) points out that the traditional benefits of marriage used to be stability and "a confirmed continuity of affects and daily relations to face the problems of life." (3)

However, marriage is now culturally defined as an institution from which one should expect happiness (Mace 1959, 325; Donati 1989; McAllister, Mansfield and Dormor 1991). This adds a new historical dimension to the definition of marriage. This is problematic since long-term marriage, by nature, contains a certain level of monotony and identification, or loyalty, over individualism (Donati 1989, 7-9). Empirical findings show that current marriages with spouses valuing commitment to each other over commitment to marriage as an institution are characterized by better, mutually satisfying negotiations. This increases marital satisfaction (Qualls 1993; Lauer and Lauer 1986; Swensen and Trahaug 1986). However, when does this become disadvantageous to the individual?

> If one selects a mate and marries solely for personal happiness and personality fulfillment, then, when the mate no longer serves that function, the marriage is gone. (Bossard and Boll in Mace 1959, 313-314)

Donati (1989) labels this vogue in marriage as narcissistic; a couple bonded by "erotic individual love." (13) This occurs between spouses when the self is seen first (and

sometimes only) before the spouse is considered or understood. Donati labels this "weak relatedness."

Given these significant changes in the expectations and ideals for marriage, what now is marital normality? What are the current relational ethics of marriage? How do clinicians and couples in counseling think about these new aspects in the definition of marriage?

The expertise of the profession of social work is its ability to understand the person-in-environment. This is clearly seen in social work's history of intervention with individuals and their marriages.

The model of education for social work has evolved from a learning by doing apprenticeship model to a more formalized learning for doing model of graduate education (Gordon 1965, 20). The family perspective is the birthright of social work (Zilpha Smith 1890, Bertha Reynolds 1938). Napier (1978) contends that "it is possible that social workers' training is the most appropriate education for all family therapy since social systems are the direct focus of the field."(286) Does this idea bear itself out in relation to the marital practice of social workers? This question is the central inquiry for this dissertation.

As this study interfaces marital practice knowledge in social work and social work education, background on both areas will be given. On this knowledge base, the study questions will be outlined. Following this, an assessment of

the general marriage and family literature will be made. The purpose is to differentiate the marital practice concept more clearly from both individual treatment and family practice. These differentiating points will form the structure for the marital practice knowledge questions in the questionnaire.

CHAPTER II

FOUNDATION OF THIS STUDY: LITERATURE SYNTHESIS AND ANALYSIS

Marital Practice Within the Social Work Profession

Marital counseling can be traced in the practice of social workers as far back as the late 19th century. Yet, Manus (1966) claims marital counseling is at the level of "a technique in search of a theory." Is this true in social work? In actuality, social work has some tradition of theory about both marital relationship and marital practice.

Historical Overview: Social Work Theorists on Marital Practice

The following historical presentation of marital practice trends and theory in social work is not precisely chronological. Indeed, categorization is by theoretical model with loose regard for time sequence. This ordering is used to give clarity to a field which is confused, contradictory, overly diverse and unevenly described. Phases covered are: 1) the early years, 2) the psychoanalytic period, 3) the integrationist period, and 4) the family therapy period.

<u>The Early Years</u>

Family practice is the birthright of social work. The family perspective so defined early social work that the first journal of the profession was entitled <u>The Family</u>. In 1884, Josephine Shaw Lowell counseled her friendly visitors to "find out all about the man in the family...the man and the woman should be seen and advised with together..." (Fields 1884, 86). In 1890, social work asserted itself as "the profession addressing <u>family</u> as a whole...(versus) poor persons or defective <u>individuals</u> removed from family relationships." (Zilpha Smith in Rich 1956, 377)

Historically, Mary Richmond is given credit as the first social worker to bring marital/family counseling to the forefront. Richmond (1917) conceptualized family as having "a history of its own apart from the histories of those that comprise it."(158) She emphasized the primacy of assessing and enhancing the marital relationship, the precursor to most emotional problems of children. Richmond believed the foundation of marital/family work to be conjoint by nature (Siporin 1980, 4). Thus, even in early social work a theoretical understanding of the couple/family as a system or transactional phenomena was present. On the other hand, Richmond also stated that the target of intervention was the individual client (Sheffield 1937). Richmond (1922) saw the focus as resting on the individual client while paying attention to the environment (98-121).

In describing this early period before 1917, Bertha Reynolds (1938) summarized the casework of the social work profession as "group work with families."

The Onset of the Psychoanalytic Period of Social Work

In 1918, the American Red Cross was formed. With the occurrence of world war, hundreds of social workers joined and profoundly influenced this service. The mission of the American Red Cross was:

> ...to protect, preserve, and enhance the serviceman's family in all crises." Each family was to be individualized and appropriate resources supplied "including those intangible resources that are "essentially psychological." The loss of [family] relationship...[was] seen as of greater significance than the loss of the breadwinner. (Watts 1964, 307)

This statement was crucial. It ushered in formal social work recognition of family problems not tied to financial destitution. In 1918, Agnes Murray presented a paper at a National Conference of Social Work about the acceptability of social service above the poverty line (Watts 1964, 308). Demand for social work availability to all civilians increased. This brought a backlash of anti-middle class sentiment in social work. Vocal among these were Mary Richmond, who suspended the notion of a family casework with middle class clientele (Watts 1964, 310). She reasoned that the mission of social work as a profession was to serve the poor. Also, she contended that Red Cross service must be limited to the emergencies of war or else it

violated its informal partnership with the charity organization societies.

In 1919, these charity organization societies renamed themselves as family welfare and service associations. The American Association for Organizing Charity became the American Association for Organizing Family Social Work - now called the Family Service Association of America (Rich 1956, 83). This retitling clarified and claimed the family casework function, mission and domain for these organizations (Siporin 1980, 12). With the recession of the social work influenced American Red Cross, the prevalent family casework theory of social work submerged. In the 1920's and 1930's, social work services were more available to middle class families; however the social work profession had become infatuated with the psychoanalytic orientation with its emphasis on individual focus. Thus, the trend was away from family casework theory and toward psychodynamic theory. Mary Jarrett, founder of Smith College, clearly voiced this paradigm change at the 1919 National Conference of Social Welfare:

> The adaptation of the individual to the environment, in the last analysis, depends upon mental make-up. (Jarrett 1920, 587)

The inundation and integration of individually oriented psychiatric thinking into social work encouraged the marital intervention of the time to utilize a concurrent,

individual treatment modality. During those years, the writing of social work theorist Harriet Mowrer (1935) stood out for its ambitious attempt to develop an intrapersonal - interpersonal theory of marital distress. Florence Hollis (1949) also made a noteworthy attempt at developing a research-based typology of womens' problems in marriage. Although this typology was flawed by the severe gender biases of the period, Hollis brilliantly explicated marital practice theory.[2] Siporin wrote that Florence Hollis, Gordon Hamilton and Charlotte Towle pioneered a sort of psychoanalytic, psychosocial approach to couples at that time.

In order to begin to give marital practice theory in social work more depth and breadth, the works of Mowrer and Hollis will be described in part.

The Marital Theory of Mowrer (1935)

In the social work tradition of viewing the person-in-environment, Harriet Mowrer attempted to see the gestalt of influences that shape a person's marital difficulty.

> Better diagnosis and treatment result from seeing materials in terms of marital mechanisms on the one hand and social interaction on the other hand - both of these projected upon a varying cultural and experiential background of the individual involved.(vii)

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[2]Practice theory is defined as the clinicians' way of thinking about clients with the related general strategy to be used. This strategy targets more than one session. It is essentially theory in action and is synonymous with the term "general practice principle(s)."

Her goal for treatment was to help spouses "adjust" to the marriage either through personality change or change in attitude. Attitude change altered the significance and meaning of the conflict. With the problem viewed in a different way, it was either modified or ameliorated.[3]

In order to assess what "marital adjustment" was needed, Mowrer proposed theory on marital relations. She emphasized the importance of finding the root of the marital conflict so as to know how to address it. She wrote domestic discord issues could either be caused by the interplay of pre-marital personality dynamics and the marital relationship or by current marital patterns in and of themselves.

When assessing the effect of pre-marital individual influences on the marital system, Mowrer conceptualized each personality as composed of a number of roles. These roles were managed by one dominant role. The dominant role tended to come from the person's primary role in family-of-origin (i.e., the pampered child, the scapegoat, etc.).

Personality structures could cause domestic discord in two different ways: by disorganization of personality (i.e., more severe pathology) or by conflict patterns. Conflict

---

[3]Although written in 1935, this viewpoint is still being innovated today. Anderson and Goolishian (1988) theorize that a way of changing presenting problems in family sessions is redefining them so that the complaint either disappears or is more acceptable to the family. They label this process a "problem-organizing, problem-dis-solving system."

patterns included three types: 1) conflicting roles, 2) dual roles and 3) the escape-response pattern.

Conflicting Roles: People often had conflicting roles within themselves. People rationalized these conflicts so as to not face internal dissonance. Without this rationalization, the real significance and pain of these incompatible forces were unavoidable. These conflicting, internal roles could cause role conflict within the marriage when the roles and role expectations of one spouse conflicted with the roles and role expectations of the other spouse. For example, a man acted on both a conventional role and a narcissistic role by marrying and having children but also having affairs. As the man rationalized away the conflict, the casework approach was to bring this pain clearly into focus and either help the man modify these internal roles to be more congruent with the marriage or choose one role over the other. The danger in this latter approach was that the other role(s) was repressed and came out elsewhere.

Dual Roles: This phenomena was similar to the above except the person so compartmentalized these different roles as to not feel any internal conflict. An example of this would be the person who had values at church but acted in an unethical manner elsewhere. There was no internally felt conflict, but the spouse had a problem with one of the roles and wouldn't accept it. The spouse viewed this unacceptable "part" as the problem of the marriage. Thus, the spouse also

compartmentalized the issue: she saw her husband as the good man she went with to church; she saw the other part of him, the part that acted in unethical ways, as the problem with the marriage which needed to be ejected. By both spouses scapegoating this one role vs. seeing this as integrated into the individual and the marriage, little improvement could be made.

The Escape-Response Pattern: This category included three escape roles - illness, drink and phantasy. All were used to express a role that was repressed. Phantasy was seen as problematic when one lost touch with the recognition that it was a reconstruction. It was problematic for the relationship in that it shut the other spouse out and tended to put the other spouse in an inferior role.

Mowrer (1935) theorized three problematic marriage patterns that were primarily due to difficulties in "response relations." She defined this as a mutual reactiveness that was highly sensitive, highly complex and interwoven. It was exclusive of and idiosyncratic to the marital couple. These three response relations were: 1) sex-conflict pattern, 2) response-conflict pattern (chronic intrusion of others in the marriage) and 3) cultural conflict.

Clearly, there were numerous problems with this typology of marital pathologies. However, it was a noteworthy attempt to develop a theory of marriage in social work.

Mowrer's practice approach with these troubled couples was primarily focused on the individual person as the unit for intervention. Sessions appeared to be individual. Mowrer was unclear about her value concerning individual welfare vs. the welfare of the marriage. She asserted it was the client's choice whether to stay married or divorce; however, the goal of the counseling was to adjust the spouses to the marriage. Does this mean divorce/separation was casework failure?[4]

The Practice Principles of Florence Hollis (1949)

Hollis wrote, "Marriage counseling is one of the most difficult areas of casework."(185) She believed the worker must be versed in individual casework and individual theory to competently intervene in couples' problems.[5] She also asserted the worker must recognize rationalizations common to marriage, ways personality factors express themselves in marriage, and "normal" patterns of marital and sexual adjustment as well as aberrations. Also, the worker must be comfortable discussing sexual material.(166)

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[4]To maintain historical integrity, the terminology used in this section is that used by Harriet Mowrer.

[5]Haley (1984) and the Delphi study of Kinkle (1980) assert that training in individual treatment does not support and may even prohibit competency in family therapy. However, the research of Pulleyblank and Shapiro (1986) finds that social workers with largely individual psychodynamic training do equally as well or better than other professionals in the art of family therapy.

Hollis concluded from her research on marital counseling that the most glaring and frequent error in social worker method was "failure to elicit a broad enough picture of the marriage to provide a sound basis for treatment."(167) This was particularly crucial to marital intervention because,

> There is no one pattern of marriage adjustment. While one thinks of the ideal marriage as that existing between two mature individuals, there are also many so-called neurotic marriages that meet the needs of the two partners remarkably well and contain relatively little conflict. Not only may two neurotic people supplement each other's needs; many other combinations of immature mates are possible...The degree of conflict in marriage, in other words, is not an accurate measure of the fundamental dissatisfactions within the marriage nor of the wish to terminate it.(18)

Is this statement any less relevant today than it was in 1949? Hollis stated that assessment was particularly difficult and problematic in marital work; yet it was also crucial to effective intervention. Hollis recommended both spouses be interviewed as part of this initial assessment. She wrote that this direct contact was invaluable for diagnosis and for the rapport between client(s) and worker. Longer contact with the spouse of the client depended upon the spouse's need and "the total situation." Hollis asserted,

> Experience shows that both people involved in marital conflict are usually contributing to the trouble and presumably both need help in some degree. The question of whether and when to extend such help is complicated...The writer, however, would definitely not agree with those who take the position that it is impossible to help in marriage conflict unless both partners are

> willing to participate in treatment. Many cases in this study demonstrate the opposite...(182)

Is this practice wisdom still applicable? Hollis also developed a practice principle about whether both spouses should share the same worker. Hollis believed both spouses could see the same worker unless extensive work with one spouse was indicated or treatment became more extensive and insight-oriented. This latter type of treatment was best done by separate practitioners, so as to minimize rivalry and other "misunderstanding" issues.(183) While this last statement may still be subject to debate, it is clear the practice theory of Hollis is as illuminating today as it was when first published 42 years ago.

In Hollis's model, the unit of analysis and intervention was primarily individual. Although conjoint sessions were encouraged for assessment, sessions were inferred to be primarily of the individual modality. Counseling focused on the spouse dealing with problems that effect the marriage. Hollis's value stance was to keep the couple together and improve the affective state of the spouse(s). Like Mowrer, Hollis did make some minor mention of divorce or separation possibly being a successful outcome.

Unlike Mowrer and Hollis, Hamilton (1940) was more supportive of the conjoint modality. She viewed the unit of analysis as "the case," whether that be individual, couple, family or group. Hamilton (1940) wrote,

> ...approach to the family unit should draw both on group work and casework process, since there are considerations of family balance and behavior as a group as well as for the point of view of each individual member.(95)

She valued the sanctity of the family. The family was "still the best place to learn to love, to be loved, to accept oneself and other, and to work out problems of aggression, rivalry, dependency and submission."(Hamilton 1940, 96)

To conclude, social work theory development progressed even during the psychiatric inundation of social work. However, the theory was sporadic. Watts (1964) wrote,

> If social workers had retained consciousness of their experience with, and focus on, families above the poverty line who were coping with stress, the integration of psychoanalytic theory of the individual might have been more orderly.(314)

The Integrationist Period

In the early 1940's, social workers felt increased demand for marital counseling. This was due to post World War II adjustments caused by war veterans returning to their marriages. These marital reunions were at different stages of development: some were reworkings of marriages well established before military departure; some required growth into daily marital relations from basically wartime, absentee marriage; and some were leaps from absentee marital status to immediate, ongoing marital and parental/family units.

This popularity led to increased publication on the unit diagnosis and counseling of couples and families and a

decision to return to social work's tradition of marital and family practice. M. Robert Gomberg (1943) reiterated marital counseling in the Mary Richmond tradition. Patricia Sacks and Otto Pollack et. al. published on marital and family unit diagnosis and counseling. M. Robert Gomberg and Frances T. Levinson edited a book on marital and family diagnosis which predated Nathan Ackerman and his association with Jewish Family Service of New York City. This latter partnership was given credit for the maturation of Ackerman's theoretical brilliance about family practice (Siporin 1980).

> In fact, a great deal of reciprocal influence should be acknowledged between social work practitioners and the theorists and practitioners from other helping professions such as Ackerman, Bowen, Jackson, Haley, and Minuchin - many of whom were taught this content by social workers. (Siporin 1980, 16)

This period was notable in the history of social work due to the creation of a uniquely social work integrational approach. This approach combined systems, psychodynamic and sociodynamic theory (Siporin 1980). Prominent social work integrationist writers were Gomberg, Beatman, Leader, Sherman, Mitchell-Brody, Scherz, Schulman and Leichter.

Integrationism required an understanding of the individuals, interrelationships, roles, behavioral impacts within the family and the broader social/psychological situation of the family (Scherz 1953, 343). It adhered to Richmond's practice principle that "the worker is no more occupied with abnormalities in the individual than in the environment (and) is no more able to neglect one than the

other."(Richmond 1922, 98) With this, the goal of family-centered casework was to increase the functioning of the family unit by,

> ...direct or indirect treatment of individual family members, so planned, balanced and controlled that benefits accrue to the total group. (Scherz 1953, 343)

In order for the social worker to make good decisions about intervention, assessment was emphasized. It was from this assessment that focus and modality choices were made. These decisions were fluid and changed with ongoing revisions in assessment. In order to make a valid assessment, all members of the family were seen initially. Scherz (1955) wisely wrote:

> Since we have come to recognize that the person who comes first to the agency may not be the major client, we now examine with greater care what the client sees as his problem; what the problem means to him; how it affects total family functioning and what the client wants to do with it. (344)

When a marital complaint was voiced, Scherz urged seeing the other partner as quickly as possible; so the worker's understanding of the situation was increased.

To summarize, Scherz demonstrated an increased sophistication at understanding the dynamics which occured within families. Counseling success was family unit oriented: to restore or create a new family balance. The units of analysis were the individual, the relationships and the family as a whole. Modality choice and change were flexible and part of the individualization of the counseling. All this was determined through the worker's assessment.

Gomberg and Levinson (1951) posed questions about the use of this approach with couples. They asked who was the client, when should both spouses be involved, what determined the timing of this involvement and should one worker do all the counseling or parcel it out to other workers. It was significant that these same questions continue to be raised through history and are still active questions today. At different points in history these issues were addressed in different ways - dependent upon the theoretical framework of the writer. However, the level of specificity about these practice principles was generally poor, thus leading to further confusion.

Brody-Mitchell (1959) also propounded seeing the family together at the beginning of counseling. This was done to give the worker a larger assessment framework from which to evaluate client issues. Again, modalities were used flexibly and according to worker's assessment. The worker changed modalities in order to work on different adjustments of the marital/family members. This was done because the social worker was cognizant that change in one family member stresses other family members, who may then need help.[6] Unit of analysis was both the individual and the relation-

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[6]It is important to note that early writing about actual marital process was sophisticated but lacked theoretical labels. When processes finally did become labelled, it was as if they were being discovered for the first time. Brody-Mitchell's description of family members affecting each other in a chain reaction is now what is known as "circular causality" in systems terms.

ship. Success was framed in terms of enhancing the family. It is interesting to note that the social worker determined the choice of modality and focus - based on the worker's assessment. This is reminiscent of the psychosocial practice dictate of "study, diagnosis, treatment." Brody-Mitchell (1959) also pointed to lack of conceptual unity in the literature. She wrote,

> [There is a] tendency to separate the psychological from the social levels of abstraction. [This is more]...an expression of our own perceptual and integrative limitations than the result of any inherent dichotomy between more or less internal and external phenomena.(381)

Sherman (1979), in summarizing the integrational approach, wrote,

> [The] integrationist puts together behavioral and psychodynamic dimensions of the communications systems. Though no such unitary theory of behavior exists... family therapy also adds the dimension of interpersonality or relational behavior. (456)

What does this mean? The strength of the integrationist lay in their practice theory on individualizing client assessment and the resultant differential use of technique and theory. However, integrationist writing so emphasized these ideals that the explication became amorphous and confusing.

The Family Therapy Period

In later writing, Gomberg (1961) emphasized that the interaction in marriage was "a separate factor" from the personalities and psychodynamics of the spouses. Leader (1964) took this further into a marital/family approach

which was relationally focused, required increased activity by the worker and was conjoint by nature.

Bardill (1966, 1980) elaborated this focus with what he labelled "relationship-focused marital therapy." What was most interesting about this model was the theory that spouses acted differently with different partners. Thus, personality was seen as fluid and changeable. In Bardill's theory, it was the characteristics of this interaction that were key to the assessment, intervention and change of the marriage. Because of this, the conjoint modality was not only considered the modality of choice but was to be used consistently as it was a "procedure that is therapeutic in and of itself" (Bardill 1980, 224). This theory was noteworthy in that it was a social work model of the systems genre. It was highly attuned to the shape and character of the interaction; however it seemed to view individual dynamics as so controllable and malleable as to not undermine the focus and change process.

Pollack (1960), in his later writing, also theorized along this orientation. He proposed viewing the family rather than the individual as the client. As the interaction was to be the focus of diagnostic inquiry, conjoint sessions were the modality of choice.

Thus, social work, initially and continuing to be involved with the family, had found some theoretical integration with the family therapy movement. This family

therapy movement, starting in the late 1950's and 1960's, was characterized by its usage of general systems theory, family intervention in the treatment of mental disorders and "discovery" by psychiatrists and psychologists (Siporin 1980, 14).

Social work theoreticians Beatman and Sherman published two books with Nathan Ackerman in 1961 and 1967. A paper was presented in 1957 and reprinted in Bowen's 1978 Family Therapy and Clinical Practice book. This paper was considered the "formal debut of modern family therapy."(Bardill and Saunders 1988) This paper was authored by Bowen, Dysinger, Brody and Basamania; the last author in the series was a social worker.

However, as marital and family casework became repackaged as marital and family therapy, the rich tradition of marital and family practice theory in social work was again submerged. One need go no further than the landmark clinical social work textbooks to find proof of this (i.e., Roberts and Nee 1970, Rosenblatt and Waldfogel 1983, Turner 1983). Social work writers were but a small portion of the experts cited in the family practice chapter bibliographies. However, very prominent in the overall marital and family therapy field have been social workers Virginia Satir, Richard Stuart and Peggy Papp (Rait 1986). Other social workers making major contributions are Lynn Hoffman, Monica McGoldrick, Elizabeth Carter, Olga Silverstein, Harry

Aponte, Froma Walsh and Marianne Walters (Hartman and Laird 1987).

Richard Stuart is known for pioneering a behavioral approach to marital counseling. Satir (1967), though labeled an experiential theorist, categorizes her counseling perspective as integrational. In the integrationist tradition, Satir is modality flexible according to her felt assessment of the family's needs. Virginia Satir brings to the profession created to help the downtrodden a new possibility: clinical social work aimed at individual and family growth unrelated to symptom reduction. She based her clinical innovations upon observations of optimally functioning families. The optimal characteristics were: 1) nurturing of feelings of self-worth; 2) direct, clear, specific and congruent interpersonal communication; and 3) flexible, humane and appropriate family rules (Walsh 1982, 23-24). Satir's units of assessment are the family atmosphere as a whole (the shared affective experience) and relational roles and process (communication). Her experiential stance is oriented toward the present and focused more on interactions between persons rather than dynamics within persons. Success is defined as helping the family move to emotional health and beyond.

Froma Walsh also focuses on healthy families and makes a scholarly contibution to the definition of "normalcy" in family process. She brilliantly analyzes how different

marital and family therapy models assume their own definition of "normal" and then base their theoretical and interventive strategies upon these value biases. Walsh (1982) labels the four major clinical judgements about what is normal family process as 1) symptom absence, 2) self-actualization, 3) non-deviance from the current sociological norms, and 4) system functionality. Walsh urges better delineation and assessment of exactly what is marital and family normalcy. She warns,

> Clinicians need to recognize the abstract and subjective nature of any fantasy of health...[clinicians need to be aware of their] value orientations, so as not to set inappropriate treatment goals. (Walsh 1982, 37)

Walsh (1980) writes that what may be a functional pattern at one stage in the family life cycle may be dysfunctional at another phase. McGoldrick and Carter (1982) seek to delineate a model of family developmental changes over time. However, while they emphasize numerous demographic changes in marriage, their theoretical development is around the larger family system. Thus, the richness and complexity of developmental changes within the marital relationship itself is not explicated. McGoldrick and Carter (1982), however, do make the point that internalized transgenerational history should be assessed when couples are having difficulty with life cycle stress points. These internalizations can cause developmental phases to be more anxiety-provoking for the couple.

Research

What are the research findings on the thought and action of the marital counselor? Michaelson (1963) analyzed the case records of marriage counseling clinics for the years 1940, 1950 and 1960. Records were not specified by the discipline of the worker. Michaelson found a difference in worker focus in 1960 compared to 1940. In 1960, worker emphasis was on the present period of the marital couples' lives compared to the 1940 emphasis on the marital couples' "history of earlier marital relationships and family background"(Michaelson 1963, 179). In 1960, workers focused more on situational problems, less on interactional problems and equally on psychological problems as workers in 1940. However, techniques used in 1940 and 1960 were the same: primarily advice-giving, support and interpretation. In 1960, more conjoint sessions were used to augment or replace individual sessions. Also, duration of conjoint counseling was longer in 1960. However, the individual modality remained the main type of interview format for marital work in both 1940 and 1960. This research indicates a shift in theoretical framework. However the exact nature of the overall shift is confounded by contradictory variable changes when comparing the data collected during target years 1940, 1950 and 1960.

Stephans (1986) found the majority of clinical supervisors (discipline unspecified) in a sample of child and family service agencies utilized a non-systems theoretical

model for supervision. This is important as McKenzie (1987) finds that clinical supervisors employ supervisory emphases consistent with their own theoretical models. How many of these supervisors are social workers? What impact does non-systems oriented clinical supervision have on family service social workers?

Ehrenkranz (1967) studied the process records of workers in seven large family service agencies (discipline of worker unspecified). In 40% of the 57 joint interview cases studied, on-the-spot clarification of spousal interaction or distortion did not occur at all. Eighty percent of the cases showed no attempt to define the focus of treatment. These data indicate techniques more commonly used in an individually-oriented approach.

Robert Brown (1973) found a similar individually-oriented strategy in conjoint family therapy. In actual counseling sessions, 83% of the interventions addressed only one person in the family, and few interventions were made to stimulate dialogue between family members.

Marcia Brown (1986) assessed client communication in conjoint marital sessions. She reported that spouses typically talked about each other to the worker (discipline unspecified) during the videotaped interviews. This study is limited by the sessions being selected from "early" in treatment.

Overturf (1978) did an exploratory-descriptive study with the aim of developing a social work conjoint marital counseling typology. She interviewed a small, random sample of social workers; utilized social work literature; consulting with ten of "the most expert" social workers; and linked her data to general systems theory concepts. She found an identifiable sequential process entailing five phases.

> These findings were impressionistic concerning clues for moving from one phase to the next. Movement from Phase I (Therapeutic Contact) to Phase II (Communication Skills) occurred when the two partners agreed to work on the marriage relationship rather than changing their spouses. Movement from Phase II (Communication Skills) to Phase III (Identification of Feeling) occurred when the partners began to talk to one another rather than to the worker and when they could verbalize about the communication process. Ability to verbalize about the process also marked a shift from Phase III (Identification of Feeling) to Phase IV (Negotiation of Behavior). Termination was often abrupt...[7] The worker tended to be more active in the beginning; clients more active later...

The social work research of Overturf is interesting but has significant biases. First, Overturf conducts semi-structured interviews, without any formal content analysis, in which she attaches a systems framework to social workers' description of process. As this is model building, common themes vs. divergencies are drawn out. Overturf then has other social workers react to this already systemically

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[7]The social worker was usually the one suggesting termination. [Th]is was done as the clients were no longer bringing problems to [th]e session, and the worker was no longer finding a need to [in]tervene (Overturf 1978, 111).

oriented, sequential typology. Thus, the nuances of the worker's conceptualization are not captured.

Interestingly, Overturf (1978) also finds that social workers see marital problems in terms of either "individual psychodynamics or dysfunctional interactional patterns."(81) A common social redefinition of the marital problem during the assessment phase is to label it in terms of "faulty communication and unmet needs." However, Overturf reports,

> There were several workers who, while agreeing with the typology, did not report this (communication skills) phase in their descriptions of the process of their cases. They responded, in all instances, with some form of this comment: "This couple had already had therapy and they knew how to use communication." (107)

With whom had these spouse(s) had therapy? Significant is the finding that social workers who graduated after 1960 observed the communications skills phase in the sequence more often than respondents who graduated before 1960.(91) Overturf also writes that most of the couples presented with long-term marital problems representing a slow deterioration of the marriage. Change occurred more in terms of the couples' feeling differently toward the problem over the problem being resolved (123). Overturf interprets this as change in the strengthening of the marital system more than conflict or problem resolution. Mowrer (1935) would label this adjusting the spouses to the marriage by changing attitudes. In one-third of the couple cases reported, individual psychotherapy was requested by a spouse. While Overturf makes a noteworthy attempt at developing a sequen-

tial typology of conjoint marital counseling, workers' conceptualization does not appear to be of a unitary theoretical perspective.

Stanton (1972) induces practice principles from the social work marital and family literature of 1960 to 1970. He reports that 100% of his social work practitioner interventions are found in this literature-derived listing of practice principles. Unfortunately, this research may not be generalizable as the only social work practitioner studied was Stanton himself.

Phil Brown (1990), in a small qualitative interview study, interpreted that clinical social workers were split in terms of being more directive or not more directive, more active or not more active than in their individual practices. He concludes,

> Family therapists expressed divergent views on their definitions of a family, assessment procedures, theoretical preferences, presenting problems, treatment goals, self-disclosure, length of treatment, approaches to family resistance and perspectives on therapeutic change...family therapy practice may well be more idiosyncratic than commonly believed. (306, 307)

In conclusion, it is unclear how practitioners conceptualize their work with couples. Not only is the research unclear about the discipline of its practitioner samples, it is also highly contradictory.

Summary

The history of marital practice in social work suffers from a literature which lacks clarity, differentiation and

thoroughness. Numerous concepts and diverse nomenclature in the family practice area add complexity and confusion to theoretical analysis or generation. Different authors use different terms to describe the same phenomena and the same terms to describe different phenomena. Authors change their theoretical stances at different periods of their writing. Conceptualization is often expressed in an overly general way. Large component parts of this conceptualization are missing. Perhaps worst of all, social work marital practice theory often has to be guessed at through analyzing theory about family practice. The identity of marital practice in social work thus becomes hopelessly diffuse.

Watts (1964) emphasizes the importance of social work using its past trends to give perspective to its present and future. It is only by concentrated focus on a small number of ideas or themes running through the literature of the discipline that the specialized knowledge base of a profession can be advanced (Gordon 1965, 23).

One theme in social work history is the acceptance of some conjoint sessions. Awareness of systemic influences is part of the social work tradition. Saba and Liddle (1986) find family therapy trainers and supervisors believe the most crucial yet painful learning task for students to be the shift from an intrapersonal to an interpersonal frame of reference. Do social workers find the interpersonal frame of

reference alien to their thinking? What is difficult for social workers in learning marital practice?

Despite influence by the predominant clinical vogue of the time, the theme of modality flexibility keeps reemerging in social work marital and family practice. This is determined by the worker's assessment of the couple. Does flexible use of modality still occur? Which modality now predominates?

Historically, while voicing allegiance to client self-determination, social work marital practice theory has emphasized the goal of improvement/sustainment of the marriage. Do social workers still remain loyal to the marital unit in the current sociological climate of self-actualization?

Within the person-in-environment perspective of social work, what aspect of the marital transaction is now salient in the worker's conceptualization - the individual in the relational process or the character of the process itself?

Manus (1966) describes marital counseling as a technique in search of a theory. The trend in social work literature on marital counseling moves from theoretical framework to a systemic technique.[8] Subsuming marital counseling under the aegis of family therapy further encourages emphasis on one dimension of marital intervention. However, it is

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[8]The 1980's have brought a period of re-evaluation to the marriage and family therapy field in general. With this, there is a new attempt to integrate different part-theories.

unknown whether advanced clinical social workers think about their marital work in this way or from the broader frame of reference of clinical social work.

To conclude, the social work theoretical and research literature on marital practice conceptualization is spotty, contradictory and unclear. Further research is needed. It is a purpose of this dissertation to explore the way practitioners think and provide a base for the development of a social work theoretical foundation in marital counseling. Conceptual clarity is necessary if education is to occur.

Coverage of Marital Counseling in Social Work Education

Marital and family dynamics are readily seen in all social work specializations. In the medical setting, illness can be assessed as family as well as individual process. Schools cannot educate children without the support of the family. Probation officers know family intervention is crucial to success with juveniles. Employee assistance specialists carefully assess troubled employees' marital and family environments.

Ehrenkranz (1967b) states a counter-indication for the use of marital counseling is worker difficulty comprehending the complexity of the marital treatment focus. Does social work education prepare social workers for competent, generic practice in the marital area? Is this preparation relevant to the marital practice needs of social workers?

The following section briefly encapsulates the history of curriculum philosophy in social work education plus research on marital and family practice coverage within this curriculum. From this knowledge base questions about education on marital practice will be generated.

Curriculum Models in Social Work Education

Before 1900, the education of social workers was done in practice. Experienced social workers took on neophyte apprentices for purpose of transmission of practice wisdom. In 1900, formal schooling in social work began. The first course taught by the first social work school in the United States was entitled "The Treatment of Needy Families in Their Own Homes." (Bardill and Saunders 1988, 319)

Most early schools were free-standing institutions with ties to casework agencies. These schools evolved into university affiliated programs with standardized course work. This became mandatory in 1937 with the ruling of the American Association of Schools of Social Work (Lloyd 1987). In 1931, a social work curricula research survey found "family casework as the only subject in which every school offered at least one course," with no other "subject or field recognized as indispensable by all the schools."[9]

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[9]Karpf, Maurice. The Scientific Basis of Social Work. New York: Columbia University Press, 1931. 329. as quoted in: Siporin, Max. "Marriage and Family Therapy in Social Work." Social Casework. 61. no. 1 (January 1980): 14.

Problematic for social work schools was the "extreme specialization that the agencies have demanded" for training in family welfare, training in child welfare, training in psychiatric social work, etc. (Abbott 1931, 30) Abbott asserts this extreme specialization made it difficult for social work to attain recognition as a full profession. To be a profession, a generic, teachable knowledge base was required. Also, generic knowledge was necessary for social work to get beyond the "technical bent of the apprenticeship model of social work." (Abbott 1931, 33)

In 1929, the Milford Conference urged curricula to include social work knowledge necessary to all fields, social work knowledge necessary to one specific field and integrative connections between this generic-specific content (Constable 1978, 25). Abbott believed all clinical social work to be unified by casework method. She wrote that education in the casework method would help the social worker understand individuals, understand families and have some basic understanding of specialized problems (Abbott 1931, 49).

Thus, from 1929 on but particularly in the 1950's social work education focused on method as a way to pull together the field (Constable, personal communication, February 1991). Family and marital practice education became subsumed under this unifying, generic casework method of education. Generic casework principles primarily emphasized

the interface between practice and theories of individual behavior (Weber 1979, 18). The adequacy of this education for the complexities of marital and family practice is unknown.

In 1944, the American Association of Schools of Social Work advanced the "basic eight" curriculum. This entailed: social casework, public welfare, social group work, community organization, administration, research, medical information and psychiatric information. In 1952, the Council of Social Work Education reduced this to social services, human behavior and social welfare policy and services (Lloyd 1987). This curriculum policy statement did not specify course work. This set a trend of increased latitude to individual schools in designing curriculum structure and content (Lloyd 1987). Thus, how schools develop their generic education and the status of marital theory and practice within this framework is unknown. In 1955, the National Association of Social Workers (N.A.S.W.) formed. To further unify the social work profession, N.A.S.W. abolished specialty sections in its nationally distributed journal, Social Work.

Beginning in the early 1960's and going on for the following thirty years, the idea of generic education developed into first year, combined methods social work courses and second year specialization courses. How schools decided to define and combine methods in the first year was discre-

tionary. For example, a school might divide methods by micro- or macro-level intervention status. Micro-level methods would include individual, family and group counseling knowledge and skills. Macro-level methods would encompass community organization and administration knowledge and skills.

After the student mastered these generic (combined method) courses, the student would take specialization courses. These second year courses were built upon the first year theory and knowledge base. Second year courses were elective, so students could choose them according to professional interest.

In this curriculum model, all clinical modalities were to be covered in the units of first year, combined method courses. However, as delineation and division of methods were left to the individual schools' discretion, it is unknown how the various combinations of modalities utilizable in marital and family practice were viewed. Even within these method categorizations, further school-specific definition of counseling modalities would effect their presentation. For example, if marital practice were defined simply as a conjoint technique, technical skill acquisition would be the educational goal. If marital practice were viewed as a perspective, teaching a new conceptual framework would supplant technical skill acquisition as the primary goal (Kniskern and Gurman 1980).

In the late 1970's, the person-in-environment perspective overtook the method-oriented approach as the overarching frame of reference for social work education (Lloyd 1987, 698). The Joint Task Force on Specialization of the National Association of Social Workers and the Council on Social Work Education (1979) suggested reorganization of curriculum policy to center around person-in-environment because:

> The fundamental zone of social work is where people and their environments are in exchange with each other. Social work historically has focused in this transactional zone...It is the duality of focus on people and their environments that distinguishes social work from other professions...(20)

Thus, this person-in-environment perspective would be the foundation of social work education. Upon this foundation, criterion for specialization were clearly elaborated (Joint Task Force on Specialization of the N.A.S.W. and the C.S.W.E. 1979). Specialization course groupings were to focus on problem areas between persons and environments where social work could contribute effective intervention. The problem area was to be persistent, consistent and significant enough to warrant graduate school preparation. Also, the appropriate intervention had to be varied and complex enough to necessitate specialization. Specialization was the route to basic competency in this practice area. However, social work education was to help students specialize while maintaining their broader social work competency and overview. In other words, specialization was to give

stdents more refinement within an overall, integrated knowledge base (31).

The Joint Task Force (1979) left unfinished a more complete definition of the core of social work. Is marital and family work core to social work or specialized? Also, the Joint Task Force left "the substance as well as the quantity of the knowledge requirements for specialization to be spelled out" (31). Thus, if marital and family work were a specialty, what and how much coverage would be needed?

In 1984, the Council on Social Work Education formulated a curriculum policy statement specifying that social work education provide a professional foundation with one or two concentrations. These concentrations could be organized by fields of practice, problem areas, population groups or practice roles (Lloyd 1987). Within this, family and children's services were defined as specialization. By labelling marital and family practice as specialized rather than generic to social work, coverage of marital practice theory and competency may be discouraged in foundation courses. Meyers (1987) expresses concern about this as a marital and family focus is generic to social work practice; just as marital and family issues are generic to most peoples' lives. Further, Siporin (1980) believes that specialization courses, with their elective status, emphasize a method-

orientation to the detriment of their having a field setting function.

This issue becomes more difficult to define or assess given the latitude individual schools of social work have in developing their course content. It is unknown how divergent curricula are regarding marital practice education. To begin to assess coverage of marital practice in social work curricula, the research on this area is presented.

Research

There are four research studies on marital counseling coverage in social work education. All studies utilize representative, national sampling of accredited graduate schools of social work.

Prochaska and Prochaska (1978) sampled 52% of the 82 accredited schools of social work. They found 19% had courses concentrating on marriage or marital counseling.

Weber (1979) found 96% of social work graduate schools offered at least one graduate family counseling course; though most were electives. No professor, of the subsample of fifteen interviewed, felt his or her course offering adequately prepared a student to do family counseling (99). Within education for family practice, no mention was made of marital counseling coverage.

Siporin (1980) found 90% of the social work graduate schools offered some marriage and family counseling instruction in basic methods courses. Most direct practice students

took electives in marital and/or family counseling instruction; however, only 41% of the schools indicated that the demand for marital counseling instruction was satisfied. Additionally, faculty expressed much dissatisfaction about lack of suitable textbooks and theoretical and technical rationale.

Lastly, Bardill and Saunders (1988) found that two-thirds of the social work graduate schools offered courses with family therapy in their title, but over 93.3% offered course work with significant marital/family content. The extent of the marital content was not specified. Bardill and Saunders (1988) conclude, "Clearly, most schools of social work provide family counseling content and some exposure to family situations during internships." (324) It is unknown how much of this family practice content and exposure concerns marital counseling.[10]

To conclude, these studies surveyed social work school administrators, written curriculum materials and a smattering of professors specialized in marital and family counseling. These studies did not ask the graduates of these schools (the consumers) for assessment of the education these students received. It is unclear if students receive any preparation for marital practice from their social work education.

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[10]As a reference point for comparison, the A.A.M.F.T. requires six graduate level marital and family courses (three on theory and three on therapy).

Synopsis of Study Direction

Marital practice theory generation has occurred in social work since the late 19th century. However, social work marital practice literature is fraught with confusion, contradiction and gaps of knowledge. This study seeks to delineate current social work marital practice conceptualization of experienced practitioners. This information is meaningful in that it clarifies and adds to the knowledge base on marital practice in social work; it historically updates this area; and most importantly, it gives us a picture of what experienced social workers think works in marital intervention.

The other major issue addressed by this study is the relation of this marital practice with social work education. Since part of clinical social work expertise has always been family casework, one can only assume that social work education should contribute to beginning practitioner skill in the marital practice arena. Does this preparation occur? Is it relevant to practice? This study seeks to evaluate the connection between social work education and marital practice and infer gaps by way of workers' early marital practice confusion. This information can then be conveyed to social work education with recommendations for improvement.

Research Questions

The major research questions are:

1. Do experienced clinical social workers perceive a connection between their graduate school experience and their marital practice?
2. What sources of information do experienced clinical social workers believe influence their understanding of the dynamics that occur between marital partners?
3. How do experienced clinical social workers think they approach problems specific to marriage?
4. Do experienced clinical social workers see their focus resting on the individual, the dyad or both in conjoint marital counseling?
5. What are early marital practice learning difficulties?

The Need to Delineate Marital Counseling

This study defines marital counseling as a clinical intervention in which the focus and goal is primarily on the dyadic relationship rather than on an external problem.[11] Marital counseling involves the use of at least one conjoint session, so that the worker can see and address the multi-layered marital relationship. The purpose of this section is

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[11]Marital counseling is assumed to be work with legally married couples. This is done to be in line with historical writings on marital work. This study does not target couples counseling with committed, homosexual or committed, unmarried heterosexual dyads. It is up to the reader to discern whether to include these living arrangements as essentially "marital" in nature or not. This is beyond the scope of this study.

to delineate the marital counseling concept further. This is done by differentiating marital counseling first from individual counseling and then from family counseling. These differentiating factors become the structure through which social work marital practice history is assessed and questionnaire items are generated.

Historically, social work has always considered marital counseling a part of family social work rather than a separate modality (Overturf 1978, 4). In fact, the Social Work Yearbook publications of 1954, 1957 and 1960 and the 1971 through 1987 Encyclopedia of Social Work editions have no separate listing for couples work of any kind. Marital counseling can only be found subsumed under work with families listings. This lack of differentiation confuses and minimizes the aspects of marital practice that are specific to working with the marital subsystem.

The rationale for this in the general marital and family literature seems to be that both are within the same paradigm. Jacobson and Gurman (1986) write that both marital counseling and family counseling share a conceptual foundation in systems theory. However, while marital and family counseling share much in common, there is some variation in couples work when looking at the marital subsystem alone.

When comparing marital counseling with individual counseling, theory tends to become dichotomized. Hartman and Laird write in the 1987 Encyclopedia of Social Work,

> Individually oriented psychological theories do not provide enlightenment about family systems approaches and, conversely, family systems theories (although they have much to say about individual actions) do not tell much about inner psychological processes. To slip from one level to the other level often leads to reductionism. (586)[12]

In practice, the counseling of a marriage is both an intrapersonal and an interpersonal endeavor. The increased cognitive complexity of working with couples utilizing an intrapersonal and interpersonal framework is apparent. Delineation is needed for the special conceptualization tasks that arise when the clinician shifts from an individual to a dyadic target of analysis in session.

Marital counseling, even after demarcating the focus, is still a broad and evolving concept. Marital practice can be defined by degree of conceptual framework status or by any of the component parts (human behavior theory, practice principles, techniques and/or understanding of change process). Marital work can also be differentially defined according to its sponsoring clinical model. These models originate from social work practice, outside theorists or

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[12]There is a growing body of marital literature which is trying to integrate this theoretical schism (Feldman 1979, Wachtel 1979, Pinsof 1983, Siporin 1980, 1981, Mulder 1985, Kovacs 1988, Nichols 1988, Belsey 1990, etc.).

agency defined clinical work. The various clinical models emphasize different aspects of marital practice.

Differentiating Marital from Individual Counseling

A clinician can define and address problems from an individually oriented perspective or from a transactionally oriented perspective. As Sider and Clements (1982) theorize,

> ...every marital or family problem is simultaneously an individual problem for one or more persons. Conversely, dysfunction at the individual level will require adaptive accommodation at the marital or family unit level or else dysfunction at the higher level will result. (1456)

What are common tasks the clinician must address when moving from a more individually-oriented psychodynamic approach to a dyadic modality utilizing transactional conceptualization?

Essentially, differences between individual and marital counseling fall into five categories. The first category is clinician's level of activity. It is well documented that conjoint marital counseling encourages a more active worker stance (Ehrenkranz 1967, Erickson 1973, Haldane and McCluskey 1981, Wachtel 1979, Siporin 1981, Gurman and Kniskern 1981). In fact, research shows that higher clinician activity level in marital and family sessions is both more effective and more respected by the clients involved (Shapiro and Budman 1973).

This higher activity level necessitates mastery of three practice skills by the clinician. First, the marital counselor must provide some structure in early sessions

(Overturf 1978, Gurman and Kniskern 1981). The clinician must be able to keep the couple relatively focused so that discussion does not become non-therapeutic - i.e., does not revert to the couple's chronic, problematic interaction at home that caused the couple to initiate counseling in the first place. This focusing by the clinician can be difficult to do. The clinician is impacted by varied emotional pulls from the spouse(s). These pulls are more difficult in conjoint sessions than in individual sessions. More clients are present in conjoint sessions to simultaneously have expectations of the worker. This can effect the worker's concentration (Leader 1964, 331).

Individual, psychodynamic treatment allows the client much more latitude to digress with the notion that this may be representative of an important issue for the client, a type of communication to the therapist (such as resistance) or an important characterological issue which may not or may gently be addressed. In other words, regression is more controlled by the therapist's use of focus and directiveness in marital work more than in individual work.

The second marital practice skill is gatekeeping. Gatekeeping entails the shaping of in-session dyadic communication. Discipline and censorship are utilized in the communication style the couple learns to use with each

other.[13] In individual, psychodynamic therapy, the client is not only allowed but encouraged to use uncensored communication with the clinician.

The third practitioner skill is tolerance of less control in marital sessions. It is paradoxical that even though the clinician is more active, the clinician also has "less control over the content and emotional tone of sessions." (Wachtel 1979, 122) Wachtel explains that in individual counseling the roles and responses of both clinician and client are shaped by each other. The clinician reinforces the client's role and expression by both verbal and nonverbal cues. In marital sessions, the other spouse also shapes the client's reactions. Due to the spouses' often longer and deeper relationship with each other over that with the marital counselor, all receptivity may not be directed at the clinician in the room. Complexity for the clinician is added when unable to decipher, or sometimes even slow down, the intuitive ascription of meaning that goes on between spouses (Siporin 1981).

The second major category differentiating marital from individual counseling has to do with the dual nature of conceptualization by the clinician counseling couples.

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[13]Even in psychoanalytic marital models which tolerate more client regression and affective acting out, clinician focusing and gatekeeping is subtly done. Scharff and Scharff (1987) state marital object relations therapists must utilize a certain amount of "therapist's activity...aimed at beginning the work...intervening in repetitive quarrels to request other kinds of input..." (p. 184)

Different aspects of the interaction are focal. In individual work, the clinician is attuned to what the client is meaning; in marital counseling the worker is also very concerned with how the couple communicates with each other (the action focus). The action focus looks at effects and possibly intentions; the internal meaning focus looks at intentions and possibly effects (Sluzki 1978). The transactional dimension of dyadic treatment adds another conceptualization: that of a circular theory of causation. Individual psychodynamic theory espouses a primarily linear understanding of causation (i.e. - because of this, the client becomes this...). Circular impact means that, as spouses are interrelated, change in one spouse affects change in the other spouse (plus others in the family). This, in turn, affects the first spouse in a "circular chain of influence." Thus, every action in the sequence is also a reaction; causation is circular (Froma Walsh 1982, 9). Also, each action in the sequence requires a flexibility of adaptation in the related other(s). Walsh (1982) labels as dysfunctional marital/family sequential process in which reacting others become rigid and, thus, inhibit change. This causes the distress to continue, though sometimes played out by another family member.(11) This circular process leads the marital counselor to an awareness about how the other spouse feels when the counselor is interacting with one spouse, and the ramifications of this. In individual coun-

seling, circular process goes on only between the counselor and the one client.

Social workers' conceptualization ranges from perceiving individual behavior in the individual modality to perceiving a larger context of behavior in marital or family counseling (Erickson 1973). Sider and Clements (1982) view individual vs. "social unit" therapy conceptualization in general systems terms.

> ...there is a hierarchical ordering of natural systems based upon levels of organization. Each level in the hierarchy represents an organized dynamic whole, a system of sufficient persistence and identity to justify being named. Its name reflects its distinctive properties and implies qualities and relationships characteristic for that level of organization. (1456)

Thus, it is possible for the marital counselor to have a dual conceptualization. The clinician may flip back and forth in session between conceptualizing the individual spouse(s), conceptualizing the dyadic relationship and conceptualizing the spouse(s)' relation to the dyadic relationship. Individual psychotherapists conceptualize primarily at one level of organization; marital counselors conceptualize primarily at two levels of organization.

Emotional intimacy and the boundary around the intimate unit are a third categorized distinction between individual and marital counseling. The <u>Psychiatric Dictionary</u> (Campbell 1989) defines intimacy as a "subjective state of closeness to another person that gratifies a wish for warmth and relatedness and provides an opportunity for expression

of sexual and aggressive drives. Intimacy depends on an established sense of self, trust in the other person, and conviction that one will not be injured in the relationship. One can then relinquish control, at least temporarily, and allow dependency on the other to form. Intimacy can exist without sex..." (382)

Individual psychotherapy provides a feeling of intimacy (without sex) for the client in the worker-client dyad. In marriage counseling where marital preservation and/or improvement is desired, the goal is for intimacy to be experienced in the client-client nexus. When this process does not occur, it is labelled triangulation with the counselor. Triangulation can be viewed on a continuum theoretically. On the one extreme is the view that the clinician must encourage a strong but differentiated relationship between the spouses. The clinician tries to stay out of the dyadic interaction. If the clinician doesn't do this, he will not know if the couple is improving their relationship or if they are feeling happier due to the clinician's gratification. At the other extreme is the theoretical view that the clinician should have each spouse speak to the worker about the marital issues. The worker then intervenes with each spouse. This triangulation method is thought to help break down the dysfunctional marital pattern by lessening marital interaction and changing the individuals. A new marital interaction is then theoretically deduced to occur

on its own. A variation of triangulation is seen in the common practice of one worker counseling one spouse for a long period. The worker then asks the other spouse to join the counseling process with the worker. Whatever approach to triangulation is chosen, the marital counselor has an added conceptualization issue. The clinician must discern what the circular process between the couple is regarding their evaluations of the clinician's rapport with each spouse. This complexity around these connections leads some writers to prefer the perspective that couples are less emotionally involved with their counselor than individual clients are (Bloch and LaPerriere 1973, Wachtel 1979). What is germane here is that no matter what the strategy, the goal in the marital counseling for a marriage which remains intact is for intimacy to reside between the couple. The marital counselor recedes in importance as the couple builds their relationship to each other. The clinician becomes more of a coach toward the end of the counseling. This causes termination in marital counseling to be rapid (Overturf 1978). Individual counseling slowly ends with the client internalizing an intimate object representation of the worker which the client carries with him through life. Thus, it is deduced that the termination phase in marital counseling is shorter than the termination phase in individual counseling.

A fourth major difference is goals. Individual treatment entails singular goals; marital counseling goals are

expressed in more interactional terms. The goal is to change the transactional system (its sequences and patterns) and with this some degree of individual change is also expected. The clinician also works to help the clients internalize a view of their marriage as a system which needs to be nurtured and attended to also.

Lastly, the individual counselor experiences much less value conflict in terms of loyalty. The worker with an individual client is expected to serve his client; the marital counselor has a dual loyalty, to his individual clients and to the couple relationship. What is for the good of the individual is not synonymous with what is for the good of the marriage. The marital or family counselor must individualize each couple or family using a hierarchy of values related to each systems level (individual, marital, family). Sider and Clements (1982) state clinicians like to believe they are neutral and not attached to outcome. However, biases are hard to discern as are many countertransference issues. Sider and Clement (1982) write clinicians have a tendency to "vacillate between them (individual or couple loyalties) or deny the gravity of the conflict by consistently siding with enhanced function at one level"(1458). This ethical conflict reflects the broader issues facing marriage and marital counseling in this country. Thirty-two years ago, marriage was considered

permanent. Thirty-two years ago, the goal of the marital counselor was to sustain the marital unit (Martin 1976). Now, Sider and Clement (1982) write,

> In the current social climate, which swings between the value of individual growth, fulfillment and autonomy and the value of social cohesiveness and sense of community, it is not surprising that individuals are aware of a range of options and will not automatically choose to make personal sacrifices for gain at the marital or family unit level. (1458)

With these current swings in values about marriage, what loyalty bias should the worker have? Should the worker try to preserve the marital unit of the clients or side with spouse(s)' freedom to look at options and make choices. One can say the worker should side with the couples' preferences; however this is often complicated to discern as couples in counseling have conflictual expectations.

To summarize, marital counseling differs from individual counseling in five major areas:

1. Marital counselors' stance is more active in structuring sessions (particularly in early interviews).
    a. Clinician focuses discussion through education and shaping. Clients are expected to use some discipline.
    b. Clinician gatekeeps by discouraging certain types of client communication (i.e. - destructive or repetitively nonproductive).

c. Clinician <u>needs to learn to become more tolerant of having less control</u> over emotional tone and con tent of sessions.

2. Marital counselors' in-session thinking process entails dual types of <u>conceptualization</u>.

   a. Marital counseling focuses on <u>process</u> (action) over <u>content</u> (individual meaning). Individual psychodynamic psychotherapy holds meaning supreme; process is also attended to but not with as much frequency.

   b. Marital counselors conceptualize <u>two levels of organization: the individual and the dyad</u>. In practice, counselors may flip back and forth between these two levels of organization. Individual counselors orient themselves to understanding the working of a one-client system.

3. In marital counseling where enhancement of the marriage is sought, <u>the intimate relationship is the couple</u>, whether this is developed through the counseling (a process of triangling then detriangling the therapist) or maintained as a solid boundary throughout the treatment. Because intimacy is largely between the couple, the counseling <u>termination phase is briefer</u>. In individual counseling, the intimate relationship is experienced by the client with the worker. Termination is slower.

4. Marital counseling espouses interactional goals with, hopefully, some degree of individual change. Individual counseling has singular goals.

5. The individual therapist's primary responsibility is to his or her client. The marital counselor has a dual loyalty, to the individuals involved and to the integrity of the marital relationship. This dual loyalty produces value dilemmas for the marriage counselor.

Systems Conceptualization: Differentiating Marital Counseling From Family Counseling

Within the family casework literature, brief mention is made of a conceptual differentiation between marital practice and family practice. Satir (1965) defines conjoint therapy as treatment with the marital couple and uses "the family therapeutic approach" if work involves children (123). The editorial notes of Social Casework (April 1964), an issue devoted to family casework, explain the inclusion of an article on couple counseling with "the principles discussed are closely related to those of family intervention" (230). Haley (1984) views marital work and family work as very different specialty areas. He believes the lack of differentiation of marital from family practice is due to difficulty conceptualizing the dyadic unit.

> When we examine a complex social network, the dyad does not seem to be a unit that can be selected out to stand on its own...When a description of the dyad does not break down into the individual unit, it tends to shift to a larger unit, the triangle. (8)

Is the above true? Are there ways to conceptualize the dyad and dyadic counseling which are different, not only from individual, but also from systems-oriented family theory and treatment?

No matter how a clinician performs conjoint marital counseling, the clinician is utilizing some systemic awareness. The least systemically oriented is the psychoanalytic marital treatment model. Even this model recommends de-emphasizing transference toward the therapist, focusing on spouses' bilateral transferences, related intrapsychic phenomena and how this is played out in the couple's reactivity to each other (Dare in Jacobson and Gurman 1986).

What are the differences in marital systems and family systems conceptualization regarding counselors' activity? To begin, the most obvious difference between conjoint marital and conjoint family practice is the greater flexibility to focus both on interpersonal plus intrapsychic issues in marital sessions. As Whitaker states, "marriage is the midpoint between individual and family and between family of origin and family of procreation." (Neill and Kniskern 1982, 163)

A second major distinction in practice theory and related counselor activity is boundary conceptualization. Both family and marital counseling seek to sustain clear boundaries between the couple and the outside world, the couple and the families-of-origin and the couple and their

children (Minuchin 1979). However, the marital counselor defines an additional exclusive boundary around the marital couple in treatment. Other clients are not allowed into these "closed group" sessions; this is done not only to strengthen the marital subsystem, but also to allow concentrated focus on the intermarital issues. In family counseling, sessions are "open." This inclusive boundary allows various subsystems to be seen separately or all together, depending on the clinician's judgement and availability of the family.

Another boundary distinction stems from the object relations theory of closeness - distance regulation. Family counseling addresses this area only in terms of the Bowenian theory of total loss of boundaries (undifferentiated ego mass), extreme impermeability of boundaries (disengagement), or an underdefined middle ground that allows autonomy with some dependency. These family concepts do not adequately capture the complexity of adult intimacy[14] with its closeness-distance cycling. It is a major task in marital counseling to help the couple build or maintain their dyadic empathic bridge, discern transactional cues signalling

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[14]Once again, the definition of intimacy used is "a subjective state of closeness to another person that gratifies a wish for warmth and relatedness and provides an opportunity for expression of sexual and aggressive drives. Intimacy depends on an established sense of self, trust in the other person, and conviction that one will not be injured in the relationship. One can relinquish control, at least temporarily, and allow dependency on the other to form. Intimacy can exist without sex..." (Campbell 1989, 382).

desired distance, communicate productively about these cues vs. destructively act out and then maintain the distance phase without individual or marital decompensation. To build and maintain emotional intimacy, the couple be able to approach each other in a way that is not too anxiety provoking (trust). Spouses also must be able to temporarily loosen intrapsychic boundaries so as to be empathically attuned to the other without becoming confused about what is self, what is other and what is an empathic, transitory feeling. If spouses cannot be empathic without some loss of personal identity, enmeshment has occurred.

Another obvious focal issue that discriminates marital and family theory and counseling is sexual relationship development. Family counseling, hopefully, does not deal with sexual transaction between the members. Sexual relationship is commonly problematic for couples seen in counseling. Marital sexual difficulty can be viewed from a number of therapeutic lens: systemic, behavioral, psychodynamic and, at times, psychophysiological.

The special roles socially condoned in marriage are also major distinguishing features of the marital dyad from other social systems. Willi (1984) describes the regressive - progressive quality of the marital relationship. Marriage has a regressive influence on adults in two ways. First, more primitive, childish, or dependent behavior on the part of the <u>adult</u> is not only socially tolerated but expected.

second, "the idea that one's spouse should make one happy" predominates (Framo in Andolfi and Zwerling 1980). This can lead to some externalization of source of satisfaction and a higher expectation of need fulfillment plus higher reciprocity of need fulfillment than would occur in other adult relationships. This expectation the other should make one happy may be combined with wishes for need fulfillment from the spouse as was wanted from the family-of-origin. These expectations in marriage most closely resemble expectations of a small child for a caretaker in the family unit. However, clinician activity in these situations is vastly different: with small children, parents are taught to tolerate, set reasonable limits and expect the neediness and infantile behavior will diminish in time. In marriage, much of this is not developmentally outgrown and so must be understood in a different way.

Also, clinician activity around regressive or infantile needs would be different in conjoint marital vs. conjoint family sessions. In marital session the counselor may comment on these areas; in conjoint family sessions these activities of adults would not be directly confronted or interpreted as this would undermine the parent or parental subsystem in front of children. In front of other relatives of the couple, this would serve to diffuse subsystem boundaries.

The progressive dimension of the marital relationship has to do with the growth and maturity inducing influences that a healthy marriage has on individual spouses. The counselor encourages this by counselor activity in session. The counselor not only interprets regressive elements in the marriage but also assumes that the couple is jointly responsible for all aspects of the marital relationship (Whitaker in Neill and Kniskern 1982). Additionally, each adult is responsible for his own actions (the therapeutic counter to marital blaming stances). Family counseling does not expect equal responsibility for all members of the family. The family systems concept of hierarchy means not only ranking of power but also responsibility.

This hierarchical power discriminates marriage from family systems theory. Hierarchy is relevant to the understanding of the family as a system where power is more rigidified into an ordering of subsystems. This hierarchy is needed for socialization of children to occur in the family. Hierarchy is not a central concept for marriage (Stanton and Sholevar 1981). Power balances within the couple are not only culturally influenced but also highly specific to that couple and must be dealt with in an individualized way by the therapist. Also, marital partners' use of reciprocity can be very subtle and difficult to tease out (Fish and Fish 1986).

The nature of the therapeutic alliance is different in marital and family counseling. It is highly important that the clinician balance his/her alliances with each individual in the couple to achieve symmetry. Differential alliances are tolerated by families in treatment. A research study by Catheral (1985) found a correlation between treatment satisfaction and perception of differential therapist-client alliances by members in family therapy. Clients in marital counseling equated differential therapeutic alliance with negative treatment result. (However, clients in another sample weren't able to distinguish between different alliances. Generalizability is not certain.)

Lastly, threat of marital separation and divorce is common in marital counseling (system instability) - (Dare in Gurman and Jacobson 1986). Therapeutic activity in terms of interventions and dealing with countertransference around this threat are more frequent and pressing for marital counseling than for family counseling.

To summarize, not only is marital counseling more at the interface of individual and systems paradigms, but there are also certain systems concepts specifically relevant to marital counseling. They are:

1. Extension of the boundary concept to include exclusivity of the dyad and closeness-distance regulation;
2. Addition of sexual role relationship;

3. Greater system instability inherent with the threat of divorce;

4. Hierarchy less germane, power and reciprocity issues more subtle and idiosyncratic;

5. Symmetry of therapeutic alliances with the individuals recommended; and

6. Conflicting role expectations: at one level primitive needs and high expectations of need satisfaction but at another level responsibility (adult-adult interchanges).[15]

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[15]Theory about difference of family development vs. marital relationship development is excluded as this is considered developmental theory rather than systems theory.

CHAPTER III

STUDY DESIGN

This is an exploratory-descriptive research study utilizing generalizable methodology. The major research questions are:

1. Do experienced clinical social workers perceive a connection between their graduate school experience and their marital practice?
2. What sources of information do experienced clinical social workers believe influence their understanding of the dynamics that occur between marital partners?
3. How do experienced clinical social workers think they approach problems specific to marriage?
4. Do experienced clinical social workers see their focus resting on the individual, the dyad or both in conjoint marital counseling?
5. What are early marital practice learning difficulties?

Operational definitions for concepts used in the above questions are as follows:

Experienced Clinical Social Worker: a clinical social worker (person with a masters degree in social work who is involved in some degree of direct counseling experience) who has any experience supervising graduate students and/or master's level clinicians. (The experienced clinical social workers in this study are the listed field work supervisors in general family service / mental health outpatient settings provided by all four metropolitan Chicago graduate schools of social work)

Respondent's Sources of Information: sources are categorized as follows:

1. Pre-graduate school employment or educational experience
2. Graduate school course work
3. Graduate school practicums
4. Consultation / inservice training at job setting
5. Workshops or conferences outside of job setting
6. A training program
7. Books / articles not read for school assignments
8. Informal discussion with colleagues
9. The experience of being a client
10. Observations of the marriages of parents, relatives or friends
11. Own marital or relational experience

12. Agency or private supervision

13. Other: ____________________________________

<u>Issues Specific to Marital Counseling</u>: This variable breaks down to three categories.

1. Clinical Issues of Couples
   a. Power differentials in marital role relationship
   b. Extramarital affairs
   c. Sexual difficulties within the marriage
   d. Threat of divorce
   e. Intensity of marital intimacy
   f. Expectation of spouses' parenting each other
2. Social Worker Activity Level
   a. Limit setting
   b. Responsibility for focus
3. Worker - Client Relationship
   a. Termination phase length
   b. Strength of worker - client bond
   c. Spouses' competitiveness for workers' attention
4. Workers' Value About the Purpose of Marriage

<u>Focus Resting on the Individual, the Dyad or Both</u>: This variable breaks down to two categories. Simple variables are listed under each category.

1. Clinician's Conceptualization
   a. Assessment

b. Ongoing counseling focus

c. Goals

d. Change theory (etiology of dysfunction)

e. Loyalty

2. Clinician's Action

a. Decision to use conjoint format with ongoing individual client

b. Proportion of individual sessions with couple

c. Decision to change from a conjoint marital modality to a primarily individual session format with both spouses

d. Frequency clinician changes from seeing a family (clinician directly intervening with two or more generations) to seeing only the marital couple in the family

Research Strategy and Sampling Plan: Explication and Rationale

This study has an exploratory character due to the limited amount of knowledge in this area and the purpose of the research. Tools used are a paper and pencil questionnaire (see Appendix A) and interviewing. As this study seeks to be as representative of clinical social work as possible, as much descriptive methodology is used as is appropriate. Specifically, sampling size and representativeness; questionnaire development, pretesting and utilization; and quantitative analysis are extensively employed.

The questionnaire sample is made up of clinical social workers in family counseling settings in the Chicago area who are currently available to supervise social work graduate students. In order to obtain this sample, the researcher enlisted the field work coordinators (or equivalent personnel) from the four social work graduate schools in this area. The researcher asked each school for its "list of student supervising social workers employed in family counseling agencies." The questionnaire was sent to the total population of social work student supervisors. It is recognized that this sample may be small; however, this is offset by the attempt to survey the total population. Due to the exploratory nature of this study, 100 questionnaire responses are considered adequate for the purposes of data analysis (over 100 questionnaires were obtained).

A pretest was done. Due to the small population size, the questionnaire was pretested on Loyola social work doctoral students rather than on a portion of the population itself. Due to the straight forward question format of the questionnaire, only ten pretested questionnaires were required (Powers, Meenaghan and Toomey 1985). However, 14 of 22 questionnaires sent were returned (a 63.6% return rate). The questionnaire was revised based on this respondent feedback. Pilot study respondents were asked to note if any items were ambiguous, poorly worded, hard to answer, silly or had some other difficulty. Reliability was checked by the

number of respondents making the same kind of comments about an item(s). Following this, questionnaire was revised again after consultation with research specialist (Stanislaw Piwowarski) and dissertation advisor (Dr. Robert Constable). The questionnaire was then sent out to the entire population. A first follow-up letter was sent two weeks later. The second follow-up letter with another questionnaire copy was sent three and a half weeks later. A final (third) follow-up was sent by certified mail. This final mailing included a letter and questionnaire after seven and a half weeks.

Questionnaire data analysis was primarily frequency counts and percentages. Some basic associations were made between question response sets: data analysis never went beyond comparison by frequencies. This was done in light of the purpose of the study being exploratory, and the data being too primitive (too many possible antecedent and intervening variables) to do more sophisicated analysis. Open-ended questionnaire data was analyzed by writer's looking at all the responses to one question at once and grouping by categories frequently found among the responses (Judith Wittner, instructional interview, December 7, 1990). Findings that occured with higher frequency were reported, in a general way, in the analysis.

Interviews were done with a self-selecting sample. This self-selection was done by questionnaire respondent filling out the last page of the questionnaire (see Appendix

A). Required interview sample size was eight respondents. However, eighteen respondents volunteered. Two of these were ruled out: one due to distance and the other due to participation in the pilot phase of the study. Thus, sixteen respondents were interviewed. Interview length was one hour. Interview location was interviewee's choice (their work site or residence) and was uninterrupted. Interview schedule format was used with audiotape as back up. Material was sent to interviewees beforehand. Validity/reliability checks were done by: 1) the interviewer clarifying and achieving consensus with the respondent about answers during the interview; and 2) interviewer checking against audiotape for any inaccuracy in notes taken while interviewing. Interview data analysis utilized the case study method (Lucente 1987).

Social workers employed in settings involving nonspecialty outpatient family counseling were chosen over social workers in general for this sample due to their representativeness of marital practice in social work. Family service caseloads typically contain a wide variety of problems and possible family configurations. As Hollis (1949) asserts,

> In the field of social work, the greatest concentration of work on marriage problems has been in family service agencies. (6)

Also, family service workers, historically, have had some flexibility in choosing how to assess these problems and which clients they see in order to do this.

Additionally, experienced clinical social workers employed in family service types of agencies are considered both knowledgeable about and identified with marital practice. Memory of learning research reports better judgement and recall when persons are identified with the subject (Bower and Gilligan 1979) and have a larger knowledge base about the subject (Wexler 1974, Gagne et. al. 1985, Glaser 1984, 1990). The subsample of supervising clinical social workers employed in family services will yield high quality interview information. Reasons for this are: 1) these workers may have better articulation skills due to their teaching; 2) they will be far enough removed from neophyte status to have more perspective on early learning issues and inadequacies; 3) their memory will be enhanced by their large marital knowledge base and identification as family practitioners; 4) their motivation may be higher due to their identification with teaching/supervising and wish to give back to the field; and 5) they will be in position to comment upon the learning issues and feelings of inadequacy of the students and/or workers they supervise.

Memory of learning is <u>very</u> important for the interviewed sample as questions will revolve around the elaboration of questionnaire content, early learning issues and steps to resolve them, associated feeling states, salient experiences and assessment of current practice. This type of memory involves a level of self-awareness about learning

(Chipman, Segal and Glaser 1985). This is assumed to be more frequently present in supervisors, who have to explain practice to others.

Definitions

Clinical Social Worker: a social worker with a masters degree in social work who is involved in some degree of direct counseling practice.

Communication Theory (as used in questionnaire and analysis of data): couples' skill training literature on how to express feelings, make "I" statements, negotiate, etc. Behavioral/communication theory published by Richard Stuart (1980) is the model for this type of theory.

Experienced Clinical Social Worker: a clinical social worker who has any experience supervising graduate students and/or master's level clinicians.

Family Counseling: any clinical intervention involving two or more generations.

*Family therapy, family treatment, family intervention, family work and family practice are considered synonymous.

Marital: of or pertaining to couples who are legally bound by the institution of marriage.

Marital Counseling: any clinical intervention in which the focus and goal is primarily on the marital relationship rather than an external problem. It is assumed that this involves at least one conjoint session (both spouses in

room), so that the multi-layered marital relationship can be seen and addressed.

*The terms marital counseling, marital therapy, marital treatment, marital practice, marital counseling, marital intervention and marital work are used synonymously.

<u>Conjoint</u>: Method in which one worker see both spouses in the same session for the purpose of marital counseling. One worker sees as many relevant family members in the same session for the purpose of family counseling.

<u>Practice Principle</u>: "a guide to action based on a situation, problem, condition or feeling described (by the client) or inferred by the worker; the ...(following) action is a generalized proposition that states what the practitioner does to influence the marital partner or couple's situation, problem, condition or feeling." (Stanton 1972, 170)

<u>General Practice Principle</u>: practice principle which proposes or infers a cognitive or general activity as the action to be taken by the practitioner (Shulman 1968, Stanton 1972). General practice principles are higher level abstractions than specific practice principles. General practice principles, also known as practice theory, report the practitioner's way of thinking about the couple with the related general strategy to be used, which covers more than one session.

Specific Practice Principle: practice principle which proposes or infers a transitive or direct or specific action to be taken by the practitioner (Shulman 1968, Stanton 1972). A specific practice principle can be stated as "What you do if..." and is targeted toward technical application done right in one session.

Conceptual Learning: forming generalizations (Knott 1972, Kniskern and Gurman 1986, Constable 1984). Conceptual integration, the knowing about and understanding relationships, follows the prerequisite acquisition of factual knowledge (Constable 1984).

Perceptual Learning: the art of filtering out important information from a mass of input and attaching this filtered information with relevant theory (Kniskern and Gurman 1986).

Technical Learning: knowing the actions needed to reach the goal - in this is the skill of persuasion.

Theory: Use of conceptualization in a deductive system (Gordon 1965, 21). A theory has explanatory power.

Salience: highlight, prominence.

Source: supplier, point of origin, cause; one that initiates or serves as a supplier (model, prototype) - from Webster's Third New International Dictionary, 1986.

Assumptions

1. Conjoint marital counseling is a useful modality that merits attention.

2. Agency clinicians will be open about their beliefs, attitudes and feelings concerning marital counseling.
3. Practitioners are aware of learning about marital practice. Assumption is made of some type of self-aware and self-corrective learning process.
4. A sample of family service / mental health agency social workers provides a good example of social workers' contribution to marital practice in social work.
5. The way experienced clinical social workers think about marital intervention is assumed to be the way they've learned works best for them.
6. Sampling social workers from family counseling settings lessens the possibility of agency policy bias against conjoint marital and family practice strategies.
7. Memory research shows that subjects who are identified with the topic have better recall. Also, subjects with a larger knowledge base about the topic have more memory retrieval. It is assumed that a sample of family counseling service workers will be generally more identified and knowledgeable about marital and family practice than other types of social service workers.
8. Social workers who supervise students can have as little as two years post-graduate experience. It is assumed that social work graduate education has not changed so drastically in the past few years as to necessitate

sampling social workers who have more recently graduated.

9. Experienced clinical social workers will have increased understanding and expertise in marital intervention. They will be better judges of what learning was helpful.

Questionnaire Development and Statistics

The focus of this questionnaire has gone through three evolutions since the inception of the original research idea. The beginning focus was: How do social workers practice with couples and where did they learn this?

However, this was altered due to evaluation of family therapy training research. This research states: clinician conceptualization can be measured by paper-and-pencil methods but in-session clinician behavior or relationship between clinician behavior and thinking _must_ utilize audiotape, videotape or live session vignette instrumentation (Stedman and Gaines 1978; Tomm and Leahy 1980; Churven and McKinnon 1982; Breunlin, Schwartz, Krause, and Selby 1983; Byles, Bishop and Horn 1983; Kolevzan and Green 1983; Tucker and Pinsof 1984; and Pulleybank and Shapiro 1986). Also, Perlesz, Stolk and Firestone (1990) show that conceptual skill and practice skill can be very different in terms of knowledge base, skill level and speed of development. It is invalid to operationalize practice by thought or thought by practice. Thus, this study narrowed its focus from the question on where did social workers learn their marital

practice to where did social workers learn their marital practice conceptualization.

However, this research inquiry evolved further when memory of learning research was applied. Memory research limits what can be asked conceptually. Memory is categorized by the individual in ways that aren't understood yet (Tulving 1985). What we do know is that memory recall comes from the person's internal structuring (Bower 1981; Bower and Gilligan 1979; Vygotsky 1978; Stern 1985; Loftus and Loftus 1980; Tversky and Kahneman 1986; Ross and Anderson 1986; Hillel 1986; Glasser 1984, 1990). If this study imposes external structure on the subject's memory about specific themes, we are trying to restructure that person's memory. This could result in invalid recollection. Therefore, this study cannot ask for the learning process around specific marital practice conceptualizations. The study can only ask for clinicians' conceptualizations about marital practice and very general learning experiences in the development of marital counseling expertise.

If we ask the subject simply for salient memories, we capture the subject's internal organization and improve recall (Tversky and Kahneman, Lee and Anderson in Kahneman, Slovic and Tversky 1986). However, Loftus and Loftus (1980) find that memory is reconstructed and thus inaccurate. Contradicting this, they have recently been discovering some physiological evidence that salient experiences can be

"hardwired" in the brain and, thus, are permanent. With this, the research study design changes to include both questionnaire and interview data. Questionnaire items evaluate marital practice thinking and attributions of influence (i.e., rank ordering sources of influence;[16] reporting perceptions of relevance of education to marital practice). Interview questions focus on elaboration of questionnaire responses plus report of salient learning issues and resolutions.

The final pretest questionnaire utilized instruments and questionnaires from a number of research studies plus marital literature inductive/deductive extrapolations by writer, dissertation committee and consultants. Specifically, the questionnaire contained three major sections: 1) marital practice; 2) education, training and early marital counseling experience; and 3) salient learning experiences. The marital practice section is based on writer's literature analysis (see Chapter 2) plus research by Rait (1986). The education, training and early marital counseling experience section is based on the surveys of Dowling, Cade, Breunlin, Frudes and Seligman (1982); Morrow-Bradley (1984); Haldane and McCluskey (1980); and Hines (1990). The salient learning section utilizes the 1984 Morrow-Bradley instrument (pre-

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[16]Questionnaire items asking salience in terms of rank ordering :ces of information are common. Studies using this operationali- ion include: Rosenblatt 1968; Cohen 1979; Prochaska and Norcross 3; Cohen, Sargent and Sechrest 1986; and Morrow-Bradley 1984, 5).

tested three times) plus studies mentioned in previous paragraph footnote (#16).

Methodological Limitations

This study is really about social workers' perception of current practice and what they attribute as influencing this practice. However, research has shown memory to be somewhat inaccurate (Robbins 1963, Loftus and Loftus 1980). Therefore, there is some threat to construct validity.

Due to the primitive level of knowledge in this area, highly sophisticated statistics and correlations are not made. Questionnaire data can only be analyzed for a limited number of associations. Due to the extensive number of possible intervening and antecedent variables, further correlation would be invalid. Questionnaire data is analyzed more for purpose of description than analysis of relationship between variables. This study seeks to maintain its integrity by adhering to its exploratory nature and aim.

Sampling of family counseling service social workers may cause some bias in terms of evaluation of graduate education. Social workers who become employed in such agencies may have greater interest in family work than clinical social workers in general. Due to this greater interest, this family counseling service worker sample may have been more likely to choose graduate school practicums and course work with increased marital/family practice exposure. This is a limitation to generalizability.

CHAPTER IV

RESULTS

This chapter summarizes the significant, original findings of this study. Data from the questionnaire, which utilizes both "choose a category" questions and open-ended questions, is analyzed. Interview responses are used to illustrate and further elaborate the larger findings.

This study was done in late 1991. 177 field work supervisors were provided by the four metropolitan Chicago graduate schools of social work. Of these 177 listed supervisors, 21 were inappropriate (i.e., they stated they had not done marital work or had not been involved with marital work in over twenty years; or they were psychologists supervising social work students). Another 18 of the 177 were voided because they had left the agency with whereabouts unknown, had moved out of state, left the social service field, or were deceased. Subtracting these inappropriate and voided persons, the actual population of available field instructors became 138.

Of the 138 surveys sent, 114 were returned. This shows an overall return rate of 82.7% of available supervising field instructors with marital practice involvement. 56.5% (N=78) returned the questionnaire after the initial mail-

out. 5.1% more (N=7) returned the questionnaire after the first follow-up letter was sent. An additional 7.3% (N=10) responded to the second follow-up. Lastly, a final 13.8% (N=19) filled out the questionnaire on the third follow-up contact.

The mean age of the respondent sample was 45. The youngest field instructor was 27; the eldest was 68. 28.3% of the sample was male. 71.7% of the sample was female. Approximately 2/3 of the sample were married (67.6%), and 1/3 were unmarried (32.4%).

The average year of graduation from a masters program in social work was 1976; thus the average post-graduate experience level is assumed to be around 15 years. 90% of all respondents graduated before 1986 (see Table 1, Appendix B, page 198). Most frequent period of graduation (modal category for five year intervals) was 1980-1985.

Almost 70% of the field instructors attended metropolitan Chicago area graduate schools. The breakdown of this local enrollment is fairly proportional to the size of enrollments for these schools (see Table 2, Appendix B, page 198). A composite of the demographics of the respondent sample is shown as follows:

Table A: Demographics of 1991 Respondent Sample

Year Data Taken	= 1991
Average Age	= 45
Percentage of Males	= 28%
Percentage of Females	= 72%
Percentage Married	= 68%
Average Year of Graduation from Masters Program	= 1976
Number of Years of Post-Graduate Experience	= 15
Proportion Graduating from Metropolitan Area Schools (See Note)	= 70%

Note: Graduation rates from local area schools were proportional to size of school enrollments.

Information sought by this study entailed how clinical social workers practiced and thought in marital work; learning issues related to this; influential sources for this learning; and relation, if any, to graduate social work education. This material is outlined below:

A) Marital Practice Knowledge

1) Shape of practice: modality choices and duration

2) Feelings about practice competency

3) Marital practice wisdom

a) Theory helpful

b) Thinking about common marital counseling issues

i) clinical issues

1 power

2 affairs

3 sexual difficulties

4 threat of divorce

5 intimacy

6 competitiveness for worker

7 value around purpose of marriage

ii) worker's activity level

1 limit setting

2 responsibility for focus

iii) counseling relationship

1 termination phase

2 strength of worker-client bond

c) Clinicians' focus resting upon the individual, the dyad or both in conjoint marital sessions

i) clinicians' conceptualization

1 assessment

2 ongoing counseling focus

3 goals

4 change theory (etiology of dysfunction)

5 loyalty

ii) clinicians' action

1 decision to use conjoint format with ongoing individual client

_2_ proportion of individual sessions with couple

_3_ decision to change from conjoint marital modality to primarily individual session format with both spouses

4) Frequency clinician changes from seeing families (clinician intervening with two or more generations) to seeing only the marital couple in the family

B) Learning Issues for Practice With Marital Couples

1) Social workers' difficult marital practice learning tasks

a) Most difficult learning task overall

b) Current most difficult learning task

2) Social work field instructors' observation of most common practicum students' difficulty in work with couples

3) Role models

C) Graduate Education

1) Beginning practice with couples

2) Marital practice information in graduate school course work

3) Relevance of theory learned in school to clinical practice

4) Graduate school preparation for use of specific clinical modalities

D) Sources of Information on Marital Practice

1) Understanding of marital relationship problems drawn from life experience or commonly held theory

2) Influences on conceptual understanding

a) Strength of influences on marital practice knowledge

b) Overall ranking of sources

3) Types of salient influences (settings)

Marital Practice Knowledge

Shape of Practice: Modality Choices and Duration

Clinical social workers use the individual session format far more often than other modalities (group, couple or family session formats). Couples sessions and family sessions (sessions with two or more generations in the room) were utilized nearly equally; combined, they made up 36.8% of social workers' overall direct service time (see Table 3, Appendix B, page 199). Almost half of all conjoint marital work (45.9%) was short-term (less than six months). One-third of the time (31.5%), social workers utilized intermediate-term marital sessions (6-12 months). The conjoint session format was utilized on a long-term basis (over 12 months) only 15.8% of the time (see Table 4, Appendix B, page 199).

Social workers, overall, showed a tendency to use modalities flexibly with client(s) "some of the time." Specifically, this meant that the worker was willing to see

the same client(s) in different (modality) constellations according to client need. Over half the social workers changed from seeing an ongoing individual client to seeing that client with spouse in marital therapy "some of the time." (see Tables 5a and 5b, Appendix B, pages 199-200) The majority of social workers saw one or both spouses in individual sessions "sometimes" when doing conjoint marital therapy (see Table 6, Appendix B, page 200). Over 50% found their conjoint couple cases became individual therapy cases some of the time (see Table 7, Appendix B, page 200). Lastly, the majority of social workers went from working with the family unit (two or more generations in session) to doing conjoint marital therapy with the dyad only "some of the time" (see Table 8, Appendix B, page 201).

On modality flexibility questions, the sample tended to pick the middling response ("sometimes"). Choice of this middling response has some social desirability bias; as workers don't want to appear as if they don't individualize the needs of their clients that are working on marital problems (see Babbie 1986, 144 for discussion of social desirability effects on questionnaire responses). If this middling response category is removed, preferences appear. Biases were against same worker later seeing the client's spouse in addition to the worker's ongoing individual client (45.5% disfavored - Tables 5a and 5b, Appendix B, pages 199-200). Workers (41.1%) disfavored seeing the spouse(s) indi-

vidually while doing conjoint marital therapy (see Table 6, Appendix B, 200). 43.8% of the sample felt their conjoint marital clients rarely later became their individual therapy client(s). Lastly, 35.2% of the sample asserted that family cases (two or more generations in session) often became marital therapy cases (see Table 8, Appendix B, page 201).

To summarize, conjoint marital work and conjoint family work are used less frequently than individual work. However, together marital and family work consist of almost 40% of the direct service hours of the sample. With conjoint marital counseling, short-term intervention (less than six months) predominated over the longer course of conjoint marital treatment. Long-term conjoint marital work occurred least often (15.8% of the time). Most workers are willing to utilize different modality formats in their own work with the same client(s). However, there was some bias against seeing couples individually while doing conjoint work, taking on the spouse in addition to an already ongoing individual client, and seeing a client individually after working with this client in conjoint marital therapy. Workers did find their family work often became strictly couples therapy work. Put another way, social workers, in general, are still be integrationist in approach to their clients who are working on marital issues. However, there is some preference among social workers against flexing between the individual therapy format and the conjoint marital therapy

format. This preference was not found in flexing between the intergenerational family therapy format and the conjoint marital therapy format. It is possible this is due to workers sensing that switching between therapeutic relationships with individual clients and with couple units is more difficult than switching between therapeutic relationships with the couple as a unit and the intergenerational family as a unit.

Feelings About Practice Competency

Social workers were asked to rate their current level of conceptual expertise in their individual, marital and family work.

This advanced clinical social worker sample evaluated their conceptual expertise in individual work as more skilled than their conceptual expertise in family or in marital work (see Tables 9 and 10, Appendix B, pages 201-202).

Some social workers, in personal interviews, commented on their conceptual and emotional difficulties in working with couples:

> For me, working with couples is the most painful and anxiety provoking of the different types of treatment. Couples work involves a lot of conflict and tension; it is complex and there's so much going on that it can get confusing. Its difficult to make the right connection with so many dynamics going on for the couple. Couples can be urgent and draining.

> couples work for me is the most difficult. You just see the surface. When you get into it, there are so many other things going on. The deeper you dig, the more issues come out.

Social workers also commented on some differences they perceive when working with couples as opposed to working with families (i.e., two or more generations in the session):

> I find couples therapy to be more complex than family therapy and of a different genre. In marriage, people are looking for their primary affirmation in life - their essential being. They need to be loved and affirmed. It is their quintessential sense of self-validation.

> Family work and couples work are different. With families, its more like directing an orchestra; with couples, you get more involved with them.

> I've always felt that couples work was the most challenging. You have to deal with the transferences, conscious and unconscious, from both spouses plus the relationship between the two of them. In individual therapy, it is easier for me to be keenly aware of transference issues. In family therapy, transferences toward me are deintensified. Families don't relate to you as their "therapist." Family members are bonded together - as a unit. It's watered down. They're more of a self-contained unit; its not so traumatic to lose you. I try to get family members connected to each other. With a couple, I do this too. But, the spouses bond more heavily (than the family members) to me, despite what I do.

> I think family therapy is easier to do than marital therapy in that it is easier to put the responsibility for change on the family - to will it over. With couples, the mandate for treatment is that the spouses want to change. However, its hard because they blame each other; the tension is so balanced that it is hard to redirect this into really working on problems.

The above passages elude to a greater conceptual complexity in marital and family work as compared to indi-

vidual work. Interviewees, however, felt marital work to be more difficult than intergenerational family work due to the emotional pulls of spouses added on to the already complex conceptual picture.

Marital Practice Wisdom

Theory Helpful

In their work with couples, respondents were asked how often they use theory bases published by therapists specializing with families, therapists specializing in individuals, or published communication skill training. (Communication skill writing is typified by the work of Richard Stuart. Communication training includes such skills as how to make "I" statements and how to negotiate. This falls under the aegis of behavioral theory.)

To summarize, clinical social workers found theory developed by family therapists and communication skill writing to be more helpful than theory published by therapists specialized in individual work. However, they found all the above knowledge bases to be at least moderately helpful for work with couples (see Table 11, Appendix B, page 203).

Thinking About Common Marital Counseling Issues (Research Question #3)

This section answers major research question #3, "How do experienced clinical social workers think they approach problems specific to marriage?"

Clinical Issues: From an extensive review and synthesis of the marital practice literature plus an evaluation of pilot study responses, certain clinical issues common to marital practice were found. These issues concerned: 1) power, 2) affairs, 3) sexual difficulties within the marriage, 4) threat of divorce, 5) intimacy, 6) competition for workers' attention and 7) workers' values regarding the purpose of marriage.

1) Power: Marital workers asserted they would try to alter unequal power structures between spouses (see Table 12, Appendix B, page 204). However, if it was specified that this power inequality was not reported to be problematic by the couple, workers tended to respond they would leave this unequal power structure intact. Qualifying this, responses to this latter question were more dispersed - showing wider variety of opinion about what to do with spouses who do not complain about power imbalances (see Table 13, Appendix B, page 204).

Results may be interpreted as: clinical social workers tend to believe they intervene in power inequalities between spouses unless it is specifically reported as non-problematic. Even when not problematic, social workers show a wider span of opinion on this matter. The fact that social workers generally say they equalize spousal power counters older theory (Mowrer 1935, Gomberg 1944, Hollis 1949) and "old-fashioned" marital norms which support leaving dominant-

submissive marital roles in place. It is reflective of the changing values about gender roles in this society. It is also beginning to be reflected in new social work literature on couples (Breunlin, Schwartz and Kune-Karrer 1992, 259; Nichols and Schwartz 1991, 382 quoting a McGoldrick 1990 presentation).

An interpretation of the response to not intervene if not reported as problematic might be that social workers are pragmatic, having an "If it ain't broke, don't fix it" approach to treatment. This also illustrates the social work values about starting where the client is and client participation in the goals for therapy.

Interview data also reflected the tendency to want to equalize power between spouses but also to be sensitized to not wanting to disrupt what couples feel is not problematic. Nine of the sixteen interviewees spontaneously revealed they had difficulty with power imbalances between spouses. One interviewee expressed this ambivalence,

> I find myself less sympathetic to men. I'm more of a feminist than some of the women I see. I look for equivalence systematically. I try to stay with couples' choices about power.

2) Affairs: Clinical social workers were asked two questions about ongoing extramarital affairs' effect on marriage and marital counseling. Belief was that current affairs not only prevent marital improvement but also impede "successful" marital counseling (see Tables 13 and 14, Appendix B, pages 204-205).

3) Sexual Difficulties: Two-thirds of the clinical social workers preferred to approach sexual complaints by looking at the underlying emotional meaning (see Table 15, Appendix B, page 205). Respondents were divided on whether they actually treat a sexual dysfunction directly themselves or refer out (see Table 16, Appendix B, page 206). This latter response set may be indicative of lack of social workers' knowledge about sexual dysfunction treatment.

4) Threat of Divorce: Social workers were asked how they handled expressed threat of divorce. Specifically, did they see spouse(s) individually to delve into this, ask spouse(s) to suspend threat to see if the marriage could be improved or approach this issue in some other fashion. Social workers responded almost 3 to 1 to ask couples to suspend divorce threats to see if marital intervention could work rather than delve further into spousal feelings about divorce (see Table 17, Appendix B, page 206). Other options (written in) were to explore and understand divorce threat within the conjoint sessions, to redefine the goal of the therapy, for the worker to make fuller assessment before acting, and/or to time-limit a number of conjoint sessions with a suspended divorce threat.

5) Intimacy: Social workers had to assess which result they observed more frequently with couples who improve the marriage: an equilibrium between intimacy and distance between the spouses or increased intimacy. Three-fourths of the

social workers equated an equilibrium between intimacy and distance with an improved marriage (see Table 18, Appendix B, page 207). This observation is in agreement with current theory on this issue (Robert Rutledge, personal communication, 1985).

6) Competitiveness for Social Worker's Attention: Workers were asked what they do when spousal competitiveness for worker's attention predominates in the therapy. Options were: balancing interventions, seeing spouses individually or workers' write-in response. Three-fourths of the social workers preferred to address spousal pulls on worker to side through workers' balancing interventions rather than separating the couple (see Table 19, Appendix B, page 207).

7) Workers' Values Regarding the Purpose of Marriage: Social workers were asked whether they expected marriage, in the long-term, to contribute to the personal growth and happiness of each of the spouses or if contribution was more to a sense of stability and continuity of affects but not necessarily to happiness or individual growth. The great majority of respondents expected marriage, on a long-term basis, to contribute to individual happiness and individual growth in addition to providing stability and continuity of affects (see Table 20, Appendix B, page 208). This is a change from historical expectations about marriage. Historically, marriage is defined not as a vehicle for happiness and growth but as a contributor to stability and continuity of affects

(Mace 1959). This research finding shows that social workers' expectations about the purpose of the marital institution have changed - reflecting more what the current theory is espousing as "narcissistic marriage" (Donati 1989, Inbogno 1991, Lansky 1983).

One interviewee described this dilemma in expectations about the marital institution:

> I don't think that people are prepared for relationships. Couples don't start out being malicious to each other...I think a good marriage requires enough freedom for people to do for themselves without someone else putting the cabbash on that, but also with the people having enough in common to bring them together (trust) ...Spouses can't have the expectation that they can meet every need of their partners. They can't meet every expectation of their partners nor be disappointed when their partners can't do that for them. Marriage is limited. I think people are just too fragile to do all this.

Just as spouses' expectations of marriage are historically changing; social workers' expectations about their clients' marriages are also changing. With this, social workers' counter-transference and values about marital therapy outcomes are assumed to also be in flux. Previous social work writers clearly conveyed that marital maintenance, adjustment to the marriage and, hopefully, improvement in spouses' affects were the goals, in most cases, of marital treatment (Mowrer 1935, Hollis 1949, Scherz 1953). This old fashioned value was still prevalent in workers' feelings during the interviews. Over half of the interviewees (eight of fourteen) expressed a bias toward wanting clients to remain married during and after the treatment. Only three inter-

viewees verbalized that divorce was an acceptable outcome.

However, confusion about social workers' values about the purpose/goal of marital therapy was notable. The most difficult interview question for social workers to answer was, "What is success in marital work?" Responses generally were given with hesitation and equivocation. Diversity ranged from equating success with no one dying ($\underline{N}$=3) to "The goal is to improve the marriage and improve the individuals without destroying the marriage" to a (non-direct) response about a couple who resumed sexual contact and "dated" each other as a result of long-term marital intervention.

Workers' Activity Level: Social workers' activity level in session was assessed in terms of: 1) limit setting on spouses and 2) workers' responsibility for focusing the sessions. Social workers, in response to two separate questions, believed in setting limits in conjoint marital sessions (see Tables 21 and 22, Appendix B, pages 208-209). They also asserted that they, rather than the couple, structure sessions in the early phase of marital counseling (see Tables 23 and 24, Appendix B, page 210 for responses to two separate questions on this item).

Counseling Relationship: This study looked at two facets of the therapeutic relationship: 1) the termination phase and 2) the strength of the worker-client bond. Social workers claimed, on the basis of response to two questions, that the termination phase was shorter in conjoint marital counseling

than in individual counseling (see Tables 24 and 25, Appendix B, pages 210-211). This gives support to theoretical literature which states the spousal relationship predominates over therapeutic individual alliances in marital work. Further supporting this theory, over 50% of the social workers reported that client bonding with them was weaker in conjoint marital counseling than in individual counseling (see Table 27, Appendix B, 212).

In conclusion, both the shorter termination phase and the lesser strength of the worker-client bond in conjoint marital work point to an inherent difference between marital and individual therapy. Theory about transference-countertransference does not have equal applicability/relevance for these two different modalities.

To summarize this section schematically:

Table B: Social Workers' Thinking About Issues Common to Marital Counseling (Research Question #3)

	FAVORED RESPONSE SETS		LESS FAVORED RESPONSE SETS
1) CLINICAL ISSUES		MORE THAN	
a) Power:	**Generally Equalize**	>	Don't Equalize if Not An Expressed Problem
b) Affairs:	**Detrimental to Any Success**	>	Some Success Possible
c) Sexual Difficulties:	**Look at Meaning**	>	Directly Intervene on Behavior
d) Divorce Threat:	**Suspend**	>	Delve Into
e) Intimacy:	**Equilibrium**	>	Increase
f) Competitiveness for Worker:	**Balance Interventions**	>	Individual Sessions for Spouses
g) Value About the Purpose of Marriage:	**Growth and Happiness**	>	Continuity and Stability
2) ACTIVITY LEVEL		MORE THAN	
a) Limit Setting:	**Worker**	>	Couple
b) Responsibility for Focus:	**Worker**	>	Couple
3) COUNSELING RELATIONSHIP		MORE THAN	
a) Termination Phase Length:	**Individual Treatment**	>	Conjoint Treatment
b) Strength of Worker-Client Bond:	**Individual Treatment**	>	Conjoint Treatment

Clinicians' Focus Resting Upon the Individual, the Dyad or Both in Conjoint Marital Sessions (Research Question #4)

This section answers major research question #4, "Do experienced clinical social workers see their focus resting on the individual, the dyad or both in conjoint marital counseling?" Whether a clinical focus would rest upon the individual, the dyad or both was assessed by both the clinicians' conceptualization and the clinicians' action.

Clinicians' Conceptualization: Conceptualization in marital work was separated in to five different areas: 1) assessment, 2) ongoing counseling focus, 3) goals, 4) change theory (etiology of dysfunction), and 5) loyalty.

1) Assessment: Initial assessment of a couple can have a more individual bent (i.e., having each spouse tell their story and its personal meaning for them) or a dyadic unit focus (i.e., looking at the couples' interaction and making an assessment based on this observation). Social workers were asked which focus, interactional observation or spouses' internal meaning, was more crucial in assessment: they replied both (see Tables 28 and 29, Appendix B, 212-213). These results can be interpreted as workers using both foci in their assessment of a couple.[18] However, it is notable that a higher percentage (80.3%) thought observation of interaction is most important for assessment compared to

[18]Another interpretation is lack of reliability between these questionnaire items.

the percentage (63.4%) believing spouses' internal meaning/story is most important. Only 2.7% of respondents thought interaction observation was not important as opposed to 16.1% believing individual spouses' stories/meaning were not important. In other words, workers felt both observation of marital interaction and the internal meaning of the marital issues for both spouses were important for assessment; however observation of interaction held more weight in the assessment process.

2) Ongoing Counseling Focus: Social workers, in response to two separate questions, stated their ongoing conjoint session focus was primarily upon interactions going on between the spouses rather than the spouses' internal thoughts and feelings (see Tables 30 and 31, Appendix B, 213-214). As one interviewee put it, "I see marital therapy not as what bodies are in the room, but as the way you are thinking about the clients and their issues."

Goals: Social workers, in two separate questionnaire answers, revealed that their goal in marital therapy was marital relationship change. Individual change was assumed to result from the marital relationship change (see Tables 32 and 33, Appendix B, 214-215).

This goal orientation on relational change may be associated with workers' values regarding marital practice outcome. Over half of the interviewees specifically expressed a bias toward wanting spouses to stay together at

the end of treatment (relational focus over individual change focus). Only three (21.4%) of the interviewees felt divorce was an acceptable outcome (i.e., individual change over relationship development).

4) Change Theory (Etiology of Dysfunction): Workers were asked which factor in marital work they focus upon most to alter clients' marriages: the psychodynamics of individuals, relational skills (i.e., communication skills, negotiation skills, etc.), or other factors. Social workers, on the quantitative data, reported that a focus mostly upon relational skills was crucial to alteration of a marriage (see Table 34, Appendix B, 215).

5) Loyalty: In response to two separate questionnaire items, social workers agreed that their allegiance was primarily to the spouses' marital relationship and secondarily to the spouses as individual people (see Tables 35 and 36, Appendix B, 216).

To summarize, significant findings show social workers' focus rests upon the dyad in terms of workers' allegiance, ongoing counseling focus, change theory and goals. Focus is upon both the individual and the dyad during the initial assessment period. Findings are shown visually below:

Table C: Social Workers' Focus Resting Upon the Individual, the Dyad or Both (Research Question #4)

	Individual Focus	Dyadic Focus
1) Assessment	x	x
2) Ongoing Counseling Focus		x
3) Goals		x
4) Change Theory (Etiology)		x
5) Loyalty		x

Clinicians' Action: Action questions had to do with social workers' flexibility in modality choice and change.
On the three different questions asked, social workers showed a tendency to use modalities flexibly with client(s) at least some of the time. Specifically, this meant that the worker was willing to see the same client(s) in different constellations (i.e., individual sessions, conjoint marital sessions or both) according to client need. (Relation between focus upon the individual or the dyad and different modalitity choices was not probed by the questionnaire.)

Interviews delved more specifically into modality usage with couples where there was an imbalance between the spouses. Imbalances were either a motivational difference or a difference in psychological functionality. What was nota-

ble is most clinicians preferred to see these couples conjointly but would differentially align with the spouses to address the problem at hand.

Eight of ten interviewees saw couples with a less motivated spouse conjointly. (Two interviewees reported seeing only the motivated spouse; as they felt the inclusion of the other would only undermine change.) Of interviewees using the conjoint method, the majority would reframe the lack of motivation in order to alter this. Lack of one spouse's motivation was interpreted to spouses in a variety of ways: polarization of goals; a power stance by the less motivated spouse; the less motivated spouse's fear of treatment; the less motivated spouse having less emotionality and assisting in the treatment (reframe as an asset); interpretation that lack of motivation would "flip-flop" between spouses; and, lastly, talking with the motivated spouse about the less motivated spouse in front of the latter (thus triangulating to manipulate the less motivated spouse to increase participation).

The majority of interviewees also used the conjoint method with couples in which one spouse was less functional. All would align with this less functional spouse; frame the spousal difference realistically so it could not be construed as malicious by the more functional spouse; and role model ways to communicate with this less functional spouse. Interviewees readily verbalized terms they, apparently, used

frequently to describe these less functional spouses: "clue-less", "hanging out (in the sessions)", "not getting it", "fledglings", and "mopes."

To summarize, clinical social workers tend to use a dyadic focus in marital work with exception of the initial assessment of the problem. In assessment, workers focus on intrapersonal as well as interpersonal phenomena. In actual framework of the session (modality choice), social workers are flexible in usage according to their ongoing assessment. This is in keeping with social work's integrationist family practice history.

Associations Between Practice and Practitioner Variables

A number of associations between variables were studied. Most notable was the finding that gender of the clinical social worker did not effect his/her tendency to intervene in power imbalances between spouses. Put another way, female social workers were not more prone to empower their female clients in marital situations.

However, personal interviews elucidate this data in another way. Male and female interviewees equally volunteered that they were uncomfortable with clinical situations in which the male was more powerful than the female in the marriage ($\underline{N}$=9 out of 16 possible). However, these interviewees all stated they should not intervene in the imbalance of power.

To summarize, even though quantitative and interview data revealed a "lets not fix it if its not broke" stance toward spousal power imbalances, emotional discomfort (counter-transference) about this issue was notable.

Another association of merit was the finding that social workers primarily used the conjoint marital session format on a short-term basis. This happened irregardless of their feeling of expertise with this modality or their tendency to use an internal meaning or a relational interaction focus in this work.

Learning Issues for Practice With Couples

This section looks at salient points in social workers' learning of marital practice. Included are workers' beliefs about: 1) their own overall learning difficulties; 2) their perception of social work students' difficulties with marital practice; 3) advanced workers' current learning issues; and 4) existence and felt influence of role models for marital practice.

Social Workers' Difficult Marital Practice Learning Tasks (Research Question #5)

This section provides information on major research question #5, "What are early marital practice learning difficulties?"

Most Difficult Learning Task Overall

The most frequent developmental learning difficulty for social workers practicing with couples was countertransference. Second in significance was change from an individual to a relational focus. Third most frequent was balancing (not siding) with spouses. It is notable that social workers cite countertransference (i.e., social workers' emotions during the session) as most problematic; this reflects social work values and training which emphasize workers' awareness of and use of self in treatment. Social workers report second in difficulty what other research (Saba and Liddle 1986) cites first: changing from an individual to a relational focus. Other prevalent difficult learning tasks were learning to balance interventions and, additionally, maintaining the boundary between the couple and the worker. On the questionnaires, boundary maintenance issues were expressed in terms of: remaining neutral/objective, uncertainty about setting limits, to be or not be the judge, and feeling compelled to jump in and fix it. Interviewees elaborated on cues for this: "working too hard", "getting real frustrated", "getting (too) attuned to the clients' frustration". One worker stated he then questions whether his "grandiosity is out of control?" This helps him regain the boundary. This is important as workers emphasized that lack of therapist neutrality causes couples to be unable to express feelings. Couples, therefore, then have to act out.

The most commonly mentioned workers' developmental issues relating to the couples themselves were: 1) dealing with spousal rage (most frequent), 2) blame between spouses, and 3) spousal values about marriage (above is categorized in Table 37, Appendix B, pages 217-218).

Interviewees were asked to elaborate on these counter-transference issues. Eight of the sixteen interviewees spontaneously mentioned their own struggles with siding as a therapist. Of these issues with siding, five interviewees mentioned being offended by gender inequalities, one mentioned dominant-submissive patterns without specification to gender, and one to same sex over-identification (male worker with male spouse).

The second most frequent commentary about counter-transference was workers' here and now feelings toward the couples as a unit: three interviewees mentioned being "pulled in" by the couple; two additional interviewees mentioned losing their boundary with the couple. Additionally, over half the respondents did report discomfort with couples breaking up in or after treatment.

Interviewees readily conveyed some of the ways they deal with the pressures to side. Of the eleven interviewees asked about this issue, seven volunteered that they balance their interventions and counter-transference by use of tenets from theory published by family therapists. Jargon such as triangulation, reciprocity and systemic equivalence

were used. One worker stated, "I have to do a mental trick with myself to develop empathy (for both)." In this way, family theory helps workers develop rationalizations which enable them to balance their own feelings and interventions. Thus, theory can bolster workers' defenses against highly charged counter-transference issues. As one interviewee put it, "Keeping the relationship as the focus of treatment helps one get off disliking an individual spouse."

One social worker volunteered that she is self-aware and open about siding with her clients. She views siding as inherent to human nature and the processing/checking of this to be a good way to create and maintain healthy boundaries. In this way, she also role models problem ownership and boundaries for the spouses.

Perception of Social Work Students' Difficulties with Marital Practice

When advanced clinical social workers look at the problems of their social work practicum students, they see problems with siding as most prevalent and, closely related, having an individual rather than a relational perspective as second most problematic. Also common was report that students have a limited theory base (i.e., are too concrete; have difficulty looking at content and process; have limited understanding of intimacy, power and control, and sexuality). Other student issues mentioned were too little rela-

tionship experience by the student, lack of limit setting, quick and incomplete assessments, and counter-transference. This assessment is in agreement with the Saba and Liddle (1986) research citing trainees have most difficulty moving from an individual to a relational perspective, according to their A.A.M.F.T. supervisors. This study's data on perspective about current social work students also shows a higher prevalence of individual perspective among today's social work students (by their focus, tendency to side and theory) compared to their supervisors' reported difficulties when the supervisor was learning to work with couples (see previous section). This may be a change in focus of graduate social work education from when many of the supervisors went to school, during the height of the family therapy era (see "History of Marital Counseling in Social Work" section) and when the students are attending school.

Current Most Difficult Learning Task

Learning tasks that the clinical social work supervisors grapple with in current marital practice were quite varied (data taken from an open-ended response set on questionnaire). Current issues were more divergent than the beginning marital practice difficulties reported by these advanced clinical social workers. Responses seemed to fall into two broad categories: 1) issues concerning the marital workers' use of self (N=86), and 2) client psychopathology (N=28). Workers' current issues with use of self were pre-

dominantly about intervention strategies. Other common issues had to do with workers' emotions and values. The most difficult intervention strategy was how to handle lack of couple goals in therapy: specifically, what to do with couples refusing to take responsibility for self and actions. The second most frequent intervention difficulty was how to intervene in conflict. Other frequent current, advanced learning tasks related to intervention skill were difficulties with balancing, what to do when one spouse is less motivated than the other, and clinicians' lack of focus. Emotional issues that advanced practitioners report they currently deal with are: 1) trying to be objective, 2) resisting the temptation to rescue and 3) feeling the urge to side with one spouse over the other. Advanced clinician value conflicts were issues with either: 1) lack of spousal equality, or 2) lack of understanding between the genders.

Twenty-eight advanced clinicians reported that their most difficult current learning task in marital work had to do with client psychopathology. Problematic psychopathology was either individually or relationally defined. Both groups were equal in frequency. Individual pathology included such descriptors as alcoholism and/or substance abuse, sexual dysfunction (one spouse), mental illness, depression, borderline behavior, sexual abuse victimization or perpetration, narcissistic vulnerability, or lack of differentiation. Relational psychopathology volunteered as problematic

was: 1) spousal violence (most frequent), 2) narcissism affecting the relationship (second most common), 3) boundary loss between spouses, and 4) crisis-proneness.

Role Models (Research Question #2)

This section is one of two sections (see later section D) answering major research question #2, "What sources of information do experienced clinical social workers believe influence their understanding of the dynamics that occur between marital partners?" Role modeling is cited as important for social workers' learning (Towle 1954, Lewis 1991). Respondents were asked if there was a person who significantly influenced their development as marital practitioners. They were asked what this persons' role was in relation to them, a description of the influence this person had, and whether this contact was related to their graduate school experience. Clearly, more than two-thirds of the respondents did attribute significant influence to someone (see Table 40, Appendix B, 228).

Of the 76 respondents reporting a role model, fifteen respondents had more than one influential person (thus, 91 responses were given for this item). Social workers most frequently reported their supervisors as influential. Two-thirds of these supervisors were not related to the respondents' graduate school experience. One-third of the supervisors were graduate school practicum supervisors. Listed second most influential were consultants. Teachers and au-

thors tie for a close third (see Table 41, Appendix B, page 228). Open-ended responses revealed that, most frequently, role models were helpful by teaching the social worker theory to be used in couples work. The second most frequent role model influence was on integration of this theory with marital practice itself. Other common responses were role models' teaching of specific "how-to's" and role models' helping the worker with workers' self-confidence (see Chart 42, Appendix B, page 229 for break-down of responses).

Fourteen interviewees spoke about their role models and learning process for marital practice. Seven of the fourteen described their learning process with these role models as experiential. Learning was from their own marriages (5); their being clients in marital therapy and observing the therapists' use of self (4);parents' marriages (2); and identification with a same gender (male) marital therapy supervisor's way of being/acting (identity development for this worker).

Six of the fourteen interviewees described their interaction with role models as less experiential - more learning by watching the role model's action (2); thinking process (2); or theory education (2). These six interviewees learned from their role models primarily in group or impersonal (tape, reading, etc.) situations. This data shows the need for reflection as essential to learning. Implications of this kind of non-one-on-one learning/modeling for gradu-

ate education are apparent. Only one interviewee learned best by doing (live supervision).

Lastly, all respondents were asked if this person they feel influenced their development as marital practitioners was encountered during the graduate school experience. Less than one-third of the respondents who reported others as significant influences on their marital practice development came in contact with these persons as part of their graduate school experience (see Table 43, Appendix B, page 230). Role models encountered during graduate school were most frequently

practicum supervisors. Role models not encountered in the graduate school experience most frequently were supervisors. When role model was asserted to be a supervisor, two-thirds of the time this supervisor was not part of the students' graduate school practicum experience. Tie for second most frequent non-graduate school role models were consultants and social workers' own therapists (see Table 44, Appendix B, page 230).

Integrating the significance of the role model with the timing of the workers' contact with this person, it is notable that most contact occurred after graduate school, but the significant contribution of this role model was the teaching of theory applicable to marital practice. This finding has three implications: 1) social workers have a high need for theory relevant to marital practice after they

finish graduate school; 2) this educational function occurs primarily at the post-graduate, practice level; and 3) role models are significant in the domain of theory education and integration for professional social workers actively practicing with couples.

Graduate Education Research (Question #1)

This section answers major research question #1, "Do experienced clinical social workers perceive a connection between their graduate school experience and their marital practice?" It looks at social workers' preparation for work with couples by their graduate schools of social work. Specifically, workers were asked about their early experience with couples counseling, coverage and relevance of graduate course work for this area and the comparative adequacy of graduate school preparation.

Beginning Practice With Couples

Social workers were asked where they practiced with couples in their beginning years in the social service field. They were asked if they practiced before graduate school, during either graduate practicum, and/or at employment settings while attending graduate school. Fourteen respondents reported experience doing couples work before but not at all during their graduate social work school years (12.3% of the sample). 67.5% of the sample had some experience doing couples work before completion of their

M.S.W. However, 37 respondents had no marital practice experience until _after_ their social work school graduation (32.5% of the sample). The most frequent site of early experience was the second year graduate school practicum (see Chart 45, Appendix B, page 231). A number of respondents had early experience in more than one setting (see Table 46, Appendix B, 231).

Marital Practice Information in Graduate School Course Work

Social workers were asked about coverage of basic marital counseling and family counseling tenets in their graduate school course work. Thirty respondents reported their graduate school course work did not cover the basics of marital or of family counseling (26.3% of the sample). Substantially more people had family counseling coverage than marital counseling coverage in their graduate course work (see Table 47, Appendix B, 232).

Relevance of Theory Learned in School to Clinical Practice

Clinical social workers most frequently found theory learned in school to be somewhat relevant to actual practice with couples. One-third of the sample reported this theory to be less relevant for actual work with couples. Thus, three-fourths of the sample found theory learned in school to be, at best, somewhat or less relevant for practice with couples (see Table 48, Appendix B, 232).

Of the sixteen social workers interviewed, only one felt that graduate school course work was helpful for marital intervention. The beneficial aspect for this person was listening to a specific teacher's thinking process about her interventions in couples' cases.

So, how do experienced clinical social workers perceive the connection between their graduate school experience and their marital practice? Respondents did feel their education was somewhat relevant, and they did have experience working with couples before graduation. However, they felt the scope of preparation for marital work was inadequate in and of itself and in comparison to other direct service areas taught in graduate school.

Graduate School Preparation for Use of Specific Clinical Modalities

Social workers were asked how well they believe their graduate school experience, course work plus practicums, prepared them for work using various counseling modalities. Not only did the highest number of respondents feel their graduate school course work prepared them minimally, or less, for actual work with couples; but also, more workers felt less prepared for marital work than for other specializations such as family work, group work, individual work with adults, and individual work with adolescents. Social workers, though, did feel there was some preparation. Social workers reported sufficient to excellent marital work prepa-

ration in graduate school least frequently of the specified clinical modalities (see Table 49, Appendix B, page 233).

Sources of Influence on Marital Practice (Research Question #2)

This section focuses on major research question #2, "What sources of information do experienced clinical social workers believe influence their understanding of the dynamics that occur between marital partners?" Respondents were asked whether their theory base for marital work comes more from life experience or from published theorists. Specific sources of influence were elaborated, rated individually and then rank-ordered. Lastly, this data was categorized by type of source for this knowledge (setting).

Life Experience or Theory Found in Publications

Respondents commented on whether their life experience or a theoretical base that can be found in publications was more relevant to their understanding of marital relationship problems. The majority of respondents believed life experience was more important than established theory in understanding the problems of couples (see Table 52, Appendix B, 235). This is indicative of the inadequacy of relevant published theory for this type of work.

Influences on Conceptual Understanding

Strength of Influences on Marital Practice Knowledge

Specific, possible sources of influence were culled from various other research studies (Cohen 1979; Cohen Sargent and Sechrest 1986; Hines 1990; Prochaska and Norcross 1983; Morrow-Bradley 1984, 1986; Rait 1986; Rosenblatt 1968) and from pretest results. Respondents were asked to rate the strength of each source individually and then rank order the three they thought most important.

The strongest influence ratings were given to supervision; consultation and/or inservice training on the job; and post-graduate training programs (for persons who participated in these). Second strongest influence ratings were given to graduate school practicums; workshops/conferences off the job; books and articles not used for school; informal discussions with colleagues; own marriage and relational experiences; and observations of others' marriages in personal life. Least influential were pre-graduate school experience and education, and the experience of being a client oneself. Also weak in influence was graduate school course work (see Table 52, Appendix B, 235).

The above ratings are done on a four-point (least to most) scale. When sources are looked at simply as more or less influential (i.e., collapsed to a two category scale) some influences show different strengths. Graduate practicums lose influential power (60 rated them as less influential; 44 rated them as more influential). In other words, the majority of respondents saw graduate practicums as less

influential. The experience of being a client increased in strength as an influence: half the respondents thought it was less of an influence on their marital issue understanding; half of the respondents thought it was more influential. This assessment differs from the first analysis which rated "experience as a client" least influential. Both assessments show post-graduate training programs to have a strong influence on understanding marital issues for those who participate in such programs.

Overall Ranking of Sources

Below, all sources are rank ordered (by frequency in each category) to show power of influence. This ranking goes from strongest to weakest influence.

Table D: Strength of Believed Influence on Conceptual Understanding of Marital Issues

Ranking	Source
Most Influential	-Supervision
Second	-Consultation/Inservice Training on Job
Third	-Discussion with Colleagues
Fourth	-Books/Articles Not for School
Fifth	-Workshops/Conferences Outside of Job
Sixth	-Own Marital and Relational Experience
Seventh	-Observations of Others' Marriages in Personal Life
Eighth	-Graduate School Practicums
Ninth	-Graduate School Course Work
Tenth	-Pre-Graduate School Experience and Education
Least Influential	-Being a Client

Notes: "Training Program" category and "Other" category were excluded from this listing due to very small Ns. Again, post-graduate training programs were rated very influential for those who did attend.

Respondents were asked specifically to rank their own three most important sources of influence on their understanding of marital issues. By frequency (modal response for each rank), the three overall most important sources were:

Table E: Three Most Important Believed Sources of Influence on Social Workers' Understanding of Marital Issues

Rank	Source of Influence	Frequency
Most Important =	Supervision	30
Second Most Important =	Consultation/Inservice Training on Job	19
Third Most Important =	Workshops/Conferences off the Job	29

This last ranking of the top three influences is consistent with the previous ranking of all influences. (This shows good agreement between data.) First and second choices were identical on both rankings. Third choice on top three rankings was fifth choice on overall ranking. What is especially notable is that post-graduate training programs are second most frequently rated as the most important influence on the social workers' understanding of marital issues (see Tables 53-56, Appendix B, pages 236-239). Only 49 respondents attended such training programs. 20 of the 49 respondents (40.8%) rated this experience as most important for their learning to understand the marital issues they see in practice. Supervision was rated as the most important - this rating was given by 30 of the 109 possible respondents (27.5%). Thus, even though supervision was the most frequently rated most important influence, post-graduate train-

ing programs were rated most important more frequently by their respondent pool.

Types of Salient Influences

Sources of influence on workers' understanding of marital issues was looked at according to type of source (setting). Type of settings were: 1) education - the purpose of which is knowledge building; 2) training - the purpose of which is preparation for performance;[19] and 3) life experience. Education is considered to include sources such as graduate school course work; workshops/conferences outside of the job; consultation/inservice training on the job; and books and articles. Training includes sources of graduate school practicums; supervision; and post-graduate training programs. Life experience entails being in therapy; one's own marriage and relational experience; and observations of marriages of parents, relatives and friends (see Tables 57 and 58, Appendix B, pages 240-241).

Tables 57 and 58 indicate good agreement between different data sets: both show approximately 41% of the respondents believed education (i.e., knowledge building endeavors) to be the most salient influence on understanding marital issues seen in practice.

The latter table further elaborates: education is the type of endeavor that is most influential; training is

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[19]Purposes for education and for training are taken from Frey Edinburg's definitions (Rosenblatt and Waldfogel 1983, 347).

second and life experience shows third in importance as salient influences on gaining understanding of the issues problematic for couples. This clearly has ramifications for the importance of graduate education on learning to work with couples. Also highlighted is the discrepancy between this importance and the actual sense of preparation and coverage that is occurring in graduate social work education.

CHAPTER V

CONCLUSION

This last chapter is divided into two major sections. The first section summarizes and synthesizes the dissertation literature and research findings. The second section discusses the wider implications of these research findings: for social work education and for the social work field in general.

Summary of Literature and Research Findings

The Changing Face of Marriage

The institution of marriage is evolving. Demographically, the marital couple living away from related others is, for the first time in history, the longest phase of the family life cycle (McGoldrick and Carter 1980, 174). This new longevity puts tremendous pressure on spouses to redefine what their marriage means for them. Coinciding with this, cultural values increasingly espouse happiness as a basic expectation of marriage in Euro-American cultures (Mace 1959; Donati 1989; McAllister, Mansfield and Dormor 1991).

Also, as couples live more separately from their multigenerational and community ties, marriage becomes more

and more of an individualized endeavor. This plus the lack of current, clearly defined cultural roles and values about marriage create much confusion for spouses.

As the definition of marriage evolves, marital practitioners' views and expectations about the marriages of their clients also change. Additionally, the marital practice model itself changes. This research shows that social workers doing marital work expect long-term marriage to provide an environment for individual happiness and individual growth. However, the most difficult question for interviewed social workers to answer is, "What is success in marital work?"

This study seeks to clarify this murky area of practice. It delineates marital work conceptualization today, pinpoints troublesome areas for social work learning about marital practice and recommends ways in which social work education, and the field in general, can better prepare clinicians for work in this rapidly changing and value-laden area.

With this, social work education can be more relevant and current with social work practice. This dissertation serves as a feedback loop between the field and education - thus meeting the challenge of all research.

Update on Marital Practice Within the Social Work Profession

From Then to Now: Marital work can be traced in the practice of social workers as far back as the late 19th century. Historically, marital practice theory in social work has gone through five phases of evolution.

Earliest, marital work was conjoint both by modality (Reynolds 1938, Richmond in Siporin 1980) and by definition. Zilpha Smith (1890) asserted the social work profession as the one "addressing family as a whole...(versus) defective individuals..." Primitive understanding of systems was evident in social work writing even before 1917. As Mary Richmond (1917) stated: a family has "a history of its own apart from the histories of those that comprise it." (158) However, even with these conjoint, systemic, theoretical underpinnings, clinical intervention was targeted at the individual in the relationship rather than at the relational process itself (Richmond 1922, Sheffield 1937).

In the 1920's and 1930's early family casework theory in social work submerged as the new psychoanalytic paradigm in social work became popular. As the founder of Smith College put it, "The adaptation of the individual to the environment, in the last analysis, depends on mental make-up." (Jarrett 1920, 587) The marital practice model during this period emphasized a (concurrent) individual treatment modality with the individual as the target of change. Goals for marital work continued to be better "adjustment" to the

marriage (Mowrer 1935). Theory was individually oriented; however, there still remained some awareness of larger, relational dynamics beyond the individual(s) involved. Thus, focus accentuated the individual against the background of the relational process. Focus was away from the relational process itself.

In the early 1940's, with the return of the war veterans and the ensuing adjustments to marital reunions, social work took a fresh look at marital intervention. This led to what was called integrationism, the third paradigm in social work marital practice theory. This uniquely social work integrationist approach was flexible in terms of modality choice, theory base and target of intervention (individual, individual in relational process or relational process itself). Decision was made according to workers' assessment. However, the goal of the marital and family work continued to be enhancement of the family unit (Brody-Mitchell 1959).

With the onset of the "family therapy" era, marital and family work became widely recognized in the helping professions outside of social work. With this, social work marital practice theory took on a new character which was rigidly conjoint, transaction-focused and systems theory oriented. The integrity of the unit involved (family, couple, etc.) continued to retain priority in terms of goal definition for marital/family work.

To recapitulate, social work marital practice theory has evolved through different paradigms. However, certain themes run through the history of the social work marital practice literature and thus become part of the specialized knowledge base of the discipline (Gordon 1965). These themes include: long-term acceptance of some conjoint sessions in marital work; wisdom about systemic influences in marriage; the voicing of allegiance to client self-determination paired with emphasis on the goal of improvement/sustainment of the marriage; and lastly, a continued reemergence of modality flexibility determined by social workers' assessment.

What has been quite changeable in the history of published social work marital practice theory has been which aspect of the person-in-environment perspective is highlighted: the individual, the individual in the relational process or the character of the process itself.

Currently, experienced clinical social workers again conceptualize marital work as integrationist in terms of modality choice. Conjoint or individual format usage for spouses is determined by the individualized assessment of the couple. However, there is some worker hesitation in flexing between the individual format and the conjoint marital format. This bias was not found in flexing between the intergenerational family therapy format and the conjoint marital therapy format. This may show a sophistication among

social workers regarding the difficulty in altering therapeutic alliances with individual spouses and alliances with the couple as a unit.

Current theory bases used in marital intervention, again, are integrationist. However, individually-based theory is found to be less helpful than other theory, such as family therapy theory or communicational/behavioral theory.

Although current modality and theory choices are integrationist, social workers' reported focus rests upon the dyad in terms of workers' allegiance, ongoing counseling focus, change theory and goals.[20] However, focus is upon both the individual and the dyad during the initial assessment period.

Goal for marital work is considered to be change in the marital relationship. However, interviewed social workers displayed confusion about what is success in marital work. Answers were quite diverse: eight of fourteen interviewees expressed a bias toward wanting couples to remain married as a result of treatment; three of the fourteen expressed divorce as an acceptable outcome. Definitions of "success" ranged from no one dying (N=3) to "The goal is to

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[20]This dyadic emphasis is shown by quantitative data supporting statements such as: individual change results from the focused upon marital change; allegiance is to the marital relationship over the individual spouses; focus on actual interactions between spouses is more important than individual feelings, thoughts or psychodynamics.

improve the marriage and improve the individuals without destroying the marriage." to a (non-direct) response about a couple who resumed sexual contact and "dated" each other as a result of long-term intervention. Clearly, the historical value concerning marital work's purpose being "adjusting" spouses to their marriage has become more complicated today.

Delineation of the Marital Practice Model

Marital intervention entails any clinical intervention in which focus and goal are related to the marital relationship itself. Much marital work occurs in individual therapeutic sessions. The conjoint format is used flexibly and primarily on a short-term basis (less than six month duration).

Social workers feel they have to set limits and focus more in their conjoint marital work than in their individual work - particularly in the early sessions. Marital work is more complex than individual work in terms of conceptual dualities: content *and* process assessments; individual *and* dyadic organizations of theory and assessment. Because of this complexity, social workers now tend to have a relational process (action between spouses over individual meaning) orientation beyond the initial assessment. Assessment utilizes complex conceptualization: focusing both on individual dynamics and meanings and relational dynamics in an integrated fashion.

Social workers seek to develop an intimate equilibrium (closeness-distance) between spouses. They see intimacy as a difficult aspect in marital work, as opposed to individual work. Individual work entails an intimate relationship for the client with the therapist, the latter always acting in professional role. This type of "intimate" relationship is defined as one-sided but close, the features of which being emotional support for the client and client self-disclosure (Kersten and Himle 1991). In couples work, intimacy with the worker is frequently problematic - as it relates to spousal competitiveness, pulls on the worker to take sides and an additional burden of worker skill to balance interventions. The concept in marital work is for intimacy to be experienced predominantly between the spouses. A watered down sense of intimacy occurs between the spouse and the worker. Due to this, social workers find ongoing worker-client bonding and termination phase length in marital work to be less than in individual work. Clearly, the professional use of self in conjoint marital work is of a different nature than use of self in individual work.

Goals in marital work are interactionally oriented; whereas goals in individual work are singular. However, goals and loyalty in marital work are much more complex for the social worker. Individual goals and loyalty are part and parcel of working with one individual. Marital work entails a confusion of loyalties (the welfare of the individual

spouses; the integrity of the marriage) despite the relational goals espoused.

Marital work also has specific facets that differentiate it from larger multigenerational family work. In marital work, sexual role often becomes an issue. Most social workers assess the emotional meaning of these behaviors but do not directly intervene on problematic behavioral aspects. It is hypothesized that this may be a specialty area in which most workers do not feel versed. Divorce threat creates greater system instability in marital work: workers approach this by asking for suspension of the threat. In this way, they stabilize the system temporarily to enable a therapeutic environment to form. Additionally, lack of boundary stability in the form of extramarital affairs is seen as preventative to success in either marriage or marital work. This activity is less at center stage in multigenerational family work.

Hierarchy/power issues are more culturally defined in family work. Social work practice and recent published social work theory leans toward equalizing power differentials between spouses. Power differential between intimate adults is beginning to be seen as inherently abusive (to the less equal participant). However, when couples don't report this as problematic, workers feel they should not alter the power differential. This complex conceptualization about power differential is not a characteristic of intergenera-

tional family work. There is socially condoned, legally enforced hierarchical structure between parents and children.

Also, family work allows differential therapeutic alliances between the worker and different family members. Symmetry of therapeutic alliances is crucial to (and more demanding in) marital intervention.

Lastly, spouses have a potentially higher degree of culturally condoned need/expectation of each other than multigenerational families. As one social worker put it,

> I find couples therapy to be more complex than family therapy and of a different genre. In marriage people are looking for their primary affirmation in life - their essential being...It is their essential quintessential sense of self-validation.

This increased expectation of marriage without clear cultural rules places new demands on workers intervening in this area.

Social Workers' Learning Issues Related to Marital Work

Transferability of Knowledge

Transferability of learning is a landmark in the history of educational theory. Wertheimer explicated this in 1945 when he stated that structural understanding, i.e., understanding of the concepts or procedures underlying a body of knowledge, allow for transferability and applicability to different problem situations. Put simply, concepts from one body of knowledge can be transferred to another

body of knowledge or generalized to many. This learning theory is as valid and accepted today as when it was written forty-eight years ago (Glaser 1984). However, transferability implies a commonality of the conceptual underpinnings between areas of knowledge. In other words, other clinical theory bases are assumed to transfer over to the social workers' conceptual understanding of couples work. This occurs when the theory is relevant for couples work. Social workers do find the theory learned in graduate school relevant to, but inadequate in scope for, their conceptual mastery of the marital practice arena.

Interviewees reported a diversity of theory bases helpful to their marital practice understanding. This is indicative of both the complexity of couples work and the multitude of theory bases social workers draw from for this type of work. Relevant theory included developmental process, effect of family-of-origin internalization (on current marital dynamics), healthy vs. pathological individual functioning, general relational dynamics and family theory (Minuchin, Bowen, etc.).

What is not transferable is that which is specific to work with couples. These concepts have to be taught on their own merit. Specialized concepts are discerned from social workers' learning difficulties with marital work combined with delineation of issues most common to marital work.

Social Workers' Learning Difficulties Concerning Marital Practice

When social workers express their difficulties with conceptualization in marital practice, they are often talking about the combination of the conceptual and the emotional and/or value-laden issues that crop up in this practice arena. As interviewees put it,

> For me, working with couples is the most painful and anxiety provoking of the different types of treatment. Couples work involves a lot of conflict and tension; it is complex and there's so much going on that it can get confusing. Its difficult to make the right connection with so many dynamics going on for the couple...

> Couples work for me is the most difficult. You just see the surface. When you get into it, there are so many other things going on. The deeper you dig, the more issues come out.

Social workers also comment on learning tasks that distinguish working with couples from working with families (i.e., two or more generations in the session):

> I find couples therapy to be more complex than family therapy and of a different genre. In marriage, people are looking for their primary affirmation in life - their essential being. They need to be loved and affirmed. It is their quintessential sense of self-validation.

> Family work and couples work are different. With families, its more like directing an orchestra; with couples, you get more involved with them.

> I've always felt that couples work was the most challenging. You have to deal with the transferences, conscious and unconscious, from both spouses plus the relationship between the two of them. In individual therapy, it is easier for me to be keenly aware of transference issues. In family therapy, transferences are deintensified. Families don't relate to you as their "therapist." Family members are bonded together - as a unit. It's watered down. They're more of a self-

> contained unit; its not so traumatic to lose you. I try to get family members connected to each other. With a couple, I do this too. But, the spouses bond more heavily [than the family members] to me, despite what I do.
>
> I think family therapy is easier to do than marital therapy in that it is easier to put the responsibility for change on the family - to will it over. With couples, the mandate for treatment is that the spouses want to change. However, its hard because they blame each other; the tension is so balanced that it is hard to redirect this into really working on problems.

In other words, social workers are trying to state that not only is marital work more complex than work with an individual, but marital work is, in some ways, essentially different from multigenerational family work. This last point is important for education, as marital work is often assumed to be taught as part of family course work. Given that marital work has some special features that differentiate it from larger family intervention, are these special marital issues taught in family courses? If not, the issue of failure of transferability is germane.

The first difficulty with learning marital work is its definition. As the definition changes, so do dynamics, theory and workers' use of self in this area. Interviewed social workers illustrate the lack of clear definitions of marital work:

> I define marital counseling as occurring when the couple comes in conjointly. If they're not coming together, it is not couple counseling.
>
> Marital therapy is for dealing with the <u>mutual</u> problems that have caused the marital problem.

> When a couple presents for treatment, I have no hard fast rule. I see marital therapy not as what bodies are in the room, but as the way you are thinking about the clients and their issues. I may see a client individually and do marital therapy through that client.

> I see no issue with working on spouses' marital difficulties in individual sessions. I approach this by keeping the bigger relational picture(s) in mind.

Another difficulty social workers have is learning not to emotional side with individual spouses in conjoint marital sessions. This is reported as the most difficult learning task for social work students and one of the top three most difficult learning tasks overall for advanced clinical social workers. This urge to side stems from any or all of the following:

1) Emotional pulls by the individual spouses to take his/her side, i.e., see his or her interpretation of the marital problem as correct.

2) The humanness of the clinician. All persons, even when trying to treat others equally, develop more affinity for some persons (spouses) over others.

3) Lack of applicable tenets from family based theory utilizing a systemic view of marital issues.

As social workers are integrationist, they tend to use two sets of theory with couples: theory related to individuals and systems based theory. Individual theory entails an understanding and professional use of self which is inherently attuned to the individual over the relationship. Interview data reveals that workers find family therapy tenets helpful as a defense both against their own emotions and value biases and against emotional pulls to side origi-

nating from the individual spouses. Worker emotionality can be rationalized down by such concepts as triangulation, reciprocity and systemic equivalence. These concepts help workers reframe therapeutic occurrences, thus enabling the worker to intervene in a more balanced couple-as-a-whole focused way.

Learning not to take sides and moving from an individual to a relational perspective are closely associated and highly ranked as problematic for social workers (the two most commonly observed learning issues for social work students, totaling 56% of reported major student problems, and rated high by advanced clinical social workers in terms of their own overall marital practice learning tasks). It may be that difficulty moving from an individual to a relational perspective is caused by lack of marital theory; lack of integration of marital relationship based theory with the workers' use of self and application in practice; or by bias toward using an individual-based intervention stance.

A third major learning task in marital work is social workers' maintaining the boundary between self and couple. This boundary is established when the worker has a clear sense of whose responsibility is whose, has the emotional capacity to keep this in effect, and can appropriately pinpoint and intervene when this boundary becomes diffuse.

Boundary maintenance issues are described by respondents in the following terms: remaining neutral/objective,

uncertainty about setting limits, resisting the temptation to rescue, to be or not be the judge, and feeling compelled to jump in and fix it. Interviewees pointed to emotional red flags they have become aware of in themselves, which have helped them catch when they lose their boundary with a couple. Emotional indicators include such reactions as "getting real frustrated," getting (too) attuned to the clients' frustration, becoming anxious. One worker stated he then questions whether his "grandiosity is out of control?" This helps him regain the boundary. This is important, as workers emphasize that lack of therapist neutrality causes couples to be unable to express feelings. Couples, therefore, have to act out.

Put in different words, difficulty maintaining the boundary between social workers' definition and use of self and the clients is caused by workers' emotions, values and conceptual grasp of marital work.

Emotionally, the social worker is, at base, in the room with a couple, i.e., two clients with collusive tendency to pressure the worker at certain tension points in the therapy. The intimacy, shared history and adult nature of a couple can make the pressure on the worker to lose his/her professional sense of self quite strong.[21] Thus, pressure

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[21]In fact, research shows that couples, as they stay together longer, rely more and more on nonverbal communication and become less able to resolve conflicts satisfactorily. This increases the needed level of emotional and integration skill for the marital worker with such couples (Qualls 2993).

on the boundary between worker and clients is part of the nature of couples work.

Conceptually, boundary diffusion is encouraged by marital works' purpose being relational change paired with the workers' more active, directive use of self in the conjoint modality. Responsibility (the boundary definer) can become confused when change is up to the couple yet directed more actively by the worker.

Additionally, values confusion about what marital expectations are/should be by all involved further impinges upon the boundary between worker and the couple. It is difficult for spouses to define their values and expectations of their marriage. It is even harder for them to accept their spouses' values and expectations and to live with their own disappointment of needs. These issues often are acted out toward the social worker. This becomes further complicated when the worker is unsure of his/her own values about marriage in general, what the worker feels about the spouses' values, and what the workers' role around these marital values should be in marital work. This lack of clarification and high demand for self-awareness of these values/expectations can cause all three participants to work at odds with each other without full awareness of this (boundary diffusion). Again, the confusion about what is success, i.e., purpose, in marital work highlights this

value confusion. With value confusion, responsibility (boundaries) automatically becomes problematic.

A close cousin to the above learning difficulty is the problem of lack of couple goals in therapy. Respondents reported this to be the number one, current, most difficult intervention issue in couples work. In other words, advanced clinical social workers still have the most difficulty knowing how to deal with couples who refuse to take responsibility for self and actions. Does this difficulty reflect back to couples' assessment, or is it related to lack of societal, normative content on marriage? Florence Hollis's research conclusion on marital counseling was that "the most glaring and frequent error in social work method was incomplete assessment." (Hollis 1949, 167) It may be that assessment in marital work is more extended and needs more frequently to be re-evaluated and re-done as stuck points occur in the therapy. Also, it is difficult for couples to have goals about marriage when there are no norms for what healthy marriage is. Without such tenets (for example, "Spouses should not blame."), what goal are couples supposed to strive toward?

Other major difficulties with marital work have to do with values/emotions about gender roles and about verbal conflict. Workers reported difficulty with their feelings and values about spousal definitions of gender roles, specifically when males are more empowered in the marital

relationship. Workers had internal difficulty when there is a reported problem between the spouses concerning this and when spouses report no discomfort, but workers' view the gender imbalance as problematic. Additionally, social workers frequently reported difficulty with their own values, understanding of and intervention strategy with verbal conflict (also expressed as blame or verbal abuse) between spouses).

As gender inequality is becoming less acceptable as a societal norm, it is also beginning to be defined as pathology in social work publications (Breunlin, Schwartz and Kune-Karrer 1992, 259; Nichols and Schwartz 1991, 382 quoting a McGoldrick 1990 presentation). Societally, the term "abuse" is widening to include not only physical but also emotional abuse. Verbal assaults or blaming fall under this category. Social workers are expressing internal value and emotional turmoil with this verbal "abuse" in client marriages. Both these difficulties are indicative of the higher expectations of need and self-esteem fulfillment by marital partners. In these changing, value laden areas, social work value clarification and practice theory is inadequate.

Less frequent but still notable, social workers report lack of understanding of relational effects caused by certain individual psychopathologies. This is a lack of fuller person-in-environment theory about individual-based problems (i.e., alcoholism, mental illness, etc.)

Lastly, workers expressed confusion about intervention strategy with couples in which one spouse is less motivated. Practice theory of the respondents is quite divergent on this issue: ranging from working only with the more motivated spouse to outreaching and modeling interventions with the less motivated spouse in front of the more motivated spouse.

How Do Social Workers Believe They Acquire Conceptual Expertise in Marital Work?

Most social workers believe their life experience, in general, is more important than established theory in coming to understand the problems of couples. This is indicative of the overall inadequacy of relevant, published theory in the marital arena.

Social workers most frequently report that supervision is the major, specific source of information impacting their conceptual understanding of the marital issues they see in practice. Second in influence is most frequently reported to be consultation/inservice training on the job. Workshops and conferences (off the job) are most frequently reported as third most helpful in power of influence on conceptual understanding.

When social workers rank order all possible sources of influence on their conceptual understanding of marital issues, believed power of influence (from strongest to weakest) is as follows: supervision (strongest); consultation / inservice training on job (second); discussion with

colleagues (third); books and articles not used for school (fourth); workshops and conferences outside the job (fifth); own marital and relational experience (sixth); observation of others' marriages in personal life (seventh); graduate school practicums (eighth); graduate school course work (ninth); pre-graduate school experience and education (tenth); and, lastly, the experience of being a client.[22]

When specific, salient influences are categorized by type of information setting, they fall into three groupings: education, training and life experience. Education and training are distinguished from each other by education being equated with a knowledge building purpose and training with a preparation for practice purpose. (Definitions are by Frey and Edinburg in Rosenblatt and Waldfogel 1983, 347.) Education is considered to include such sources of influence as graduate school course work; workshops and conferences outside of the employment setting; consultation/inservice training on the job; books and articles. Training includes graduate school practicums; supervision; and hands on, post-graduate training programs. Given this delineation, social workers rate educational endeavors as the most important source of information impacting their conceptual understanding of actual marital practice issues.

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[22]"Training Program" category and "Other" category are excluded due to very small numbers of participants. Post-graduate training programs were very influential for those who did attend.

Role modeling is cited as important in social work learning (Towle 1954, Lewis 1991). Over two-thirds of the social workers in this study stated they had a role model who significantly influenced their development as marital practitioners. Most often these role models were supervisors, second most influential were consultants and tie for third were teachers and authors.

Integrating the significance of the role model with the timing of the social workers' contact with this person, it is notable that most contact occurred after graduate school, but the significant contribution of this role model was the teaching of theory applicable to marital practice. This finding has three implications: 1) social workers have a high need for theory relevant to marital practice after they finish graduate school; 2) this educational function occurs primarily at the post-graduate, practice level; and 3) role models are significant in the domain of conceptual education and integration for professional social workers actively practicing with couples.

Interview data further elucidates the educational function these role models serve. Only one of the fourteen interviewed social workers described a role modeling relationship (outside his/her personal life) which was inherently based on a one-to-one type of interaction. Of the remaining interviewees, the majority learned from their role models primarily in group or impersonal (tape, reading,

etc.) situations. They learned by observing their role models' action, thinking process or education about concepts of marital work. Implications of this kind of non-one-on-one learning/modeling for graduate and post-graduate education are apparent. Additionally, as most social workers (68%) have some marital practice experience before graduation from their masters degree programs, they do have some practice base from which to understand and begin to integrate conceptual education about couples work.

To conclude, the individual relationship (i.e., supervision) is important for social workers' integration of practice information. Also, the larger clinical knowledge base of the advanced social worker facilitates integration of marital work, which draws from complex and diverse theory bases (Glaser 1984, 1990). Most of this type of integration occurs at the post-graduate level. However, social workers value education (knowledge building) as a contributor to conceptual mastery of couples work, have some marital practice expeience before graduation, and interviewees indicate ability to learn in a setting that is not one-on-one. What are the implications of this for formal social work education?

Update on Coverage of Couples Work in Social Work Education: From Curriculum Policy to Evaluation of Graduate School Preparation

Before 1900, the education of social workers was done primarily in practice apprenticeship. When social work schools were initiated, they were closely tied to casework agencies and overly divided into specialties. To address this overspecialization, the Milford Conference (1929) set a precedent of generic method in social work education. This developed into the two year curriculum of the 1960's: first year generic education and second year specialized education. In the late 1970's, all social work curricula further unified under the person-in-environment perspective. This perspective was to be the most prominent, distinguishing feature of both social work education and social work practice. During this time, the field of child and family work was suggested as one potential basis for concentration and eventually for specialization (Constable 1978, Gordon and Schutz 1977). In 1984, the Council on Social Work Education further commented on family work as evolving into a specialization. Social work schools were given latitude in their interpretation of this in course content. Before 1984, research did show 90% of social work graduate schools offering marital and family counseling in basic methods instruction (Siporin 1980). This study also found that the majority of social workers (73.7%) had coverage in the basics of marital work or family work or both in their graduate school

courses. However, these findings are hollow when set against two other findings: namely, that education was rated the most valued source of influence helpful to actual couples practice, and that these same social workers felt particularly unprepared by their schools for any sense of conceptual mastery in work with couples.

To conclude, the person-in-environment perspective of social work graduate education does provide a foundation for the teaching of marital and family work. Schools are actively involved in education about this general area. However, social workers feel conceptually unprepared by their schools for work with couple. This illustrates a picture of graduate social work education lagging behind the actual practice done by students.

Implications for Social Work Eduaction

Family work is integral to all specializations of social work practice. Medical social workers assess and counsel families impacted by illness of members. Remediation of the educational difficulties of children requires family involvement and support. Workers' success with juvenile delinquents includes addressing the offender's family situation. Employee assistance workers carefully evaluate troubled employees' family environments. The quality of family ties are most essential to older adults' sense of well-being and security. Family work is center stage in family services and mental health; even individual psychotherapy addresses

the "family" within the individual (see Schwartz's new internal family systems model in Nichols and Schwartz, 1991).

In other words, family work is generic to social work. Marriage is the pillar of the family (Satir 1967), and marital intervention is the usual result of multigenerational family intervention (Hollis 1949, Richmond in Siporin 1980, Scherz 1970). Therefore, the marital focus is as generic to social work practice as marital issues are generic to most peoples' lives (Meyer 1987).

Some areas of practice are becoming more specialized / less central to current practice trends. For example, individual therapy with children is done less frequently; the current treatment of choice for children is family therapy. Group therapy is waning in popularity. However, marital issues and expertise are more central than ever with couples struggling to maintain their marriages and marital norms being in flux (McGoldrick and Carter 1982). Social workers in any direct practice area cannot skirt marital issues or intervention. Although also a specialty area, basic knowledge of marital dynamics and intervention is crucial to basic competency in our profession.

This research clearly shows marital work stands on its own: both a practice area within family work and an area that has some specialized learning issues of its own. This research also clearly indicates the inadequacy of social

work education in preparing social workers with generic knowledge about the marital arena. The larger question this research brings to bear is, "Where do beginning social workers need to learn about marital practice?" Is this an area that should, or can, be effectively taught by social work graduate schools? More broadly, what is the obligation of the social work field in general for the preparation and ongoing supervision of workers doing this type of work? To begin to answer these large questions, one must first look at how social workers learn / integrate theory into their practice expertise? Then, one must evaluate values about the role of formal social work education in this.

This research shows that most marital practice integration occurs post-masters level. Most often, the supervisory relationship is the vehicle for this transmission. The needed learning is theory / conceptual education about marriage and marital intervention. Even less personal learning tools (i.e., consultation, workshops, inservices, books and articles) are highly valued as educational for marital practice at the post-masters level. One can deduce from this that workers are developmentally ready to use education, from a variety of sources, to facilitate integration of marital theory with their on-going practice. However, workers still value individualized supervision most. This supervisory relationship has been the mainstay of social work learning and integration since the profession's origins.

Given the research indication of when and where social workers believe they integrate their marital theory, what is the role of social work education? Put another way, should social work education teach students what they need to know about marital work? Or, is it the role of education to inform students of what they do not know and will need to integrate later? Do schools of social work give students the illusion that they are prepared for work with couples?

Social workers value education (knowledge building) as a major contributor to conceptual mastery of couples work. The aspects most helpful to social work learners interviewed for this research are observation of the educator's action, thinking process and/or elaboration of concepts about marital work. These aspects support the notion of a relationship between student and teacher in which the student "catches" the teacher's professional use of self (Lewis 1991, 28). This can be done in a classroom (group) setting. These data suggest the learner's need to reflect on what he/she is learning in order for integration to occur. This may indicate that it is not the supportiveness (i.e., doing the work with personalized attention) of the learning relationship in supervision but the ability to reflect in supervision that is key to integration. The concept of transferability is a foundation of social work educational theory. Social workers draw from many theory bases for their work with couples. However, there are concepts that are specific to the marital

practice arena. These concepts are not necessarily transferable and need to be taught.

Specifically, it is recommended that social work graduate education give some kind of definition to marital work. As social workers are integrationist, they intervene on marital issues in a modality flexible way. Most intervention on marital issues occurs in individual, therapeutic sessions. The map of conjoint marital work is one of primarily short-term intervention (less than six months duration). Workers use conceptual dualities: content and process assessments; individual and dyadic organizations of theory. Social workers tend to have a relational process orientation (action between spouses over individual meaning) beyond the initial assessment. Assessment utilizes both individual-based and dyad-based evaluation and theoretical understanding.

Marital work requires a different use of self than individual work. In general, marital practitioners have weaker bonds with individual spouses in conjoint sessions and, related to this, utilize shorter termination phases in treatment. Different from use of self in multigenerational family work, marital practitioners strive for symmetry in therapeutic alliances with individual spouses in conjoint sessions.

Beyond this, marital workers need basic education on the effect of gender roles on each spouse, the dynamics of

intimacy, sexuality, extramarital affairs, divorce threats and spousal expectations of marriage. Generally, social workers today intervene on unequal power relations between genders unless not reported to be problematic. Equilibrium in marital intimacy (closeness-distance) is sought. Social workers tend to look at the meaning of marital sexual difficulties rather than directly intervene on such issues. Affairs are considered destructive both for the success of the marriage and the success of marital intervention. Workers ask couples to suspend divorce threats to enable a therapeutic environment to form in which both spouses can work on the marriage. Lastly, the current picture of how social workers practice shows work with increased expectations of marriage itself. This inherently places a more ambitious expectation on the marital counseling itself. As one interviewee summarized the dilemma of marital expectations today,

> I think a good marriage requires enough freedom for people to do for themselves without someone else putting the cabbash on that, but also with the people having enough in common to bring them together (trust). Spouses can't have the expectation that they can meet every need of their partners nor be disap pointed when their partners can't do that for them. Marriage is limited. I think most people are just too fragile to do all this.

Beyond this basic picture of current marital practice by social workers, this research explicates a number of problem areas for social workers actively doing marital intervention. It would be beneficial for future social

workers if these areas were addressed briefly in their graduate education and addressed fully in the field.

Workers using the conjoint marital format report a number of specialized, conceptual issues. These conceptual issues are complicated; as they are often combined with emotional and/or value quandaries for the worker.

First, social workers frequently report difficulty learning not to emotionally side with individual spouses in the conjoint marital sessions. It is not expected that social work education can work with the emotional issues of the clinician. However, it can give stronger assistance to students by emphasizing and teaching relational/family tenets that will help counter these emotional tendencies to side (i.e., concepts such as triangulation, reciprocity and systemic equivalence are germane here). Education can define emotional siding by the worker as stemming from worker's emotionality and/or relying too heavily on individual-based rather than family-based theory. Family or relationally based theory (plus self-awareness) can be taught as ways to work with this aspect of professional self.

Another common issue is maintaining the boundary between worker and couple in conjoint sessions. Use of self is different in conjoint marital work than in other modalities. Because of the, at times, inherent, intense pressure from spouses, social workers must be very clear about their own professional role and responsibility in marital work.

There is a difference between a professional's taking a more active stance and taking too much responsibility for the couples' well-being and progress. Education cannot directly address workers' boundary issues, but it can teach students what the professional's role is in work with couples. With this, students must learn to assess their own values / feelings about marriage, marital success and the purpose of marital work. Also, students must learn the importance of the more extended, initial assessment and more frequent re-evaluation of this assessment in the course of the marital counseling. One of Hollis's research conclusions on marital counseling was that the most glaring and frequent error in social work method was incomplete assessment (Hollis 1949, 167).

How to do a thorough, marital assessment must either be taught directly or emphasized as a learning task to be accomplished after graduation. This graduate and / or post-graduate education may also lessen another problem social workers frequently experience with marital intervention: lack of couple goals. This area is especially important and problematic. Individual-based theory is the most comprehensive and well developed of all theory bases and is a large asset to the worker when an individual client presents for counseling. Families who come for therapy frequently come around the problems of / with a child; therefore intervention focuses upon this presenting problem. The worker can

choose style of intervention from a number of theory (strategy) bases for this family work. Couples who come for counseling are often unclear about what their complaint is beyond, "We don't get along," or "We fight too much." This places a special onus on the worker to help the couple sort out the difficulty. The comparatively less developed state of marital theory, as compared to broader family theory or individual theory, further burdens the worker in this assessment / goal specification process. For these reasons, it is especially important for workers to be taught how to do couples' assessments. Marital assessment needs to include not only the necessary evaluation of the presenting problem, individual dynamics and communicational style of the couple; assessment also needs to include evaluation of marital life cycle stage, interspousal expectations, individual couples' definition of marital "normalcy," influence of outside stressors, and new knowledge drawn from other disciplines.

Other, more contemporary issues to be addressed are gender power differentials and verbal conflict within the marriage. As societal norms are changing regarding gender inequality, social work publications are beginning to define gender power differentials as abusive by nature. Also, as societal definitions of abuse expand, verbal blaming or verbal assault is beginning to be labelled as emotional abuse in marriage. There is a lack of social work theory in these areas. Students need to assess their own values/feel-

ings and develop some ways to conceptualize about these areas.

Additionally, there is lack of social work practice theory on how to conceptualize and intervene with couples in which one spouse is less motivated than the other. This points to a deficit in theory base that is specific to couples work. Education can either address this directly or pinoint this as a theoretical problem workers will have to come to terms with in the future.

Lastly, individual pathologies should be taught from a fuller, person-in-environment perspective. Social workers expressed specific difficulty in understanding how certain individual-based problems (i.e., mental illness, alcoholism, etc.) affect spouses and marriage in general.

The advanced clinical social workers interviewed also recommended that education emphasize to students the need to individualize their assessment and application of theory for couples work. Interviewees elaborated on the range of marital styles and the need for understanding and acceptance of marriages beyond the students' own life experiences. Also, it is recommended that the student learn what is universal about marriage.

Lastly, respondents emphasized that social work educators convey to students an attitude of confidence about self and appreciation of couples who come for counseling. All viewed learners' feeling of being overwhelmed as a necessary

rite of passage when learning to work with the complexity that is couples work.

Family work is the birthright of social work. One needs only to look at the social work publications on marital work through history to find a wisdom about this area. Social work educators need to teach social work's marital practice wisdom, address in some fashion the current practice issues conveyed by this study and create conceptualization about the areas missing in marital practice theory.

Conclusion

Integration of marital theory and practice is done at the post-graduate, practice level. Recommendations for teaching direct service that includes work with couples are: 1) better delineation of how marital work is actually practiced; 2) definition of workers' professional role / responsibility in marital work; 3) education on relational or family theory as a way to counter workers' tendencies to side; 4) emphasis on values assessment about marriage and marital work as requisite, ongoing professional processes; and 5) teaching about assessment of couples.

Beyond this, social work education's role may be more relevant and productive in the marital practice training of social work field instructors rather than students. These supervisors have the knowledge base conducive to integration of this training. Also, the study results, expressed interest ans high response rate of the respondents indicate that

this group is both receptive <u>and</u> interested in marital practice theory education.

Further research is, of course, recommended. Any educational memory is inherently inaccurate due to memory reconstruction. This is a study limitation. More qualitative research (longetudinal or life study method) on the process of learning marital work would further elucidate this area. Also, much research could be done on questions using the fringe areas of the results as reference points. Do workers have different learning tasks when intervening with remarried couples, divorcing couples, unmarried couples or gay/lesbian couples? What are learning issues with couples with very strong cultural dictates about marriage? Are different practice issues involved with couples at different stages of the marital life cycle?

Marriage and marital work are value-laden, evolving areas of social living. To meet the challenge of being the person-in-environment profession, the social work field must better prepare its practitioners for this type of work and further develop marital practice theory within the larger family casework perspective.

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APPENDIX A

QUESTIONNAIRE: MARITAL PRACTICE KNOWLEDGE ACQUISITION

Study #

SCHOOL OF SOCIAL WORK
LOYOLA UNIVERSITY OF CHICAGO

MARITAL PRACTICE KNOWLEDGE ACQUISITION
1991

This is a research study on how clinical social work supervisors conceptualize their work with couples and how they develop this marital practice knowledge. The questions will utilize the following definitions. These definitions are broad umbrella terms which include what is known as family therapy and marital therapy.

Family Counseling: casework involving 2 or more generations, one including a minor child who participates in the treatment.

Marital/Couple Counseling: counseling done with spouses in individual and/or conjoint sessions in which the focus and goal of the treatment is on the dyadic relationship rather than on an external problem.

Study #

I. **MARITAL PRACTICE THEORY**

What is your opinion about these statements concerning marital counseling (marital therapy) issues?

PLEASE CIRCLE THE NUMBER FOR EACH ITEM WHICH INDICATES HOW STRONGLY YOU AGREE OR DISAGREE WITH THE STATEMENT

1. STRONGLY AGREE
2. AGREE
3. NEUTRAL
4. DISAGREE
5. STRONGLY DISAGREE

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. When I observe an unequal power structure between spouses, I try to intervene to alter this	1	2	3	4	5
2. Marital counseling can be successful even with extramarital affairs occurring	1	2	3	4	5
3. I structure the sessions in the early phase of conjoint marital counseling	1	2	3	4	5
4. The best way to really assess a couple's problem is to have each spouse tell me his/her story and its meaning for him/her	1	2	3	4	5
5. I believe in setting limits by stopping blaming or stalemated marital interactions	1	2	3	4	5
6. My primary allegiance tends to be to the marital spouses as individual people. My secondary allegiance tends to be to the spouses' marital relationship	1	2	3	4	5
7. The termination phase is shorter in conjoint marital counseling than in individual counseling	1	2	3	4	5
8. Client bonding with me is weaker in conjoint marital counseling than in individual counseling	1	2	3	4	5

	Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
9.	In conjoint sessions, my ongoing focus tends to be primarily upon the interactions going on between the spouses..	1	2	3	4	5
10.	I directly treat sexual dysfunctions in the marital relationship rather than referring out..........................	1	2	3	4	5
11.	When I observe power imbalances between spouses which are not reported as problemmatic, I try to intervene without upsetting this structure...........	1	2	3	4	5
12.	A marriage really cannot be improved when extramarital affairs are still occurring..................................	1	2	3	4	5
13.	The best way to really ássess a couple's problem is to observe their interaction....	1	2	3	4	5
14.	I do not set limits by stopping certain types of verbal communication in conjoint sessions.........................	1	2	3	4	5
15.	My primary allegiance tends to be to the marital relationship. My secondary allegiance tends to be to the spouses as individuals..................................	1	2	3	4	5
16.	The termination phase in conjoint marital counseling is the same length as in individual counseling................	1	2	3	4	5
17.	I focus primarily on individual change. Marital change occurs from that............	1	2	3	4	5
18.	I allow the couple to structure their sessions in the early phase of conjoint marital counseling.........................	1	2	3	4	5
19.	When a sexual complaint is made, I tend to approach this by looking at the emotional meaning behind this..............	1	2	3	4	5
20.	In conjoint sessions, my ongoing focus tends to be primarily upon spouses' internal thoughts and feelings.............	1	2	3	4	5
21.	I focus on marital relationship change. Individual change occurs from that.........	1	2	3	4	5

22. When intervening with couples, how <u>often</u> do you use the following theory bases? (CIRCLE NUMBER FOR FREQUENCY)

	Least Frequent				Most Frequent
1. Theory published by therapists who work with families	1	2	3	4	5
2. Theory published by therapists who work with individuals	1	2	3	4	5
3. Communication theory (i.e., how to express feelings, make "I" statements, negotiate, etc.)	1	2	3	4	5
4. Other (PLEASE SPECIFY)________	1	2	3	4	5

23. Which is more characteristic of your approach to a spouse threatening divorce? (CIRCLE A NUMBER)

1. I ask the couple to agree to suspend threats of divorce. Work to try to improve the marriage cannot occur with threat of divorce so dominant.
2. I tend to see spouse(s) individually to delve more deeply into this.
3. Other (PLEASE SPECIFY)________

24. Which factor in marital work do you focus on most to alter the clients' marriage? (CIRCLE A NUMBER)

1. The psychodynamics of the individual clients
2. Relational skills (i.e., communication, negotiation, etc.)
3. Other (PLEASE SPECIFY)________

25. If spousal competitiveness for your attention is predominant in the counseling, which solution do you choose more often? (CIRCLE A NUMBER)

    1. I balance my interventions (treat both in the couple equally).
    2. I (or a colleague and I) see the spouses individually.
    3. Other (PLEASE SPECIFY)____________________

26. What most closely constitutes a healthy marital relationship? (CIRCLE A NUMBER)

    1. A marital relationship in which both spouses maintain adult roles with each other.
    2. A marital relationship that shifts back and forth between mature adult roles and less mature roles.

27. Which result do you observe more frequently when couples improve their marriage through counseling? (CIRCLE A NUMBER)

    1. An equilibrium between intimacy and distance is established within the marriage.
    2. Marital intimacy is increased.

28. Which statement is <u>more relevant</u> to your understanding of marital relationship problems? (CIRCLE A NUMBER)

    1. I really draw more from life experience and common sense about relationships than from a theoretical base found in publications to understand couples' problems.
    2. I rely more on a theoretical base, that can be found in publications etc., than I rely on life experience and common sense to understand couples' problems.

29. What is your expectation about the function of marriage? (CIRCLE A NUMBER)

    1. Long-term marriage should be conducive to continuing personal happiness and personal growth.
    2. Long-term marriage gives spouses a sense of stability and continuity but cannot be expected to provide a sense of personal happiness or personal growth.

30. How would you rate your current level of conceptual expertise in your work as a family counselor? (CIRCLE ONE)

    1. Beginner's Level
    2. Moderately Skilled
    3. Acceptably Competent
    4. Highly Skilled
    5. Expert

31. How would you rate your current level of conceptual expertise in your work as a marital counselor? (CIRCLE ONE)

    1. Beginner's Level
    2. Moderately Skilled
    3. Acceptably Competent
    4. Highly Skilled
    5. Expert

32. How would you rate your current level of conceptual expertise as an individual counselor? (CIRCLE ONE)

    1. Beginner's Level
    2. Moderately Skilled
    3. Acceptably Competent
    4. Highly Skilled
    5. Expert

33. When you do marital counseling, what is the most difficult issue for you?

    (Please limit yourself to marital counseling which includes <u>individual and/or conjoint sessions</u> and is focused mainly on the <u>dyadic relationship</u> rather than on some external problem. Again, marital counseling and marital therapy are used synonymously.)

    ____
    ____
    ____
    ____

34. What is the most common difficulty you observe in social work practicum students trying to do marital counseling?

    ____
    ____
    ____
    ____

Study #

II. MODE OF MARITAL PRACTICE

	Never	Rarely	Sometimes	Often	Always
35. When you are working with both spouses, how often do you see one or both of them in individual sessions?...............	1	2	3	4	5
36. How often do your conjoint couple cases end up as individual cases?..........	1	2	3	4	5
37. When your ongoing, individual client needs marital help, how often do you do the counseling with both spouses?.................................	1	2	3	4	5
38. How often do your family cases (intervening with 2 or more generations) become primarily marital counseling cases?..................	1	2	3	4	5

----

39. Approximately what percentage of your current direct service time is:

1. ______% Conjoint marital sessions
2. ______% Conjoint family sessions
3. ______% Individual sessions

40. About what percentage of the conjoint marital cases you've seen in the past year are of the following treatment durations? (IF NOT APPLICABLE, MOVE TO NEXT QUESTION)

1. ______% are short-term (less than six months)
2. ______% are intermediate-term (6 to 12 months)
3. ______% are long-term (over 12 months)

III. EARLY MARITAL PRACTICE EXPERIENCE AND EDUCATION

41. In your early clinical experience, you counseled couples at which of the following settings? (CIRCLE ALL NUMBERS THAT APPLY)

    1. Before entering social work graduate school
    2. During the first year graduate practicum
    3. During the second year graduate practicum
    4. At regular employment while in social work graduate school
    5. None of the above

42. Did your social work graduate school coursework substantially cover: (CIRCLE ALL THAT APPLY)

    1. The basics of marital/couple counseling
    2. The basics of family counseling
    3. Neither

43. What year did you obtain your masters degree in social work?
    __________ year

44. To what extent does the theory you learned in social work school relate to the difficulties you encounter working with marital couples? (CIRCLE A NUMBER)

    1. Not relevant
    2. Minimally relevant
    3. Somewhat relevant
    4. Very relevant
    5. Extremely relevant

Study #

45. How well do you now believe your graduate school experience, including both coursework and practicums, prepared you for working as a clinician in each of the following counseling modalities? (CIRCLE NUMBER)

	Not at All	Minimally	Moderately	Sufficiently	Very Well
1. Marital/couple counseling	1	2	3	4	5
2. Family counseling	1	2	3	4	5
3. Group counseling	1	2	3	4	5
4. Individual counseling with adults	1	2	3	4	5
5. Individual counseling with adolescents	1	2	3	4	5
6. Individual counseling with children	1	2	3	4	5

46. In your development into an experienced marital practitioner, what has been your most difficult learning task?

____

____

____

____

Study #

IV. **SALIENT LEARNING EXPERIENCES**

This FINAL section asks what felt significant for you in your development as a practitioner doing couples work.

47. Is there a person (theorist, friend, supervisor, etc.) whom you feel really had a significant influence on your work with couples? (CIRCLE A NUMBER)

    1. No (GO TO QUESTION # 51)
    2. Yes

48. What was this person's role in relation to you? (CIRCLE NUMBER)

    1. Supervisor
    2. Consultant
    3. Author (NAME)________________________
    4. Colleague
    5. Teacher
    6. Therapist
    7. Other (SPECIFY ROLE)________________________
    ____

49. Briefly, what was the influence this person had upon you?

    ____
    ____
    ____
    ____

50. Did you come in contact with this person as part of your social work graduate school experience? (CIRCLE A NUMBER)
    1. Yes
    2. No

Study #

<u>Subsection</u>: What influenced **<u>your conceptual understanding of the marital issues you see</u>** in your practice? (CIRCLE NUMBER. IF NOT APPLICABLE, SKIP TO THE NEXT STATEMENT)

	LEAST			MOST
51. Pre-graduate school employment or educational experience........................	1	2	3	4
52. Graduate school coursework....................	1	2	3	4
53. Graduate school practicums....................	1	2	3	4
54. Agency or private supervision.................	1	2	3	4
55. Consultation/inservice training at job........	1	2	3	4
56. Workshops/conferences outside of job..........	1	2	3	4
57. A training program (PLEASE SPECIFY) ________________ ________________	1	2	3	4
58. Books/articles not used for school............	1	2	3	4
59. Informal discussion with colleagues...........	1	2	3	4
60. The experience of being a client..............	1	2	3	4
61. Observations of the marriages of parent, relatives or friends..................	1	2	3	4
62. My marital or relational experience...........	1	2	3	4
63. Other (PLEASE SPECIFY)________________ ________________ ________________	1	2	3	4

64. LOOK BACK OVER ITEMS 51 - 63. RANK ORDER THE THREE MOST IMPORTANT SOURCES OF INFLUENCE ON YOUR UNDERSTANDING OF MARITAL ISSUES. PLACE THEIR QUESTION NUMBERS IN THE SPACES BELOW:

1. Most important = _______
2. Second most important = _______
3. Third most important = _______

______ Study #

65. What is your gender? (CIRCLE A NUMBER)

1. Female
2. Male

66. What is your age?

______ years

67. How many years have you supervised social work graduate students?

______ years

68. From what graduate school did you get your social work degree?

____

69. Are you married? (CIRCLE A NUMBER)

1. Yes
2. No

70. How many times have you been married?

______ marriage(s)

YOUR CONTRIBUTION TO THIS EFFORT IS GREATLY APPRECIATED.

THANK YOU.

Study # ________

OPTIONAL

Are you interested in being interviewed for this study? Interviews will focus on: 1) what doing and learning to do marital work has been like for you, and 2) what doing and learning to do marital work has been like for your students, in your judgement. Interviews will hopefully be thought-provoking, supportive and, of course, absolutely confidential.

If interested, please fill out:

Name: ____

Daytime Phone: ____

Availability for Interview (lasting 1 hour):

Weekday Daytime: [yes] [no]
Saturday: [yes] [no]
Sunday: [yes] [no]

If you have any questions about the above feel free to call 312-478-3082. I look forward to meeting with you.

APPENDIX B

DATA ANALYSIS TABLES

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APPENDIX B:

DATA ANALYSIS TABLES

Table 1: Year Masters' Degree was Obtained

Year Obtained Masters' Degree (5 Year Intervals)	Frequency (N)	Valid Percentage (%)
Up to 1955	4	3.6
1956-1961	3	2.7
1962-1967	7	6.4
1968-1973	20	18.2
1974-1979	31	28.2
1980-1985	34	30.9
1986-1991	11	10.0
	N=110	Total %=100

Table 2: Breakdown of Sample's Graduate School Enrollment

Location of Graduate Social Work Program	Frequency (N)	Percentage (%)
University of Chicago	27	24.5
University of Ill. (Chicago)	26	23.6
Loyola University of Chicago	24	21.8
Aurora University	08	07.3
Other (Outside Universities)	25	22.7
	N=110	

Table 3: Frequency of Differential Modality Usage

Modality	Proportion of Overall Direct Service Time
Individual Sessions	58.9%
Conjoint Marital Sessions	19.9%
Conjoint Family Sessions	16.9%

Notes: Means from N=107. 7 responses are missing.

Table 4: Overall Duration of Conjoint Marital Session Usage

Short-Term Conjoint Marital Work (Under 6 Months)	Intermediate-Term Conjoint Marital Work (6-12 Months)	Long-Term Conjoint Marital Work (Over 6 Months)
45.9%	31.5%	15.8%

Notes: Means from N=107. 7 responses missing.

Table 5a: Clinician of Individual Client Later Doing Work With Both Spouses

	Frequency	Valid Percentage
Never	13	11.6%
Rarely	**38**	**33.9%**
Sometimes	31	27.7%
Often	29	25.9%
Always	01	00.9%
	N=112(2 missing)	Total=100%

Table 5b: Clinician of Individual Client Later Doing Work With Both Spouses (Collapsed)

	Frequency	Valid Percentage
Less Than Sometimes	51	**45.5%**
Sometimes	31	27.7%
More Than Sometimes	30	26.8%
	$\underline{N}$=112 (2 missing)	Total=100%

Table 6: Clinical Social Worker Seeing One or Both Spouses in Individual Sessions When Working With Both

	Frequency	Valid Percentage
Less Than Sometimes	46	41.1%
Sometimes	**56**	**50.0%**
More Than Sometimes	10	8.9%
	$\underline{N}$=112 (2 missing)	Total=100%

Table 7: Clinical Social Workers' Report on Frequency of Conjoint Couple Cases Becoming Individual Therapy Cases

	Frequency	Valid Percentage
Never	1	0.9%
Rarely	48	42.9%
Sometimes	**51**	**45.5%**
Often	12	10.7%
Always	0	0.0%
	$\underline{N}$=112 (2 missing)	Total=100%

Table 8: Social Workers' Family Cases Becoming Primarily Marital Cases

	Frequency	Valid Percentage
Never	1	0.9%
Rarely	14	13.0%
Sometimes	**55**	**50.9%**
Often	37	34.3%
Always	1	0.9%
	N=108 (6 missing)	Tolal=100%

Table 9: Social Workers' Evaluation of Own Conceptual Expertise

	About Individual Work (%)	About Marital Work (%)	About Family Work (%)
Beginners' Level	0.0% (0)	2.7% (3)	1.8% (2)
Moderately Skilled	0.9% (1)	13.4% (15)	9.8% (11)
Acceptably Competent	23.2% (26)	**50.9% (57)**	**55.4% (62)**
Highly Skilled	**59.8% (67)**	29.5% (33)	28.6% (32)
Expert	16.1% (18)	3.6% (4)	4.5% (5)

Notes: Figures in parentheses are base Ns for the adjacent percentages. Total N=112. 2 responses are missing; as item was not answered on questionnaire.

Table 10: Social Workers' Evaluation of Own Conceptual Expertise

Degree of Knowledge	In Individual Work (%)	In Marital Work (%)	In Family Work (%)
Expert	16.1% (18)	3.6% (4)	4.5% (5)
At Least Highly Skilled	75.9% (85)	33.1% (37)	33.1% (37)
At Least Acceptably Competent	99.1% (111)	84.0% (94)	88.5% (99)
At Least Moderately Skilled	100.0% (112)	97.4% (109)	98.3% (110)
At Least Beginner's Level	100.0% (112)	100.0% (112)	100.0% (112)

Notes: Figures in parentheses are base Ns for the adjacent percentages. Total N=112. 2 responses are missing; as the item was not answered on the questionnaire.

Table 11: Focus of Theory Base Helpful for Marital Work

	Theory Published by Family Therapists (%)	Theory Published by Individual Therapists (%)	Communication Theory (%)
1) Least Usage	2.8% (3)	8.0% (9)	1.8% (2)
2)	7.3% (8)	20.5% (23)	7.2% (8)
3)	17.4% (19)	**37.5% (42)**	20.7% (23)
4)	**50.5% (55)**	27.7% (31)	**48.6% (54)**
5) Most Usage	22.0% (24)	6.3% (7)	21.6% (24)

Notes: Figures in parentheses are base Ns for the adjacent percentages. Total N=112. Two responses are missing; as item was not answered on questionnaire.

Chart 12: When I Observe an Unequal Power Structure Between Spouses, I Try to Intervene to Alter This

	Frequency	Valid Percentage
1) Strongly Agree	12	11.1%
2) Agree	**54**	**50.0%**
3) Neutral	27	25.0%
4) Disagree	15	13.9%
5) Strongly Disagree	0	0.0%
	N=108 (6 missing)	Total=100%

Chart 13: When I Observe Power Imbalances Between Spouses Which are Not Reported as Problemmatic, I Try to Intervene Without Upsetting This Structure

	Frequency	Valid Percentage
1) Strongly Agree	1	0.9%
2) Agree	**45**	**40.5%**
3) Neutral	32	28.8%
4) Disagree	32	28.8%
5) Strongly Disagree	1	0.9%
	N=111 (3 missing)	Total=100%

Table 14: Marital Counseling Can Be Successful Even With Extramarital Affairs Occurring

	Frequency	Valid Percentage
1) Strongly Agree	6	5.3%
2) Agree	23	20.4%
3) Neutral	11	9.7%
4) Disagree	**40**	**35.4%**
5) Strongly Disagree	33	29.2%
	N=113 (1 missing)	Total=100%

Collapsed:

Table 15: A Marriage Really Cannot Be Improved When Extramarital Affairs are Still Occurring

	Frequency	Valid Percentage
1) Agree	84	74.3%
2) Neutral	11	9.7%
4) Disagree	18	16.0%
	N=113 (1 missing)	Total=100%

Table 16: The Best Way to Approach a Marital Sexual Complaint is to Assess Its Emotional Meaning

	Frequency	Valid Percentage
1) Strongly Agree	5	4.4%
2) Agree	67	59.3%
3) Neutral	27	23.9%
4) Disagree	13	11.5%
5) Strongly Disagree	1	0.9%
	N=113 (1 missing)	Total=100%

Table 17: Social Worker Treats Sexual Dysfunction Directly Rather Than Referring Out For This

	Frequency	Valid Percentage
1) Agree	42	38.4%
2) Neutral	36	32.1%
3) Disagree	33	29.5%
	N=112 (2 missing)	Total=100%

Table 18: Social Workers' Approach to a Spouse Threatening Divorce

Ask Couples to Suspend Threat of Divorce to See if Marriage Can Be Improved (%)	See Spouse(s) Individually to Delve into Threat (%)	Other (%)
49.1% (56)	18.4% (21)	34.2% (39)

Notes: Figures in parentheses are base Ns for the adjacent percentages. Total N=114 with no missing responses. Total N=116 and total percentage=101.7% as a few respondents elaborated in the "Other" category after they had already answered "1" or "2". Directions were to "Circle a number".

Table 19: Which Result Do Social Workers Observe When When Couples Improve Their Marriages?

Equilibrium Between Intimacy and Distance (%)	Increased Intimacy (%)
74.3% (81)	22.9% (25)

Notes: Figures in parentheses are base Ns for the adjacent percentages. Total N=109 with three invalid responses (all items circled). Five responses are missing; as item was not answered.

Table 20: Solution for Spousal Competitiveness for Social Worker's Attention

Balancing Interventions (Treating Both in Couple Equally) (%)	Worker (or Colleague and Worker) Seeing the Spouses Individually (%)	Other (%)
72.8% (83)	9.6% (11)	19.3% (22)

Notes: Figures in parentheses are base Ns for the adjacent percentages. Total N=116 and total percentage = 116%. Percentage is over 100%; as some respondents checked off a quantitative item (#1 or #2) and then also wrote in their own response (#3 - other).

Table 21: Social Workers' Expectation About The Function of Marriage

Personal Growth and Personal Happiness	A Sense of Stability and Continuity
81.3% (91)	18.8% (21)

Notes: Figures in parentheses are base Ns for the adjacent percentages. Total N=112. Two responses are missing; as respondents didn't answer item.

Table 22: Social Workers' Belief in Setting Limits to Stop Blaming or Stalemated Marital Interactions

	Frequency	Valid Percentage
1) Strongly Agree	34	30.1%
2) Agree	65	57.5%
3) Neutral	10	8.8%
4) Disagree	4	3.5%
5) Strongly Disagree	0	0.0%
	N=113 (1 missing)	Total=100%

Table 23: Social Workers Who Do Not Set Limits by Stopping Certain Types of Verbal Communication in Conjoint Sessions

	Frequency	Valid Percentage
1) Strongly Agree	1	0.9%
2) Agree	10	8.8%
3) Neutral	13	11.4%
4) Disagree	**71**	**62.3%**
5) Strongly Disagree	18	15.8%
	N=113 (1 missing)	Total=100%

Table 24: Social Worker Structures Sessions in the Early Phase of Conjoint Marital Counseling

	Frequency	Valid Percentage
1) Strongly Agree	16	14.4%
2) Agree	**66**	**59.5%**
3) Neutral	19	17.1%
4) Disagree	8	7.2%
5) Strongly Agree	2	1.8%
	N=111 (3 missing)	Total=100%

Table 25: Social Worker Allows Couple to Structure Sessions in the Early Phase of Conjoint Marital Counseling

	Frequency	Valid Percentage
1) Strongly Agree	2	1.8%
2) Agree	22	19.6%
3) Neutral	20	17.9%
4) Disagree	**64**	**57.1%**
5) Strongly Disagree	4	3.6%
	N=112 (2 missing)	Total=100%

Table 26: The Termination Phase is Shorter in Conjoint Marital Counseling Than in Individual Counseling (Collapsed)

	Frequency	Valid Percentage
1) Agree	**46**	**41.1%**
2) Neutral	32	28.6%
3) Disagree	34	30.4%
	N=112 (2 missing)	Total=100%

Table 27: The Termination Phase in Conjoint Marital Counseling is the Same Length as in Individual Counseling

	Frequency	Valid Percentage
1) Strongly Agree	0	0.0%
2) Agree	22	19.6%
3) Neutral	30	26.8%
4) Disagree	**58**	**51.8%**
5) Strongly Disagree	2	1.8%
	N=112 (2 missing)	Total=100%

Table 28: Client Bonding with Social Worker Weaker in Marital Counseling Than in Individual Counseling

	Frequency	Valid Percentage
1) Strongly Agree	5	4.4%
2) Agree	**54**	**47.8%**
3) Neutral	16	14.2%
4) Disagree	35	31.0%
5) Strongly Agree	3	2.7%
	N=113 (1 missing)	Total=100%

Table 29: Social Worker Believes Having Each Spouse Tell His/Her Story and Its Personal Meaning is the Best Way to Really Assess a Couples's Problem

	Frequency	Valid Percentage
1) Strongly Agree	14	12.5%
2) Agree	**57**	**50.9%**
3) Neutral	23	20.5%
4) Disagree	16	14.3%
4) Strongly Disagree	2	1.8%
	N=112 (2 missing)	Total=100%

Table 30: Social Workers' Ongoing Focus Primarily Upon Interactions Going on Between the Spouses in Conjoint Conjoint Marital Sessions (Collapsed)

	Frequency	Valid Percentage
1) Agree	**96**	**85.0%**
2) Neutral	10	8.8%
3) Disagree	7	5.3%
	N=113 (1 missing)	Total=100%

Table 31: Social Workers' Ongoing Focus Primarily Upon Spousal Internal Thoughts and Feelings in Conjoint Marital Sessions (Collapsed)

	Frequency	Valid Percentage
1) Agree	29	26.1%
2) Neutral	23	20.7%
3) Disagree	59	53.2%
	N=111 (3 missing)	Total=100%

Table 32: Social Workers' Goal for Marital Therapy is Individual Change with Relationship Change Ensuing

	Frequency	Valid Percentage
1) Strongly Agree	4	3.5%
2) Agree	17	15.0%
3) Neutral	21	18.6%
4) Disagree	63	55.8%
5) Strongly Disagree	8	7.1%
	N=113 (1 missing)	Total=100%

Table 33: Social Workers' Goal for Marital Therapy is Marital Relationship Change with Individual Change Ensuing

	Frequency	Valid Percentage
1) Strongly Agree	4	3.5%
2) Agree	**47**	**41.6%**
3) Neutral	34	30.1%
4) Disagree	27	23.9%
5) Strongly Disagree	1	0.9%
	N=113 (1 missing)	Total=100%

Table 34: Social Workers' Belief About Which Therapy Factor Crucial for Changing Clients' Marriages

Psychodynamics of the Individuals	Relational Skills (Communication, Negotiation, Etc.)	Other
20.9% (23)	**79.1% (87)**	N/A (20)

Notes: Figures in parentheses are base Ns for the adjacent percentages. Percentages are valid percentages for the first two categories only. 110 of the total sample of 114 responded to the first two categories. Even though respondents were asked to respond to only one item for this question, twenty people wrote in responses (category 3).

Table 35: Social Workers' Primary Allegiance to the Spouses as Individuals and Secondary Allegiance to the Marital Relationship of the Spouses (Collapsed)

	Frequency	Valid Percentage
1) Agree	34	30.1%
2) Neutral	14	12.4%
3) Disagree	65	57.5%
	N=113 (1 missing)	Total=100%

Table 36: Social Workers' Primary Allegiance to the Marital Relationship and Secondarily to the Spouses as Individuals

	Frequency	Valid Percentage
1) Agree	62	54.9%
2) Neutral	14	12.4%
3) Disagree	37	32.7%
	N=113 (1 missing)	Total=100%

Table 37: In Your Development Into an Experienced Marital Practioner, What has Been Your Most Difficult Learning Task?

Ranking	Type of Difficulty	Frequency
1st	Countertransference	14
2nd	Changing from focusing on the individual to a relationship focus	12
3rd	Balancing	11
4th	Remaining neutral/objective	6
	and	
4th	Not losing confidence	6
	and	
4th	Lack of theory	6
5th	Issues about setting limits - to be or not be "the judge".	5
	and	
5th	Learning to deal with rage.	5
6th	Integrating different sets of theory.	4
	a) Systems theory and individual dynamics.	(2)
	b) New theory with own current theory.	(2)
	and	
6th	Feeling less compelled to jump in and fix it".	4
7th	Trying to help the couple get past blame.	3
	and	
7th	Accepting the clients' expectations of what they want from marriage.	3
	and	
7th	Understanding the purpose of the discord or dynamic.	3

Ranking	Type of Difficulty	Frequency
8th	Getting good supervision or the equivalent.	2
	and	
8th	Confrontation	2
	and	
8th	Timing of the intervention (Balancing between hope and getting to the core issues.)	2 (1)
	and	
8th	Seeing people's limitations.	2
	and	
8th	Engaging the non-help seeking partner.	2
Last (9th)	Learning to deal with marital secrets.	1
	and	
Last (9th)	Not increasing the intimacy.	1
	and	
Last (9th)	Modality choice: deciding which is best for the client and when.	1

Notes: For this questionnaire item, there were 101 responses. Five responses were unusable due to vagueness or extreme generality. The remaining 96 responses were categorized in the above.

Chart 38: Current Most Difficult Learning Task

I) Psychopathology	Frequency	Numbers
A) Individual Problem	Total=13	
1) Mental illness	1	66
2) Alcoholism and/or substance abuse	4	26, 37, 50, 105
3) Depression	1	35
4) Borderline behavior	1	46
5) Lack of differentiation	1	92
6) Sexual dysfunction of self	2	41, 80
7) One spouse's sexual abuse of a child	1	24
8) Spouse's sexual abuse as a child	1	1
9) Dealing with individual narcissistic vulnerability	1	16
B) Relational Problem	Total=15	
1) Violence a) Between spouses b) Toward one spouse c) "Domestic violence in which the victim requests marital counseling."	7	4, 49, 50, 65, 69, 94, 104
2) Loss of boundaries within the marriage a) "Projective identifications and couples who are developmentally symbiotic or self-objects for each other." b) "When both spouses have severe emotional problems that involve shifting	3	7, 76, 94

Issue	Number	Respondent
personal boundaries and and high susceptibility to narcissistic injury."		
3) "Couples who have severe emotional problems and are very crisis prone."	1	74
4) Narcissism affecting relationship issues.	4	
a) One entitled; other spouse passive/ martyred.		60
b) Reciprocal, chronic narcissistic rage.		75
c) Narcissistically vulnerable couples with unbreakable, dysfunctional patterns of communication.		2
d) Both spouses' severe emotional problems make them both narcissistically fragile.		94
II) Issues Concerning Clinician Use of Self in Marital Work	<u>Total=86</u>	
A) Theoretical Base Issues for the Clinician	2	
1) "Probably keeping the marital relationship in focus without getting the individual dynamics too involved."		64
2) Weaker conceptual base		14
B) Value Issues for the Clinician	12	
1) Gender-related issues.	7	
a) Difficulty respecting a dominant male spouse	2	30, 62
b) Lack of understanding about opposite sex's gender-related tasks.	3	
i) "Sometimes it is difficult to communicate with the opposite gender about the cultural		9

context in which the conflict occurs."		
ii) "Helping couples see gender differences in in a way that increases understanding of each other vs. an excuse for things not working."		21
iii) "Helping the more traditional male to appreciate the difficulty his less traditional wife has re: gender role."		32
2) Values about abuse.	3	67, 47, 57
a) "Value differences - i.e. tolerance of abuse for the sake of the marriage, etc."		
b) "Accepting that the clients' need for security will keep them in an abusive marriage."		
3) Marital expectations.	1	66
a) "Keeping clients' marital expectations in the forefront, rather than my expectation."		
4) Divorce	1	77
a) "That sometimes it is in the best interest of the couple to disband the relationship."		
C) Emotional Issues for the Clinician	13	
1) Remaining objective / clinician not losing own emotional boundary.	9	
a) "It is difficult to always remain neutral and to help couples move from a helpless, stuck position."	1	3
b) "Dealing with individual narcissistic vulnerability and dealing with emotional reactivity."	1	16
c) "To not become involved..."	1	17
d) "Avoiding triangulation"	1	53

Item	Count	References
e) "Staying out of the system"	2	71, 85
f) "Maintaining neutrality"	2	78, 90
g) "The countertranference"	1	101
2) Emotional alliance with one spouse.	2	
a) "Resolving my own ambivalence about treating the marriage vs. treating individuals."		15
b) "If I have a prior relationship with one partner, it is difficult to switch to a neutral position on the marriage if I have already formed an opinion."		43
3) Clinician feeling need to rescue / feeling responsible for outcome.	2	
a) "Spouses pulling on me - attributing omnipotence to me - i.e.,that I can fix their problems (even though I repeatedly define that I can't)."		11
b) "When one partner's defensive behavior is so entrenched that movement seems impossible; then I have to monitor my own countertransference."		18
D) Intervention Issues for the Clinician	59	
1) Balancing	8	
a) "Spousal competitiveness"	2	27, 43
b) "Playing traffic cop directing communication and anger"	1	44
c) "Balancing focus so that dominant spouse does not dominate treatment."	1	45
2) Intervening in conflict	16	
a) Threats of violence	1	
b) Threats of divorce	1	
c) Intervening in verbal assaults	15	
i) Between pair	8	8, 33, 43, 44,

		61, 75, 80, 99
ii) One to other	4	16, 56, 73, 81
3) Termination: "Judging the time of termination: the issue of time to terminate is something I struggle with."	1	12
4) When one in couple is less motivated	8	
a) "Anger of spouse who initiated treatment when the other spouse refused for a while."	1	40
b) "One-sided motivation for change / unbalanced commitment to the therapy process."	2	6, 39
c) "When one spouse wants out of the marriage, and the other wants to maintain it."	1	10
d) "When one partner's hidden agenda is to sabotage the whole process."	1	28
e) "When one client is more invested in the relationship and more motivated to make changes."	1	31
f) "When a client uses therapy to absolve themselves of responsibility - i.e., the client has no intention of committing to the relationship."	1	34
5) Focus	6	
a) "Clients who insist on being seen together even though their personality problems may warrant individual therapy."	1	33
b) "Playing traffic cop directing communication and anger."	1	44
c) Keeping focused on "the relationship".	1	102
d) "Staying focused on the underlying dynamics of the	1	70

couple and relating/conceptualizing their manifest complaints to the underlying dynamics."		
e) "Keeping focused on the individual needs and how that effects the dyad."	1	82
f) "Often a balance between individual dynamics and the couple's relational roles. Moving back and forth is both crucial and difficult."	1	98
6) Lack of couple goals	21	
a) Ambivalence of couple	5	
b) Refusal of couple to take responsibility for self(s) or actions	15	
i) "When one partner's defensive behavior is so entrenched that movement seems impossible..."	1	18
ii) "Helping couple move beyond projective identifications."	1	25
iii) Blaming	1	23, 43
iv) "Rigidity of behavior and ideas."	2	36, 103
v) "Couple who sees treatment as a place for you to fix the spouse and validate their own complaints."	1	43
vi) "Couple who adamantly refuse to accept responsibility for blatant issues of which they are clearly a part."	1	51
vii) "Couple deeply into blaming with limited capacity for self-observation."	1	52
viii) "Handling couples who need to maintain their conflict."	1	61
ix) "...insist I fix the marriage for rather than working out his/her own solution."	1	97
x) "When couples get stuck	1	100

and see no hope for their marriage: i.e., couples are so entrenched in their own issues that they can't seem to give up these issues for the common good."		
xi) How to penetrate resistance and denial so that treatment can occur.	1	72
xii) "Working with chronic marital issues in highly resistant couples."	1	84
xiii) "Dispel the myth that each spouse is responsible for the other's happiness. Taking responsibility for one's own comfort/discomfort."	1	87
xiv) "Helping each individual accept personal responsibility for his/her role in the marital dysfunction."	1	91
E) No Problems	2	22, 59

Chart 39: What is the Most Common Difficulty You Observe in Social Work Practicum Students Trying to do Marital Counseling?

Ranking	Type of Difficulty	Frequency
Most Common	Siding	31
2nd	Having an individual perspective rather than a relational perspective.	18
3rd	Limited theory base	15
	a) Too concrete	(2)[1]
	b) Look at content AND PROCESS	(3)
	c) Intimacy	(3)
	d) Power and control issues	(1)
	e) Sexuality	(1)
4th	Too little relationship experience (as compared to the clients).	9
5th	Limit setting	7
	a) On blaming	(2)
	b) On competitiveness	(1)
6th	Too fast to diagnose (incomplete) and intervene. Desire to perform a "quick fix".	6
	and	
6th	Need to work out counter-tranference	6

[1]Subcategory is given if this is emphasized in a questionnaire response. Also, number of respondents highlighting this subcategory are given.

Ranking	Type of Difficulty	Frequency
7th	Loss of objectivity (loss of boundary)	5
	and	
7th	Too passive/inactive in sessions	5
8th	Assuming too much responsibility for success in the marriage	4
9th	Loss of focus (too much material)	3
	and	
9th	Fear of loss of control/ getting "ganged up on". Lack of confidence working with more than one person.	3
Last (10th)	Not confronting the couple with the heart of the marital discord	1
	and	
Last (10th)	Confidentiality issues when mix indivdual and couple sessions.	1

Notes: The above listing is a categorization of the complete set of responses for this questionnaire item.

Table 40: Existence of a Person (Theorist, Friend, Supervisor, Etc.) With Significant Influence on Social Workers' Marital Practice Development

No Influential Person	Influential Person
31.5% (35)	68.5% (76)

Notes: Numbers in parentheses are base Ns for the adjacent percentages. Total N=117. Three responses are missing; as item was not answered on the questionnaire.

Table 41: Role of Person Felt to Have Significant Influence on Social Workers' Development as a Marital Practitioner

	Frequency	Ranking
Supervisor	29	1st
Consultant	16	2nd
Author	14	3rd
Teacher	14	
Therapist	12	4th
Colleague	04	5th
Other	02	6th
	N=91	

Chart 42: Briefly, What was the Influence This Person (Role Model) had Upon You?

Ranking	Type of Difficulty	Frequency
1st	Taught me theory.	25
2nd	Integration of theory and practice.	11
3rd	Specific "how-to's".	10
4th	Helped me feel self-confident.	9
5th	Focus.	6
6th	Learning to try trust my experience and judgements.	4
7th	Empathic skills.	3
Last (8th)	Her rich experience. and	1
Last (8th)	Pacing. and	1
Last (8th)	Her creativity. and	1
Last (8th)	Keeping boundaries (not to respond for them).	1

Table 43: Contact With Marital Practice Role Model as Part of the Social Work Graduate School Experience

Part of Graduate School	Not Related to Graduate School
27% (20)	73% (54)

Notes: Figures in parentheses are base Ns for the adjacent percentages. Total N=74. Two responses are missing; as item was not answered on the questionnaire.

Table 44: Relation Between Graduate School Experience and Person Influential in Respondents' Marital Practice Development

	Contact Part of Graduate School Experience	No Connection to Graduate School Experience
1) Supervisor	9	20
2) Consultant	4	12
3) Author	2	11
4) Colleague	2	8
5) Teacher	7	7
6) Therapist	0	12
7) Other	1	1

(N=74)

Chart 45: Timing of Early Marital Practice Experiences

N=14	N=64	N=37
<-Before & During Grad. School+ (N=58)		->
Before Graduate School Only	During Graduate School	After Graduate School Only

Table 46: Early Marital Practice Settings

	Frequency	Percentage
1) Before Graduate School	20	11.6%
2) First Year Graduate Practicum	37	21.4%
3) Second Year Graduate Practicum	56	32.4%
4) Employment While in Graduate School	23	13.3%
5) None of the Above	37	21.4%

Notes: N=173. Total responses are greater than the number of respondents (114); as some workers checked off more than one item.

Table 47: Social Work Graduate School Course Work

	Frequency
1) Covered the Basics of Couples Counseling	49
2) Covered the Basics of Family Counseling	79
3) Covered Neither	30
	N=114

Table 48: Relevance of Theory Learned in Graduate School to Actual Practice With Couples

	Frequency	Valid Percentage	Cumulative Percentage
1) Not Relevant	13	11.7%	11.7%
2) Minimally Relevant	23	20.7%	32.4%
3) Somewhat	**44**	**39.6%**	72.1%
4) Very Relevant	22	19.8%	91.9%
5) Extremely Relevant	9	8.1%	100.0%

Notes: N=113. Three cases are missing; as respondent did not fill out item.

Table 49: Graduate School Preparation for Use of Specific Clinical Modalities (Collapsed)

Modality	None to Minimal Preparation (%)	Moderate Preparation (%)	Sufficient (and Above) Preparation (%)
Marital	**55.1** **(60)**	30.3 (33)	14.7 (16)
Family	40.4 (44)	**31.2** **(34)**	28.5 (31)
Group	47.7 (52)	28.4 (31)	23.8 (26)
Individual Adult	13.7 (15)	22.4 (25)	**63.3** **(69)**
Individual Adolescent	42.2 (46)	27.5 (30)	30.3 (34)
Individual Child	55.0 (60)	21.4 (23)	23.9 (26)

Notes: Figures in parentheses are base Ns for the adjacent percentages. Total N=109. 5 responses are missing; as item was not answered on questionnaire.

Table 50: Basic Course Coverage and Rating of Graduate School Preparation (Courses Plus Practicums) for Practice With Couples

	None to Minimal Preparation	Moderate Preparation	Sufficient (and Above) Preparation
Course Work on Basics of Marital Work	13	21	14
Course Work on Basics of Family Work	36	25	16
No Such Course Work	24	5	0

Table 51: Primary Type of Knowledge Source Relevant for Understanding Marital Relationship Problems

Life Experience is Primary Source	Theory Base That Can Be Found in Publications is Primary Source
52.8% (59)	41.1% (46)

Notes: N=105. Two responses were missing. Seven respondents (6.3%) circled both answers regardless of instructions to the contrary. (This data was excluded.)

Table 52: Sources of Influence on Conceptual Understanding of Marital Issues (Collapsed)

	Less Influential	More Influential	No Response
1) Pre-Graduate School Eduaction and Experience	**86**	12	51
2) Graduate School Course Work	**68**	38	43
3) Graduate School Practicums	**60**	44	45
4) Agency / Private Supervision	19	**89**	41
5) Consultation / Inservice Training on Job	28	**77**	44
6) Workshops / Conferences Outside of Job	22	**82**	45
7) Training Program	18	31	**100**
8) Books / Articles Not for School	17	**84**	48
9) Discussion with Colleagues	25	**82**	42
10) Being a Client	45	42	**62**
11) Observations of Others' Marriages in Personal Life	41	**59**	49
12) Own Marriage or Relational Experience	28	**71**	58
13) Other	0	9	**140**

Notes: Missing responses are due either to absence of involvement with the type of source or failure to respond to the item.

Table 53: Source of Influence Social Workers Volunteered as OVERALL MOST IMPORTANT to Their Understanding Marital Issues

Rank-Order of Frequency Rated in This Category	Most Important Source of Influence	Frequency Rated in This Category	Valid Percent
First	Supervision (Agency or Private)	30	27.5%
Second	Training Program	20	18.3%
Third	Own Marital or Relational Experience	11	10.1%
Fourth	Consultation/Inservice Training on Job	10	9.2%
Fifth	Workshops/Conferences Outside of Job	9	8.3%
Sixth	Books/Article Not for	8	7.3%
Seventh	Graduate School Course Work	6	5.5%
Eighth	The Experience of Being a Client	5	4.6%
Ninth	Informal Discussion With	3	2.8%
Tenth	Graduate School Practicums	2	1.8%
	Observations of Others' Marriages in Personal Life	2	1.8%
	Other	2	1.8%
Eleventh	Pre-Graduate School Employment and Education	1	0.9%

Notes: N=109. Five responses are missing; as respondent did not answer item.

Table 54: Source of Influence Social Workers Specifically Labelled as OVERALL SECOND MOST IMPORTANT to Their Understanding of Marital Issues

Rank-Order of Frequency Rated in This Category	Second Important Source of Influence	Frequency Rated in This Category	Valid Percent
First	Consultation/Inservice Training on Job	19	17.4%
Second	Supervision (Agency or Private)	18	16.5%
Third	Workshops/Conferences Outside of Job	14	12.8%
Fourth	Books/Articles Not for School	13	11.9%
	Own Marital and Relational Experience	13	11.9%
Fifth	Informal Discussion With Colleagues	9	8.3%
Sixth	Experience of Being a Client	6	5.5%
Seventh	Observations of Others' Marriages in Personal Life	4	3.7%
	Graduate School Practicums	4	3.7%
Eighth	Graduate School Course Work	3	2.8%
	Training Program	3	2.8%
Ninth	Pre-Graduate Education and Employment	2	1.8%
Tenth	Other	1	0.9%

Notes: N=109. Five responses are missing; as respondent did not answer item.

Table 55: Source of Influence Social Workers Volunteered as OVERALL THIRD MOST IMPORTANT to Their Understanding of Marital Issues

Rank-Order of Frequency Rated in This Category	Third Important Source of Influence	Frequency Rated in This Category	Valid Percent
First	Workshops/Conferences Outside Job	20	18.5%
Second	Own Marital or Relational Experience	16	14.8%
Third	Informal Discussion With Colleagues	13	12.0%
Fourth	Consultation/Inservice Training at Job	12	11.1%
Fifth	Observations of Others' Marriages in Personal Life	11	10.2%
Sixth	The Experience of Being a Client	10	9.3%
Seventh	Supervision(Agency or Private)	8	7.4%
Eighth	Books/Articles Not for School	7	6.5%
Ninth	Graduate School Practicums	5	4.6%
Tenth	A Training Program	3	2.8%
Eleventh	Pre-Graduate Employment and Education	1	0.9%
	Other	1	0.9%

Notes: N=108. Six responses are missing; as respondent did not answer item.

Table 56: Sources of Influence Social Workers Rated as The THREE MOST IMPORTANT to Their Understanding of Marital Issues

Source of Influence	Most Important	Second Most Important	Third Most Important	N
Supervision	30	18	8	56
Training Program	20	3	3	26
Own Marital and Relational Experience	11	13	16	40
Consultation/Inservice Training on Job	10	19	12	41
Workshops/Conferences Off Job	9	14	20	43
Books/Articles Not for School	8	13	7	28
Graduate School Course Work	6	3	0	9
Being a Client	5	6	10	21
Discussion With Colleagues	3	9	13	25
Graduate School Practicums	2	4	5	11
Observations of Other' Marriages in Personal Life	2	4	11	17
Other	2	1	1	4
Pre-Graduate Employment and Education	1	2	1	4

Notes: N=109. Five responses are missing; as respondent did not answer item. All frequencies reported are base Ns for the category. The above is a compilation of Tables 53-54.

Table 57: Type of Knowledge Source Most Salient for Understanding Marital Issues (Settings)

Education	Training	Life Experience
41.1% (59)	N/A	52.7% (46)

Notes: N=105. Numbers in parentheses are base Ns for the category. Nine responses are missing; as respondent did not fill out item.

Table 58: Types of Salient Influences on Understanding of Marital Issues (Settings)

Source	Type of Knowledge Source		
	Education (%)	Training (%)	Life Experience (%)
52) Graduate School Course Work	3.1% (9)		
55) Consultation/ Inservice Training on Job	14.0% (41)		
56) Workshops/ Conferences Off the Job	14.7% (43)		
58) Books and Articles	9.6% (28)		
53) Graduate School Practicums		3.8% (11)	
54) Supervision		19.2% (56)	
57) Post-Graduate Training Programs		8.9% (26)	
60) Being a Client			7.2% (21)
61) Observations of Others' Marriages in Personal Life			5.8% (17)
62) Own Marriage and Relationships			13.7% (40)
	Total=41.4% (121)	Total=31.9% (93)	Total=26.7% (78)

Notes: Total N=292. This is the N of all the respondents rating the sources first, second or third in importance. Each source has the number of respondents rating the source in the top three influences; thus frequency indicates the strength of the influence of this source. Valid Percentage if the total N (292) is also given.

VITA

The author, Zareena Kheshgi-Genovese, was born in Bay Shore, Long Island, New York.

Ms. Kheshgi-Genovese received her Bachelor of Social Work degree from University of Illinois in 1975. She graduated with high honors. In June, 1980, Ms. Kheshgi-Genovese graduated from the University of Illinois with her Master of Social Work degree. She began her Doctor of Social Work program at Loyola University of Chicago in September, 1987 and completed in May, 1993. During this time, she was awarded a grant from the Fahs-Beck Fund for Research and Experimentation, which aided her in performing her dissertation research.

Ms. Kheshgi-Genovese is currently in private practice. She has extensive clinical social work background which includes work with clientele from a broad diagnostic and socioeconomic range. She is experienced in individual, marital, family and group work utilizing crisis and brief to long-term formats. She has supervised first and second year graduate social work students plus has had some experience with administrative responsibility. She also has worked as an alcoholism counselor with the chemically dependent and

their families. Additionally, she has had exposure to working in an inpatient psychiatric setting and medical settings. She hopes to contribute further to the field by teaching, doing research and continuing her clinical practice.

LOYOLA UNIVERSITY CHICAGO
SCHOOL OF SOCIAL WORK

DATE: April 16, 1993

I HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER MY SUPERVISION BY

Zareena Kheshgi-Genovese

TITLE: MARITAL COUNSELING IN SOCIAL WORK:
EXPLORING THE RELATION BETWEEN
EDUCATION AND PRACTICE

BE ACCEPTED IN PARTIAL FULFILLMENT OF REQUIREMENTS FOR THE DEGREE OF

DOCTOR OF SOCIAL WORK

Robert C. Constable

IN CHARGE OF DISSERTATION

Robert C. Constable, D.S.W.
Chair

RECOMMENDATION CONCURRED IN BY:

Daniel B. Lee

Daniel Lee, D.S.W.

COMMITTEE ON FINAL EXAMINATION

Joseph A. Walsh

Joseph A. Walsh, Ph.D.