

Unhappy Marriages: Does Counselling Help?

Final Report

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Foreword

"Family policy must have regard to the principle that continuity and stability are major requirements in family relationships. For many people marriage represents their commitment to long term continuity and stability"

THIS DIRECT QUOTE FROM THE 1998 REPORT OF THE COMMISSION ON THE FAMILY ACCURATELY REFLECTS THE FOCUS OF CURRENT GOVERNMENT POLICY ON THE CENTRAL ROLE THAT MARRIAGE CONTINUES TO PLAY IN IRELAND.



The Government's 'Families First' approach focuses on the prevention of family breakdown through the ongoing development of marriage counselling services and greater promotion of the benefits of marriage preparation programmes.

We saw earlier this year that the publication of research into the first year of marriage painted a positive picture of the benefits of marriage preparation courses. Now this research project by Dr Kieran McKeown and his team provides us with an unprecedented look at marriage and the effects of counselling through a survey of some 3500 ACCORD clients.

Research has consistently shown that having a good marriage is good for our health, happiness, longevity and of course our children. However, for every positive enjoyed in a good marriage, there are negatives affecting people in difficult marriages.

There are new pressures on marriages. Traditional parenting roles have changed in Ireland. Society no longer considers that a woman's job is to stay in the home as wife and mother. The dominant, bread-winning father is a thing of the past. Increased female participation in the labour force and the sharing of responsibilities in the house are just two of many issues facing modern marriages.

The report identifies four main factors which can impact negatively on marriages; behaviour, conflict resolution, task sharing and to a lesser extent socio-economic factors.

The importance of good communication between spouses remains constant in these changing times.

Lack of communication seems to be a major factor in the cause of marital difficulty. The findings point to the importance of communication between couples being on an equal footing with both parties willing to listen to each other. Counselling can help with the establishment of a positive hearing environment where both parties, with the assistance of a sympathetic counsellor, can learn to give expression to their emotions, to listen to each other and to change negative behaviours.

My thanks go to Kieran and his team for their time and effort in compiling this excellent report and also to Fr John Hannan of ACCORD for putting forward this research proposal and seeing it through to completion.

I'd like congratulate ACCORD counsellors throughout the country who give their time on a voluntary basis to ensure that help is always available to couples when they need it most. This research proves just what an important job they are doing.

The Government remains committed to supporting the marriage and relationship counselling sector.

A handwritten signature in dark ink, appearing to read 'Mary Coughlan', written in a cursive style.

Mary Coughlan T.D.
Minister for Social and Family Affairs
November 2002

Acknowledgements

We are extremely grateful to ACCORD for commissioning us to do this study. In particular we acknowledge its courage and openness in asking such a challenging question of itself: does counselling make a difference? It is a risky question because the answer is not a foregone conclusion. It is also a question of integrity since both counsellors and their clients have a right to know that the therapeutic process in which they are engaged makes a difference.

It has been a pleasure to work for ACCORD and to have the organisation's enthusiastic support for this project. We are grateful to all of the counsellors and secretaries throughout the organisation's 57 centres who have co-operated with the study by ensuring the completion of our questionnaires.

We are particularly grateful to the clients of ACCORD who, as individuals and couples, have taken the time to participate in this study. We hope that the faith which is implicit in their coming to ACCORD for counselling and their willingness to complete our questionnaires will bring them private benefits and contribute to the public good.

Our direct contact with ACCORD was through its head office whose staff have, at all times, been helpful and pleasant. One of our first contacts in ACCORD was Diarmuid Rooney whose work helped to build the foundations for this study and we are grateful for his unique blend of clarity and passion. We are also indebted to Maureen Warren who supplied us with data for Chapter Eight and who managed the process of printing and publishing the report with characteristic courtesy and efficiency.

The Assistant Director of ACCORD, Liz Early is the person with whom we have had most contact and is, by nature and disposition, probably a better researcher than any of us. Her organisational abilities combined with her understanding of the logic of the research process is a pleasure to behold and has made this a most enjoyable piece of work.

The Director of ACCORD, Fr. John Hannan is the visionary behind this research and his commitment to it has been enormously encouraging. He is a man of action and his patience has been tested by the three year gestation period of this Report between 1999 and 2002. We thank him for his patience and for the faith he has placed in us to come up with an answer to the question: does counselling make a difference?

We would also like to thank the Department of Social and Family Affairs for jointly funding this study through its Families Research Programme. The staff responsible for this programme in the Department - Catherine Hazlett,

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In acknowledging our debts to so many people, we also wish to follow the usual convention in declaring that none of the above needs to worry about being held responsible for the quality of our research or the results of our analysis; we are happy to take full responsibility for that!



Chapter 1

Marriage and Well-being



Marriage and Well-Being

1.1 Introduction

“Most scientific studies have demonstrated the extraordinarily powerful role of love in relationships in determining health and illness.”

MICHAEL MANN¹, LONDON-BASED PSYCHOANALYTIC
PSYCHOTHERAPIST AND AUTHOR.

Relationships between couples, both married and unmarried, are central to the lives of many, if not most adults. They can be a source of great happiness and fulfilment but they can also be the source of great distress and even illness when they go wrong. Marital conflict, including separation and divorce, are not always negative although they tend to have negative impacts on the health and well-being of couples; where children are involved, they are often adversely affected as well.

In serious marital conflict, the choice is often between situations which are less harmful over those which are more harmful, rather than between situations which are either purely harmless or purely harmful. In other words, some of the harm caused by serious marital conflict, including separation and divorce, cannot easily be avoided, although it may be minimised. Couples whose relationship has broken down irretrievably can often do less harm to themselves and their children if they separate. Other couples can do less harm, and probably much good, if they address their relationship problems and find a way of adjusting and accommodating to each others' needs.

This chapter sets the scene for the study in two ways. First, it provides an overview of key trends affecting marriage and couple relationships in Ireland. Second, it summarises what is known from research evidence about the relationship between marriage and well-being.

The analysis begins by describing key trends affecting marriage in Ireland (Section 1.2). This is followed by a review of research on the links between marriage and well-being (Section 1.3). The chapter ends with some concluding comments on the possible effects of changing trends in marriage for the well-being of individuals, couples and families (Section 1.4).

1.2 Marriage in Ireland

Married life is the choice of most men and women in Ireland, as elsewhere. In 1996, for example, nearly two thirds (63%) of the adult population (aged 25 and over) described themselves as married. Throughout the EU, there

remains widespread support for marriage as an institution² despite higher rates of marital breakdown than in Ireland³. Even among young people in Ireland, the level of support for marriage as an institution remains high. This was illustrated in a 1999 survey of 500 Irish 18-30 year olds, which found that almost 58% expected to get married and a further 18% expected to cohabit⁴. Moreover 83% of these young people described family as very important in their lives, much more important than friends, leisure, social life or work⁵.

Notwithstanding the importance of marriage, there are also signs of change. The marriage rate in Ireland (defined as the number of marriages per 1,000 population in each year) has declined continuously over the past 30 years from 6.5 in 1966 to 4.5 in 1996 and is now below the EU-15 marriage rate of 5.1⁶. In 1998, Ireland's marriage rate (4.5) was the third lowest in the EU-15, higher only than Sweden (3.6) and Belgium (4.4). This may reflect some postponement in the age of marriage – reflected in a dramatic fall in the proportion of women aged 15-29 who are married which fell from 32% in 1981 to 13% in 1998 – although it also seems to reflect some abandonment of the institution of marriage as indicated by trends in births outside marriage.

Births outside marriage amounted to 31% of all live births in 1999; in fact, the proportion of births outside marriage is significantly higher than this (45%) if calculated on the basis of all live first births⁷. From the perspective of marriage, a significant development has been the growth of non-marital births to women aged 30 and over which rose from 7% in 1981 to 17% in 1998 and suggests that, in these instances, marriage may be abandoned rather than simply postponed⁸. Moreover this needs to be seen in the context of an overall decline in the female fertility rate to below replacement⁹. Traditionally, marriage has been a gateway to parenthood and, for the majority of people, that is still the case. However parenthood may often be succeeded by marriage – or even accompanied by cohabitation – but the true extent to which this is occurring is difficult to determine. Clearly new configurations of marriage, parenthood and cohabitation are emerging in Ireland, as they have emerged elsewhere. In Holland, for example, there is now an identified pattern in which couples “first cohabit, then have children, and then marry”¹⁰.

In Ireland, entry to marriage was traditionally through a church wedding. This is still the case, as Table 1.1 reveals with 94% of all couples opting for a church wedding. However the proportion opting for marriage in a Registry Office rose ten-fold between 1961 and 1996. Still, despite declining attendance at Mass – from 91% in 1973 to 63% in 1998¹¹ – there is still widespread support for getting married in a Catholic Church.

Table 1.1: Registration of Marriages in Ireland, 1960-1996

Year	Catholic Church	Other Churches	Registry Office	Total
1961-1970 (average)	96.0	3.5	0.5	100
1996	90.3	4.0	5.7	100

Source: Vital Statistics, 1996, Table IV.

In addition to the reduced flow of people into marriage, an increase has also occurred in the flow of people out of marriage as a result of marital breakdown. A simple measure of the extent of marital breakdown in Ireland is the proportion of the ever-married population who now describe themselves as separated or divorced. Table 1.2 shows that this has doubled in the ten years since these statistics were first collected in 1986, rising from 3% in 1986 to

2 It is customary to distinguish between marriage as a relationship and marriage as an institution. Marriage as a relationship refers to the interpersonal bond between a man and a woman who are living together in an intimate, long-term relationship. Marriage as an institution refers to the social structures which surround marriage including regulatory measures (such as the constitution and family law) and distributive measures (eg. income support and various benefits in kind).

3 Eurobarometer, 1993; Reynolds and Mansfield, 1999

4 Behaviour and Attitudes, 1999

5 *ibid*, 1999

6 See Vital Statistics, 1996, Table 1; Eurostat, 2000:22; see also Kennedy, 2001: Chapter Two

7 FitzGerald, 1999: Table 1, p79; see also Fahey and Russell, 2002

8 FitzGerald, 1999: Table 4, p81

9 Central Statistics Office, 1999: Table B

10 Van Widenfelt, Hosman, Schaap, and Van der Staak, 1996:164

11 Council for Research and Development, 2001

6% in 1996. A more refined measure is the proportion of people who have separated in the age cohort most likely to be affected by separation (33-42 year olds), which rose from 6% in 1991 to 9% in 1996. Extrapolating from this data, one commentator has estimated that the cumulative separation rate for the younger married couples of today “could be as high as one-third”¹². Data from other countries suggests that, in terms of cumulative divorces, Ireland ranks between the high divorce countries (where the comparable figures are 18% in the US, 17% in Sweden and 10% in England and Wales) and the low divorce countries (where the comparable figures are around 2% in Italy, Spain, Portugal and Greece), possibly because the option of remarrying was not available in Ireland until the introduction of divorce in 1996¹³.

Table 1.2: Number and Per Cent Of Ever-married Population Who Are Separated, 1986-1996

Year	1986	1991	1996
No. of ever-married population who are separated	37,245	55,143	87,792
% of ever-married population who are separated	3	4	6
% of 33-42 year olds who are separated	—	6	9

The picture of marital separation in Ireland that emerges from these statistics throws light on the more specific issue of concern in this study, namely the role of counselling in preventing separation and divorce by reducing distress and unhappiness in marriages. The data in Table 1.2 suggests that at least 10% of all couples under 40 years could potentially benefit from counselling, and this proportion is likely to be a conservative estimate, as many distressed marriages remain intact due to other considerations, such as the well-being of children.

Marital breakdown does not necessarily imply disaffection from the institution of marriage. It is interesting to note, for example, that the number of people who describe themselves as ‘remarried following dissolution of a previous marriage’ trebled in the ten years between 1986 and 1996 – even before divorce was introduced (Table 1.3). This suggests that marital breakdown can co-exist with sustained support for the institution of marriage.

Table 1.3: Number of People Married Following Dissolution of a Previous Marriage, 1986-1996

Year	1986	1991	1996
No. of married following dissolution of previous marriage	3,102	3,856	9,341
% increase over previous period	—	24	142

It is worth emphasising in this context that measuring the true extent of marital breakdown in Ireland is not easy, because the majority of breakdowns occur informally without recourse to law and are therefore neither registered nor recorded. Moreover, legal separations occur through barring, protection and custody orders in addition to divorce and separation proceedings. In view of this, it is possible to give only rough estimates of the true extent of marital breakdown in Ireland. One study reached the following conclusion: “Ireland has a much lower rate of marital breakdown than the high divorce countries of the western world such as the United States, England and Wales and the Scandinavian countries, but a broadly similar rate to the low-divorce countries of southern Europe – Spain, Portugal, Italy and Greece”¹⁴.

A key consequence of the changing role of marriage in Ireland is that one parent households are growing; in fact households with one parent where at least one child is under the age of 15, increased by 89% between 1986 and 1996, while the corresponding number of two parent households decreased by 9% in the same period. Similarly and

¹² FitzGerald, 1999:83

¹³ See Fahey and Lyons, 1995:108; Fahey and Russell, 2001: Chapter Two; Fitzgerald, 1999

¹⁴ Fahey and Lyons, 1995:110

within the same period, the proportion of children living in one parent households grew by 50% while the proportion living in two parent households declined by 21%¹⁵. These are indicative of dramatic changes in household composition and family relationships although it is worth emphasising that the vast majority of households (86%) and children (88%) have two resident parents.

These considerations suggest that marriage is changing both as a relationship and as an institution with greater priority being placed on the relationship rather than the institution. As a result there is now greater diversity in household forms and less consensus about the 'institutional' aspects of marriage. The essence of this change seems to be driven by the high expectations which people have about intimate relationships as a means of personal fulfilment and their willingness to leave marriages which do not live up to those expectations. From the perspective of marriage counselling, this would seem to underline the importance of strengthening the capacity of couples to live in a mutually-fulfilling relationship, thus preventing the harm and distress which is often associated with marital breakdown. As Kiley has observed: "if a couple are united around bonds of affection more than bonds of duty, the stability of their relationship will be significantly influenced by their success in meeting each other's needs for affection"¹⁶. This suggests, other things being equal, that marital and couple counselling – as well as marriage preparation and marriage enrichment programmes – may be of greater importance now than in the past.

In Ireland, the importance of marriage is enshrined in the Irish Constitution, Article 41.3.1 of which states: "The State pledges itself to guard with special care the institution of Marriage, on which the Family is founded, and to protect it against attack". The Review Group which examined the Irish Constitution in 1995-1996 endorsed this pledge of protection for marriage but suggested that "a further amendment should be made so as to make it clear that this pledge by the State should not prevent the Oireachtas from providing protection for the benefit of family units based on a relationship other than marriage"¹⁷.

Public policy in Ireland tends to focus on families rather than marriage. A recent policy statement indicated that the government is "committed to protecting the family through political, economic, social and other measures which will support the stability of the family"¹⁸. This is the policy basis for the financial support given to marriage counselling and mediation as well as to family support services in disadvantaged areas. A similar approach was taken by the Commission on the Family (October 1995 – July 1998) whose report (entitled *Strengthening Families for Life*¹⁹) outlined six principles which should inform family policy, although none of them refer to marriage²⁰. However, the Commission acknowledged the reality of marital distress and the fact that "marriage is under pressure both as a relationship for life and as an institution which has a valued role in society in promoting continuity and stability in family life"²¹, and recommended increased funding for counselling as a support for marriage.

1.3 Marriage and Well-Being

A large number of studies have examined the impact of marriage on various aspects of well-being. These studies fall into two broad categories. The first concerns the benefits of marriage compared to every other marital status such as being single, separated, divorced or widowed. The second concerns the impact of good and bad marriages on well-being. We now review each of these aspects of marriage in turn.

1.3.1 Marriage in General

First, being married (i.e. comparing all people who are married to all those who are not) improves the well-being of both men and women. Some of the most telling evidence on the importance of marriage for adults has emerged from studies of the factors which contribute to individual well-being. In the US, the General Social Survey has measured well-being over a period of 25 years (1972-1998) using the following question: "Taken all together, how would you say things are these days – would you say that you are very happy, pretty happy, or not too happy?"²². In

15 Census of Population, 1986 and 1996, Volume 3, Household Composition and Family Units

16 Kiley, 1998:194

17 Constitution Review Group, 1996:332

18 An Action Programme for the Millennium, 1997:15; 1999:15-16

19 Commission on the Family, 1996; 1998

20 *ibid*, 1996:13-14

21 *ibid*, 1998:182

22 See Oswald and Blanchflower, 1999

Britain, a broadly similar question was used in Eurobarometer Surveys to measure well-being over the same period: “On the whole, are you very satisfied, fairly satisfied, not very satisfied, or not at all satisfied, with the life you lead?”²³. In both countries, the analysis of these exceptionally large data sets – 32,825 respondents in the General Social Survey, 37,115 respondents in the Eurobarometer Survey – based on representative samples of the population suggested that, controlling for a number of socio-economic variables, being married (rather than single, separated, widowed or even remarried) had a more powerful impact on well-being than either income or employment. Similar results have been found in Germany²⁴, Belgium²⁵ and Ireland²⁶ and suggest that every alternative marital state to being in a first marriage was associated with less happiness in a statistically significant way. Expressing it positively, married people emerge as happier than all others. Both the US and the UK studies also found that the benign effects of rising incomes on individual well-being in those countries over the past 25 years have been more than offset by changes in the marital status of the population, due to growing percentages who are remaining single, separating, divorcing and remarrying. Of course marriage and income are not commensurable and cannot be exchanged for each other but, for the sake of illustration, researchers have used regression coefficients from the US data to calculate that “to compensate for a major life event such as being widowed or a marital separation, it would be necessary ... to provide an individual with approximately \$100,000 extra per annum”²⁷.

These analyses are indicative, rather than definitive, as they are ‘cross-sectional’ in nature and do not follow the same individuals over time nor, like any study, can they control for every single variable that might be relevant. At the same time, there is a striking consistency in the results of the different studies. Similarly, a 17-nation study of the factors associated with feeling happy found that the three predictors of happiness, in their order of importance, were feeling healthy, feeling financially secure and being married²⁸. In the case of marriage, this study found that married persons have a significantly higher level of happiness than persons who were not married, even when all of the key socio-economic variables are controlled for.

One review of the evidence explained the benign effect of marriage as follows: “on average, marriage seems to produce substantial benefits for men and women in the form of better health, longer life, more and better sex, greater earnings (at least for men), greater wealth, and better outcomes for children”²⁹. Other reviews show that separated and divorced adults have the highest rates of acute medical problems, chronic medical conditions, and disability³⁰. Divorced men are at an increased risk of suicide, admission to mental hospitals, vulnerability to physical illness, and becoming victims of violence, while separated and divorced women have an increased utilisation of medical services and an increased risk of depression. Another review of the health-related aspects of marriage found that “morbidity and mortality are reliably lower for the married than the unmarried across a variety of acute and chronic conditions including such diverse health threats as cancer, heart attacks and surgery”³¹. A nine-year follow-up study of more than 6,000 Californians found that individuals who were not married and had few friends had the highest rates of illness and mortality; people who were not married but who had friends had similar mortality rates to those who were married and had few friends³².

The benefits of marriage also raises the issue as to who benefits most – men or women. Recent research suggests that both benefit equally. This is the conclusion of a 17-nation study on marital status and happiness which found no significant difference in the happiness of married men and women – “marriage enhances the well-being of men and women equally”³³. US data suggest that married men and women tend to have higher incomes³⁴, although it does not automatically follow that increased income automatically translates into increased happiness. There is also substantial evidence that the health-related benefits of marriage are greater for men than women³⁵.

The process through which the average marriage yields its benign impact may be due to the fact that married people benefit from feeling more social support, belonging, attachment and intimacy while the lack of these – whether inside or outside marriage – has injurious effects on people’s physical and mental health³⁶. However, the existing research

23 Theodossiou, 1998

24 Winkelmann and Winkelmann, 1998

25 Sweeney, 1998

26 *ibid*

27 Oswald and Blanchflower, 1999:14

28 Stack and Eshleman, 1998

29 Waite, 1995:499

30 Bray and Jouriles, 1995

31 Kiecolt-Glaser and Newton, 2001

32 Bergman and Syme, 1979

33 Stack and Eshleman, 1998:535

34 Ross, Mirowsky & Goldsteen, K., 1990:1064

35 See McAllister, 1995; Kiecolt-Glaser and Newton, 2001

36 Halford and Markman, 1996

does not provide definitive answers about whether marriage makes people healthier and happier, whether healthier and happier people are more likely to get married or whether the effects detected by the cross-sectional studies cited above are attributable to external factors. The reality is probably that a combination of processes are at work³⁷.

Children are deeply-affected by the quality of their parents' relationship, irrespective of its marital status. Indeed the well-being of children may be more affected by the quality of the relationship between their parents than by the quality of the parent-child relationship itself³⁸. Two aspects of the relationship between parents seem particularly important for the well-being of children; the first is the absence of conflict, the second is the presence of stability. One study of over 5,000 mothers and children in Australia found that children have least problems when the mother is not in conflict with her partner and does not change her partner; children do least well, and develop most problems, when the mother is in conflict with her partner and changes her partner; children whose mother never had a partner hold an intermediate position between these two groups³⁹. A particularly valuable feature of this study is the way in which it separates the influence of conflict from the influence of instability and shows that, while children are more adversely affected by conflict than by instability, they are adversely affected by instability even in the absence of conflict. As the authors point out, "partner change and marital conflict [are] independent causes of a wide variety of child behaviour problems"⁴⁰.

It cannot be disputed that conflict adversely affects children to the point that children reared by one parent do better than children reared by two parents in conflict. The impacts of parental conflict, which have been documented in a number of reviews, include impairment of children's ability to form intimate relations, ability to maintain family and community ties, socio-economic achievement, psychological well-being, and relationships with parents⁴¹. However, the independent influence of stability is a relatively new insight – mainly because the negative impacts of divorce are typically seen as being mediated through the conflict which preceded it rather than through the instability which results from it⁴² – and is particularly important in throwing light on the impact of separation and divorce on children in marriages which are characterised by relatively low levels of conflict.

One recent longitudinal study covering 20 years which interviewed children when they reached the age of 19 found that "for offspring from low conflict homes, parental divorce was devastating" in terms of psychological distress, support networks and marital happiness⁴³. Moreover, 70% of the divorces in this study involved minor rather than severe marital conflict and indicate the powerful inter-generational impact of instability on the well-being of children. The author observes: "The most discouraging thing about these findings is the evidence of inter-generational effects. The marriages of children of divorce whose parents did not fight are of lower quality than they would be if their parents had not dissolved their marriage. Not only does this mean that the children of such parents are more likely to divorce themselves, but that their children are apt to experience the same adverse consequences of divorce as their parents. Unless the divorce rate declines, we can expect the same high levels of personal disorganisation in generations to come"⁴⁴.

1.3.2 Good and Bad Marriages

In reviewing the impact of the 'average marriage', it is important to remember that this comprises both good and bad marriages; there is plenty of evidence that, while good marriages have very positive benefits for physical and mental health, bad marriages have very negative effects⁴⁵. As one review has suggested: "The simple presence of a spouse is not necessarily protective; a troubled marriage is itself a prime source of stress while simultaneously limiting the partner's ability to seek support in other relationships. ... Troubled marriages are reliably associated with increased distress and unmarried people are happier, on average, than unhappily married people"⁴⁶.

Studies have shown that marital distress (whether caused by abuse, unfaithfulness or being unable to confide in one's spouse) is particularly associated with depression in women and poor physical health in men⁴⁷. It is now widely-recognised that marital relationships entail conflict and abuse as well as emotional and physical violence. As one

37 For reviews, see Stack and Eshleman, 1998; Waite, 1995; Kiecolt-Glaser and Newton, 2001

38 See One Plus One, 1999; see also McKeown and Sweeney, 2001: Chapter Four

39 Najman, Behrens, Andersen, Bor, O'Callaghan, and Williams, 1997

40 *ibid*, 1364

41 See for example, Amato and Booth, 1997; Hetherington, Law and O'Connor, 1993

42 See for example, Wilkinson, 1996:166

43 Booth, 1999:40

44 *ibid*, 41

45 See Horwitz, McLaughlin and Raskin White, 1998 for a useful review of the evidence; see also Halford and Markman, 1996

46 Kiecolt-Glaser and Newton, 2001

47 See Kelly and Halford, 1997

group of researchers have pointed out, “despite the widespread nature of these negative aspects of marriage, few studies examine the mental health consequences of the problematic side, as well as the positive side, of marital relationships. The undoubted beneficial aspects of intimate relationships may have obscured recognition that the same social relations also have detrimental effects on mental health”⁴⁸. This group of researchers studied the balance of supportive and problematic relationships within the marriages of young couples and found that when the balance tips in favour of problematic relationships – usually under the strain of parenthood and financial need – it leads to mental health problems, particularly for women. The key finding here is the balance between positive and negative aspects of relationships within marriage rather than the absolute level of either: “marriages have both positive and negative sides, and the difference in the levels of these aspects has a stronger impact on mental health than the absolute levels of support or problems”⁴⁹.

The research evidence is quite inconclusive as to whether men or women are the more adversely affected by marital distress as measured in terms of physical health, mental health and health habits⁵⁰. However, it is recognised that men and women respond differently to marital distress and a pattern of “demand-withdrawal” is frequently established, whereby women’s demands for change in a relationship are met by their partner’s withdrawal in the face of those demands⁵¹. Indeed, several studies have found that a husband’s withdrawal increases the likelihood of wives’ hostility and eventual breakdown of the relationship⁵².

According to a number of researchers, conflict only results in marital distress and breakdown if couples are ill-equipped to solve or dissolve it. The pioneer of this view is John Gottman whose popular book – *Why Marriages Succeed or Fail and How You Can Make Yours Last* – contains the following summary: “If there is one lesson I have learned from my years of research it is that a lasting marriage results from a couple’s ability to resolve the conflicts that are inevitable in any relationship”⁵³. Gottman’s former student, Howard Markman, has also developed and researched this idea which is summarised in another popular book, *Fighting for Your Marriage: Positive Steps for Preventing Divorce and Preserving Lasting Love*: “Contrary to popular belief, it’s not how much you love each other that can best predict the future of your relationship, but how conflicts and disagreements are handled. Unfortunately, conflict is inevitable – it can’t be avoided. So if you want to have a good marriage, you’d better learn to fight right”⁵⁴. Gottman distinguishes three types of marriage based on styles of resolving conflict – “validating marriages” in which couples compromise and calmly work out their problems to mutual satisfaction; “conflict-avoiding marriages” in which couples agree to disagree rather than confront their differences head-on; “volatile marriages” in which conflicts often erupt resulting in passionate disputes⁵⁵. He argues that each type can be stable and satisfying as long as there is a surplus of positive over negative emotions in the relationship: “you must have at least five times as many positive as negative moments together if your marriage is to be stable”⁵⁶. It is the risk of negative emotions which threaten all marriages – irrespective of style – and these risks come from “four disastrous ways of interacting” which are criticism, contempt, defensiveness and stonewalling⁵⁷. Other researchers have reached similar conclusions: “The weight of the evidence then, suggests that the quality of marital interactions – that is, whether they are warm and supportive or hostile and negative – is related to the risk of marital distress and even dissolution of the relationship”⁵⁸.

In addition to behaviours and emotions, perceptions and expectations also play a role in shaping how men and women perceive each other within their relationship. Positive perceptions of one’s partner tend to improve relationships, and one study has shown that men and women are happier when they idealise their partners’ interpersonal attributes and when their partner idealises them⁵⁹. Perception is itself influenced by personality traits such as neuroticism, defined as “negative affectivity”, and one study found that “individuals high in neuroticism are less likely to see their partners in idealised ways”⁶⁰. It has also been found that distressed couples are more likely to have unrealistic expectations about marriage than happy couples⁶¹.

48 Horwitz et al, 1998:125

49 *ibid*, 133

50 Kiecolt-Glaser and Newton, 2001

51 Christensen, 1987; Heavey, Layne and Christensen, 1993; Krokoff, 1987; Margolin and Wampold, 1981; Notarius and Markman, 1989; Roberts and Krokoff, 1990

52 Roberts and Krokoff, 1990; Sayers, Baucom, Sher, Weiss and Heyman, 1991; Levenson and Gottman, 1985; Markman, 1991; 1994

53 Gottman, 1997:28

54 Markman, Stanley and Blumberg, 1994:1

55 Gottman, 1997:28

56 *ibid*, 29

57 *ibid*, 72

58 Clements, Stanley and Markman, 1997:643

59 Murray, Holmes and Griffin, 1996

60 Bouchard, Lussier and Sabourin, 1999:657

61 Fincham and Bradbury, 1990

Research on the nature of conflict patterns between men and women – such as “demand-withdrawal” – has produced contradictory evidence; one set of findings claim that men’s greater physiological responsiveness to conflict and the negative emotions which it engenders leads them to withdraw from conflict situations⁶², whereas other findings indicate that women’s greater physiological responsiveness to the negative aspects of intimate relationships leads them to demand change in those relationships⁶³. Beyond these physiological differences, there is widespread agreement that social factors play a crucial role in demand-withdrawal patterns through the internalised self-representations of men and women, the changing domestic roles of men and women and the daily settings of certain occupations which may reinforce emotional control among men and emotional expressiveness among women; power relations have also been cited as a factor in demand-withdrawal although some research suggests that men may be more likely to withdraw not when they feel more powerful but when they feel less powerful in a relationship⁶⁴.

A cogent explanation of why men and women respond differently to marital distress is that each are shaped by culture and socialisation to have different self-representations of what it is to be a man or a woman⁶⁵. According to this view, women’s self-representations are characterised by “relational interdependence” with the result that their self-concept is generated within the context of close, often dyadic relationships. By contrast, men’s self-representation tends to be characterised by “collective interdependence” and affiliations involving membership of broader social groupings with the result that their self-concept is more likely to be shaped by public rather than private roles. This perspective predicts that wives, by virtue of their more relationally-interdependent self-representations, should be more attuned to, and less insulated from, the emotional quality of marital interactions compared to husbands. In fact there is a good deal of evidence to support this: “wives function as the ‘barometers’ of distressed marriages⁶⁶, in part because women are more sensitive to negative marital interactions than men. Wives are better than husbands at interpreting their spouses emotional messages⁶⁷; distressed wives can more accurately decode their husbands’ negative messages than the reverse⁶⁸. ... Women are more adversely affected than men by overt expressions of hostility in marital interactions⁶⁹. In the emotional transmission literature, several studies have provided evidence that husband’s negative emotions predict wives’ negative emotions more reliably than the converse⁷⁰, particularly among distressed couples⁷¹. All of these findings are consistent with, and indeed may help to explain, the fact that women are more likely than men “to mend or end marriages”⁷².

I.4 Summary and Conclusion

“A growing body of evidence demonstrates the health benefits and the benefits to children of committed, harmonious couple relationships.”

THE LORD CHANCELLOR’S ADVISORY GROUP ON MARRIAGE
AND RELATIONSHIP SUPPORT⁷³ IN BRITAIN, 2002.

In this chapter we have seen how married life is the choice of most men and women in Ireland, as elsewhere. Throughout the EU, there remains widespread popular support for marriage as an institution⁷⁴ despite higher rates

62 Goleman, 1996

63 Kiecolt-Glaser and Newton, 2001

64 See Julien, Arellano and Turgeon, 1997 for a good review.

65 Kiecolt-Glaser and Newton, 2001

66 Floyd and Markman, 1983

67 Noller and Fitzpatrick, 1990

68 Notarius, Benson, Sloane, Vanzetti and Hornyak, 1989

69 Gaelick, Bodenhausen and Wyer, 1985

70 Notarius and Johnson, 1982; Roberts and Krokoff, 1990

71 Larson and Almeida, 1999

72 Kiecolt-Glaser and Newton, 2001:25; one commentator on the theme of gender and couple therapy has observed that: “Most marital therapy is initiated by women. Women appear to perceive their marriages as more problematic, and most divorces today are initiated by women. The view taken here is that women’s anger and disillusionment is the major universal dynamic underlying marital distress” (Rabin, 1996:15).

73 The Lord Chancellor’s Advisory Group on Marriage and Relationship Support, 2002:9

74 It is customary to distinguish between marriage as a relationship and marriage as an institution. Marriage as a relationship refers to the interpersonal bond between a man and a woman who are living together in an intimate, long-term relationship. Marriage as an institution refers to the social structures which surround marriage including regulatory measures (such as the constitution and family law) and distributive measures (eg. income support and various benefits in kind).

of marital breakdown than in Ireland⁷⁵. Even among young people in Ireland, the level of support for marriage as an institution remains high⁷⁶. This is also evident in the fact that the number of people who describe themselves as ‘remarried following dissolution of a previous marriage’ has trebled in the ten years between 1986 and 1996 – even before divorce was introduced.

Notwithstanding the importance of marriage, there are also signs of change, such as a decline in the marriage rate in Ireland, a growth in births outside marriage and an increase in the extent of marital breakdown with up to a tenth of the age cohort who are most likely to be affected by separation (the 33-42 year-olds) now separated. This alone highlights the importance of the question at the centre of this study, namely the effectiveness of counselling in promoting relationships and preventing the breakdown of relationships. The evidence suggests that at least 10% of all couples under 40 years may be in a distressed relationship and may benefit from counselling.

In Ireland, the importance of marriage is enshrined in the Irish Constitution, Article 41.3.1 of which states: “The State pledges itself to guard with special care the institution of Marriage, on which the Family is founded, and to protect it against attack”. Notwithstanding the importance of marriage in the Irish Constitution, public policy in Ireland tends to focus on families rather than marriage. A recent policy statement indicated that the government is “committed to protecting the family through political, economic, social and other measures which will support the stability of the family”⁷⁷. A similar approach was taken by the Commission on the Family (October 1995 – July 1998) whose report – entitled *Strengthening Families for Life*⁷⁸ – outlined six principles which should inform family policy although none of them refer to marriage⁷⁹.

We reviewed a large number of studies on the impact of marriage on well-being and found evidence that on average, controlling for a number of socio-economic variables, being married is associated with higher levels of well-being than being single, separated, widowed or remarried. This superior well-being takes the form of better health, longer life, higher income and better outcomes for children. On balance, it seems that men benefit more from marriage in the area of health and women more in the area of income.

Good marriages have very positive benefits for physical and mental health but bad marriages have very negative effects. Studies have shown that marital distress is particularly associated with depression in women and poor physical health in men. The research evidence is quite inconclusive as to whether men or women are the more adversely affected by marital distress as measured in terms of physical health, mental health and health habits⁸⁰. However, it is recognised that men and women respond differently to marital distress which sometimes takes the pattern of “demand-withdrawal” whereby women’s demands for change in a relationship are met by their partner’s withdrawal in the face of those demands⁸¹. One recent review of the evidence found that “troubled marriages are reliably associated with increased distress and unmarried people are happier, on the average, than unhappily married people”⁸².

These findings highlight the important role which counselling might play in supporting marriage and couple relationships in general. Indeed, given the importance of marriage for well-being, it would be difficult to underestimate the importance and relevance of the question which is at the heart of this study namely: does counselling make a difference to unhappy marriages? Before applying empirical evidence to this question, we first review the international research on this topic. That is the theme of the next chapter.



75 Eurobarometer, 1993; Reynolds and Mansfield, 1999

76 Behaviour and Attitudes, 1999

77 An Action Programme for the Millennium, 1997:15; 1999:15-16

78 Commission on the Family, 1996; 1998

79 ibid, 1996:13-14

80 Kiecolt-Glaser and Newton, 2001

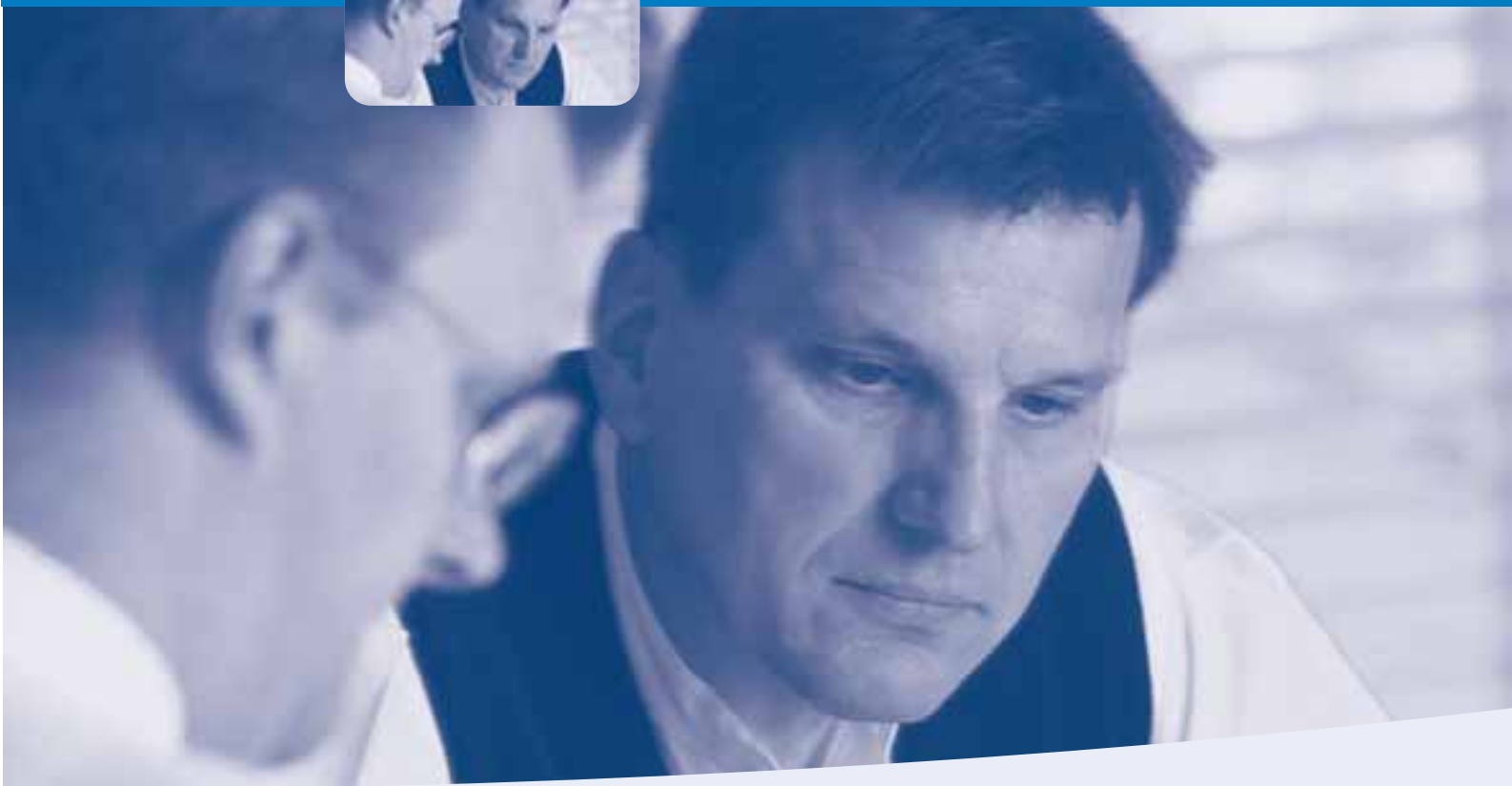
81 Christensen, 1987; Heavey, Layne and Christensen, 1993; Krokoff, 1987; Margolin and Wampold, 1981; Notarius and Markman, 1989; Roberts and Krokoff, 1990; Sayers et al., 1991; Levenson and Gottman, 1985; Markman, 1991; 1994

82 Kiecolt-Glaser and Newton, 2001



Chapter 2

Research on Therapeutic Effectiveness



Chapter 2

Research on Therapeutic Effectiveness

2.1 Introduction

“Throughout human history, individuals with social and emotional difficulties have benefited from talking with a sympathetic ‘other’ perceived as being able to offer words of comfort and sound counsel either because of recognised inherently helpful personal qualities, or by virtue of his or her role in the community. ... However, even in today’s world, the vast majority of individuals who are experiencing psychological distress do not seek help from trained and credentialed professional counsellors and therapists; they obtain relief by talking to individuals untrained in counselling or psychotherapy.”

JIM MCLENNAN⁸³, AUSTRALIAN COUNSELLOR AND PSYCHOTHERAPIST, TEACHER, RESEARCHER AND WRITER.

The effectiveness of counselling and psychotherapy is of central importance to professionals as much as to their clients since the fundamental belief upon which both enter the therapeutic process is that it can ameliorate distress and difficulties and help couples meet their relationship goals. This chapter examines the evidence on which this belief is based.

The terms counselling and psychotherapy are often used interchangeably and, according to one commentator, “there is a developing recognition that there are no clear distinctions between counselling and psychotherapy. The terms are interchangeable”⁸⁴. It is true that counselling tends to focus on specific problems while psychotherapy explores issues at a deeper level of consciousness⁸⁵. It is also true that some forms of psychotherapy require a longer training period than many forms of counselling. Nevertheless, there are a number of therapeutic approaches that increasingly resemble counselling in their focus on being “brief” and “solution-focussed”, to the extent that one approach to therapy is called “solution-focused brief therapy”⁸⁶. The research reviewed in this chapter is about therapeutic interventions in general and makes no distinctions between counselling and psychotherapy nor between different types of therapy; as we shall see, the research evidence itself confirms that these distinctions are not particularly helpful while, from the perspective of research methodology, it is extremely difficult to differentiate between therapeutic perspectives and technique on the one hand and the clinician’s interpretation and practice of it on the other.

Virtually all of the studies which assess the effectiveness of marital therapy assume that the couple’s goal on entering this process is to improve rather than end their relationship⁸⁷. This is a reasonable assumption in most cases but some individuals or couples may enter therapy for the purpose of ending a relationship. The significance of this from a research perspective is that a successful outcome for clients (in terms of achieving their goals) could be consistent with diametrically-opposed therapeutic outcomes (in terms of improving or ending a relationship). This limitation needs to be borne in mind in reading the research since it potentially underestimates the impact of therapeutic intervention. In order to avoid this danger – as we have done in this study – it is necessary to separate those couples whose therapeutic objective is to end their relationship from those whose therapeutic objective is to improve it so that a valid assessment of the impact of therapy can be made.

83 McLennan, 1999:169

84 Thorne, 1999:227; see also Jacobs, 1996:5

85 See for example, Johnstone, 1993

86 Cade and O’Hanlon, 1993; George, Iveson and Ratner, 1997

87 See Baucom, Shoham, Mueser, Daiuto and Stickle, 1998:55; Christensen and Heavey, 1999:167

This chapter is divided into seven main sections. The first of these addresses the general question of the effectiveness of counselling and psychotherapy (Section 2.2). This is followed by an analysis of the four main factors which determine therapeutic effectiveness, namely client characteristics and social support (Section 2.3), therapist-client relationship (Section 2.4), client hopefulness (Section 2.5) and therapeutic technique (Section 2.6). Finally the chapter ends with some concluding comments about the significance of these findings (Section 2.7).

2.2 Effectiveness of Counselling and Psychotherapy

The effectiveness of all types of therapy has been extensively studied. The results of these studies have been summarised and synthesised using a method known as meta-analysis, which involves reducing all results to a common denominator – known as the effect size. The effect size indicates the extent to which the group receiving treatment (the experimental or treatment group) has improved by comparison with the group that did not receive treatment (the control or comparison group). Two remarkably consistent findings have emerged from over 50 meta-analytic studies, synthesising over 2,500 separate controlled studies⁸⁸. The first finding is that therapy works and the second is that all therapies are about equally effective. We now expand on these findings.

2.2.1 Therapy Works

The effectiveness of therapy is indicated by the fact that, in general, cases which receive treatment tend to do better than untreated cases in about seven out of ten cases. This result is consistent across a number of meta-analyses which examined the effectiveness of psychotherapy generally⁸⁹, child psychotherapy⁹⁰, marital therapy⁹¹, and combined marital and family therapy⁹².

Going beyond the effectiveness of therapy in general, studies on the effectiveness of marital therapy in particular have yielded different estimates of the likelihood that the couple's relationship will improve after therapy, relative to those who have had no therapy. Estimates of the probability of improvement vary considerably from 40%⁹³, to 66%⁹⁴ to 72%⁹⁵. Most of the studies have focused on Behavioural Marital Therapy (BMT) and this has led one group of researchers to conclude that BMT is "the closest thing that couple therapy has to an established therapy"⁹⁶. Other researchers have drawn attention to the corollary of this finding: "although outcome following couple therapy appears to be superior to no treatment, that nearly one-third of couples do not improve with treatment suggests the continued need for developing and improving effective couple therapies"⁹⁷.

If these results do not appear to be particularly impressive, then it should be remembered that they are "considerably larger than one typically finds in medical, surgical and pharmaceutical trials"⁹⁸. Nevertheless, it has been pointed out that statistical significance is not the same as clinical significance, since a person might improve after treatment (in the statistical sense) but still be more distressed (in the clinical sense) than the average non-distressed person in the population. This is an important consideration, particularly in view of the finding that marital satisfaction at the end of treatment, rather than the amount of change resulting from treatment, is a strong predictor of the future of the relationship⁹⁹.

The consensus from different clinical studies seems to be that marital therapy results in just about half the couples "reliably moving from marital distress to marital satisfaction by the end of therapy"¹⁰⁰. Similarly, an earlier review of clinical outcome studies found that "most tested treatments report no better than 50% success"¹⁰¹. Commentators have drawn both optimistic and pessimistic conclusions from these results. Some have used it to suggest that "marital therapy often yields results that are of demonstrable benefit even by this relatively strict criterion of returning

88 Asay and Lambert, 1999

89 See for example, Smith and Glass, 1977

90 See for example, Weisz and Weiss, 1993

91 See for example, Dunn and Schwebel, 1995

92 See for example, Shadish, Ragsdale, Glaser and Montgomery, 1995; Baucom, Shoham, Mueser, Daiuto, and Stickle, 1998

93 Bray and Jouriles, 1995

94 Shadish et al., 1993

95 Hahlweg and Markman, 1988

96 Jacobson and Addis, 1993:89

97 Whisman and Snyder, 1997:680

98 Shadish, Ragsdale, Glaser and Montgomery, 1995:347

99 Baucom and Mehlman, 1984

100 Alexander, Holtzworth-Munroe and Jameson, 1994:613

101 Jacobson and Addis, 1993:86

couples to non-distressed states”¹⁰². Others point out that marital therapy often leaves couples still distressed after therapy and that “existing treatments for marital discord and distress need substantial improvement”¹⁰³.

Irrespective of how one interprets the clinical success of marital therapy, it is worth noting that these successful outcomes are generally achieved over relatively short periods, usually not exceeding six months¹⁰⁴. In addition, the cost of these interventions is modest compared to the cost of distress over a much longer period, as we have seen in Chapter One.

The durability of the beneficial outcomes of marital therapy is more difficult to assess since most follow-up studies rarely go beyond one year, although the majority of couples maintain the benefits of therapy over this period¹⁰⁵. One review of the studies suggested that the results to date are “encouraging from the perspective of preventing marital separation and divorce”¹⁰⁶, but another drew the conclusion that “the initially positive effects of BMT (Behavioural Marital Therapy) may be difficult to maintain over time”¹⁰⁷. One of the most authoritative reviews in the field concluded that “of those patients who are initially helped by therapy, 70% continue to maintain their gains and 30% return to baseline or are worse two years following treatment. Therefore, “of those couples who come for therapy the probability is 0.5 that they will benefit to a clinically significant degree and maintain this improvement for two years”¹⁰⁸. This assessment is consistent with one follow-up study which found that 50% of couples continued to be happily married four years after treatment¹⁰⁹.

2.2.2 All Therapeutic Techniques Are About Equally Effective

One of the remarkable findings to emerge from the study of therapeutic effectiveness is that there is no significant difference between the effectiveness of different therapies¹¹⁰. Given that over 250 different therapeutic models have been identified¹¹¹ – each claiming to be effective and many claiming to be more effective than others – it is remarkable that all are relatively equal in their effectiveness. As one commentator has observed: “No psychotherapy is superior to any other, although all are superior to no treatment. ... This is the conclusion drawn by authoritative reviews ... and well controlled outcome studies. ... This is really quite remarkable, given the claims of unique therapeutic properties made by advocates of the various treatments available today”¹¹². Even more remarkable is the finding of another review: “It is poignant to notice that the size of the effect between *bona fide* psychotherapies is at most about half of the effect size produced by treatments with no active psychotherapeutic ingredients (i.e. placebo versus no treatment)”¹¹³.

A key implication of these findings is that all therapies have something in common which make them similarly effective. Researchers have suggested that there are four common factors which influence therapeutic effectiveness¹¹⁴. These common factors are: (1) client characteristics and social support, (2) therapist-client relationship, (3) client hopefulness, and (4) therapeutic technique. The contribution of each to therapeutic outcome is summarised in Table 2.1. We now discuss each factor.

2.3 Client Characteristics and Social Support

The fact that client characteristics and their support networks account for up to 40% of the variance in therapeutic outcomes underlines the importance of understanding what clients bring to therapy and how these attributes might be used to promote change. The implications of this were spelt out in one review: “It is the client more than the therapist who implements the change process. ... Rather than argue over whether or not ‘therapy works’, we should address ourselves to the question of whether or not ‘the client works!’ ... As therapists have depended more upon

102 Shadish, et al., 1995:348

103 Bray and Jouriles, 1995:463; Jacobson and Addis, 1993:86; Jacobson and Christensen, 1996

104 Asay and Lambert, 1999:24-27

105 Baucom, Shoham, Mueser, Daiuto and Stickle, 1998:58

106 Bray and Jouriles, 1995:465

107 Alexander et al., 1994:599

108 Bergin and Garfield, 1994:171

109 Snyder, Wills, and Grady-Fletcher, 1991

110 Asay and Lambert, 1999

111 See Miller, Duncan and Hubble, 1997:1

112 Weinberg, 1995:45; see also Christensen and Heavey, 1999:172-173

113 Wampold et al., 1997:210

114 Lambert, 1992; Miller, Duncan and Hubble, 1997, Ch. 2; Asay and Lambert, 1999

client's resources, more change seems to occur"¹¹⁵. This insight draws attention to the fact that every individual, every couple and every family has strengths, abilities and resources to cope with and overcome their problems and this, in turn, is central to the strengths-based approach to working with families and couples¹¹⁶.

Table 2.1 Factors Which Are Common to the Effectiveness of All Therapeutic Interventions

Name of Factor	% of Variance in Outcome Explained
Client Characteristics and Social Support	40
Therapist-Client Relationship	30
Client Hopefulness	15
Therapeutic Technique	15
Total	100

Sources: Compiled from Lambert, 1992; Miller, Duncan and Hubble, 1997, Chapter Two; Asay and Lambert, 1999.

Client characteristics may be static (such as age, sex, socio-economic status, family background, personality etc.) or dynamic (such as behaviours, attitudes, support networks, etc.). From a therapeutic perspective, the dynamic characteristics are of most interest since these may be most amenable to change; static factors such as demographic characteristics or the quality of the parents' marital relationship are not amenable to change, although they remain a potent influence in a person's marital relationship.

2.3.1 Demographics/Socio-economic Factors

In general, research on marriage and family therapy suggests that it is more effective with younger than with older clients, while drop-out rates tend to be higher for lower socio-economic groups¹¹⁷. An exception to this was found in a study of Emotionally Focused Marital Therapy which produced the largest impact on marital satisfaction among older men¹¹⁸. Numerous studies suggest that lower socio-economic groups are less likely to use therapy and more likely to drop out from therapy, possibly because the client – and the therapist – have low expectations of a successful outcome¹¹⁹. Some research also suggests that the effectiveness of therapeutic styles vary according to the socio-economic status of the client: directive interventions by the therapist worked best with working-class couples while reflective ones worked better with middle-class couples¹²⁰.

2.3.2 Problems and Personality Traits

Another set of characteristics which influence therapeutic effectiveness covers dimensions such as personality, relationship history, severity and duration of problems, motivation, etc. Although the precise impact of many of these variables has not been researched in great depth, there is evidence that intervention is less effective where problems are severe, including addiction and personality disorders, of long duration, such as prolonged abuse or neglect in childhood, and multiple, such as marital and parenting difficulties compounded by addiction¹²¹.

In terms of marital therapy, the research suggests that, for couples who wish to preserve or improve their relationship, therapeutic interventions are least likely to have a positive outcome in the following cases: "older couples, couples who have given more thought and taken more steps towards divorce, couples who are severely distressed and couples who have a low quality of emotional affection (or a high level of emotional engagement), i.e. less frequent sex and less tenderness, togetherness and communication"¹²². Other studies suggest that couples who have rigid gender roles or are depressed are also least likely to preserve the relationship¹²³.

¹¹⁵ Bergin and Garfield, 1994:825-826

¹¹⁶ Rogers, 1957; 1961; Saleebey, 1992; 1996; 2000

¹¹⁷ Sprenkle, Blow and Dickey, 1999:332

¹¹⁸ Johnson and Talitman, 1997:146

¹¹⁹ See Garfield, 1994:Ch.6

¹²⁰ Cline, Mejca, Coles, Klein and Cline, 1984

¹²¹ See Bergin and Garfield, 1994

¹²² Alexander et al., 1994:606

¹²³ Bray and Jouriles, 1995:467

2.3.3 Cognitive Processes

One of the factors associated with marital distress embraces the beliefs and expectations – often referred to as “cognitive process” – which couples have of the relationship. For example, the research suggests that distressed spouses are more likely than happily married partners to hold unrealistic expectations about marriage¹²⁴. However, therapeutic approaches to address this – sometimes referred to as cognitive behavioural marital therapy – do not show impressive results in terms of outcomes¹²⁵. The main reason for this seems to be that changing cognitive processes such as beliefs and expectations does not necessarily change behaviour or improve marital satisfaction. Indeed some authors express scepticism about the capacity of Behavioural Marital Therapy to actually change behaviour and have developed an “acceptance-based” approach to marital therapy because the pressure to change in itself creates resistance to change, while undermining the value of accepting the other¹²⁶. This approach also seems to inform the work of marital therapists who work in the tradition of attachment theory: “the task of psychotherapy with couples is to enlarge the worlds of both partners by increasing their understanding of themselves and each other through talk. Patterns of attachment are not only discernible from the way people talk about their family experiences, but also amenable to change through the very process of talking about them”¹²⁷.

2.3.4 Traditional versus Egalitarian Relationships

The role of cognitive processes also draws attention to the broader context of gender relations that operate in relationships between men and women and which also enter the therapeutic process. These relationships are informed by beliefs, attitudes and self-concepts, not only about marriage but about the roles of men and women inside and outside the home, as well as the power and resources which men and women bring to their relationships. Research on the outcome of marital therapy tends to ignore these factors and presumes, albeit implicitly, that marital satisfaction is achievable in a wide range of relationships from the most traditional to the most egalitarian. While this is probably true, it is increasingly difficult to ignore the gender equity of marital relationships, however defined, if only because it is the language through which marital dissatisfaction is often expressed; what is less clear is whether gender inequities in a relationship lead to marital dissatisfaction or whether marital dissatisfaction influences one's perception and experience of inequities¹²⁸. One commentator has speculated that women's interest in therapy could be due to the fact that “the methods of most couples therapies may implicitly shift the power imbalance in favour of the wife”¹²⁹. This view is consistent with women's greater willingness to engage with therapy than men, although as we have seen in Chapter One, there are other factors which seem to influence women's greater predisposition to “mend or end marriages”.

2.3.5 Unfaithfulness

Unfaithfulness can be either a cause or a consequence of marital distress or both. One study of 200 couples found that reconstructing marriages after the disclosure of infidelity usually requires 1-2 years of therapy and, even then, couples are more likely to separate or divorce than similarly distressed couples who have not been unfaithful¹³⁰.

2.3.6 Social Support

Social support is widely regarded as an important dimension in the life of individuals, couples and families. Support networks form part of the “social capital” which, like financial, physical and human capital, are essential to survival and success in life¹³¹. In the context of therapy, support networks are seen as important for two reasons. First, they are part of the context and resources within which individuals, couples and families live their lives through the creation of helpfulness, trust and reciprocity. As Tracy and Whittaker have pointed out, “clients are rarely isolated; rather, they are surrounded by social networks that may either support, weaken, substitute for, or supplement the helping efforts of professionals”¹³². In practice this means that the effectiveness of therapeutic interventions can be affected by the quality of a person's support network¹³³. Second, participation in positive support networks is

124 See Fincham and Bradbury, 1990

125 See Alexander et al., 1994:601

126 Jacobson and Christensen, 1996

127 Clulow, 1998:45

128 See for example, Davidson, 1984; Huppe and Cyr, 1997:145; Sprecher, 1986; Scanzoni and Godwin, 1990

129 Alexander et al., 1994:615

130 Glass & Wright, 1997:502; see also Lawson, 1988

131 See Coleman, 1988

132 Tracy and Whittaker, 1990:461

133 Sprenkle, Blow and Dickey, 1999:332

known to improve physical health and mental health and to aid in recovery from illness and adversity¹³⁴. Marriage itself is fundamentally a support network and, as we saw in Chapter One, is the main reason given for the greater well-being of married people relative to every other marital status; for the same reason, marital distress represents a serious impairment in one's support network with correspondingly negative impacts on well-being. Even children adjusting to the divorce of their parents were found to do better if they had a stronger network of supports from parents, friends, siblings and other adults¹³⁵.

2.4 Therapist-Client Relationship

Research has consistently highlighted the importance of the therapeutic or helping alliance in effective interventions¹³⁶. This relationship has been described as “the therapeutic alliance” and is achieved through agreement between the therapist and the client on “the goals of treatment, perceived relevance of therapeutic tasks, and a bond appropriate to the demands of the task”¹³⁷. There seems to be widespread agreement that the eventual therapeutic outcome is strongly influenced by the quality of the relationship between the therapist and the client whatever the kind of treatment offered¹³⁸. According to one review: “If there could be said to be a ‘gold standard’ in MFT (Marital and Family Therapy) it would be that the quality of the client-therapist relationship is the *sine qua non* of successful therapy”¹³⁹.

The therapeutic alliance involves a positive relationship between the client and the therapist where the latter is perceived as being helpful and supportive. A growing number of studies has found that clients' ratings of the therapeutic alliance, rather than therapists' perceptions of that relationship, are more highly correlated with outcome¹⁴⁰.

One commentator has suggested that many of the qualities of effective therapist-client relationships – emotionally warm, available, attentive, responsive, sensitive, attuned, consistent and interested – are in fact generic to many relationships both in work and family: “it seems no coincidence that so many of the elements of the effective therapist-client relationship appear similar to the ‘good enough’ parent-child relationship”¹⁴¹. Although Freud wrote of the importance of the therapeutic relationship – especially the role of transference and counter-transference¹⁴² – the work of Carl Rogers has also been extremely influential, emphasising the need to show clients – and be experienced by clients as showing – unconditional positive regard, accurate empathic understanding, and openness¹⁴³. One review of the literature¹⁴⁴, based on the findings of over 1,000 studies, recommended three ways for improving outcome effectiveness through the therapeutic relationship: (1) treatment should accommodate the client's motivational level and state of readiness for change; (2) treatment should accommodate the client's goals for therapy; and (3) treatment should accommodate the client's view of the therapeutic relationship.

2.5 Client Hopefulness

There is considerable evidence that many interventions – therapeutic, medical, even religious – have a beneficial effect simply by virtue of the client's belief that they are effective¹⁴⁵. The reasons for this lie essentially in the hope of improvement that these “rituals” engender. In turn, the rituals of therapy seem to work for clients by “mobilising their intrinsic energy, creativity and self-healing potential. Personal agency is awakened by technique”¹⁴⁶. By contrast, hopelessness takes hold when people feel that they can do nothing to improve their situation or when they feel that there is no alternative; in other words, they are unable to pursue goals because their generative capacity for “agency” and “pathfinding” has been lost¹⁴⁷. It is customary to refer to the hope factor as a “placebo” (which in Latin literally

134 Scovern, 1999:272-273; Sprenkle, Blow and Dickey, 1999:334, respectively review the evidence

135 Cowen, Pedro-Carroll and Alpert-Gillis, 1990; see also Runyan et al., 1998

136 Miller, Duncan and Hubble, 1997:Ch.4; Sprenkle, Blow and Dickey, 1999; Howe, 1999

137 Whisman and Snyder, 1997:988

138 *ibid*; see also Hunt, 1985:Ch.5

139 Sprenkle, Blow and Dickey, 1999:334

140 Horvath and Luborsky, 1993; Orlinsky, Graw, and Parks, 1994

141 Howe, 1999:99

142 Freud, 1958; 1966

143 Rogers, 1957

144 Miller, Duncan and Hubble, 1997:Ch.4

145 Snyder, Michael and Cheavens, 1999; Miller, Duncan and Hubble, 1997:Ch. 5

146 Tallman and Bohart, 1999:100

147 Snyder, Michael and Cheavens, 1999:180-181

means 'I shall please') – and therefore artificial – because its effectiveness derives from the client rather than the “intervention” *per se*. In reality, as the research has increasingly shown, it is the client who is the active agent in change, not the ‘intervention’.

The importance of engendering hope and enthusiasm underlines the view that individuals, couples and families seek help not when they develop problems but when they become demoralised with their own problem-solving abilities. As if to confirm this, it is remarkable how often people improve after they decide to seek help; indeed this may even account for the fact – often cited by Eysenck against the effectiveness of therapy – that clients can even improve simply by being on a waiting list!¹⁴⁸

An important implication of these findings is that therapy can restore hope, particularly if therapists have a hopeful attitude towards their clients: “Therapists are more likely to facilitate hope and expectation in their clients when they stop trying to figure out what is wrong with them and how to fix it and focus instead on what is possible and how their clients can obtain it”¹⁴⁹.

2.6 Therapeutic Technique

One of the paradoxes of therapeutic interventions over the past 30 years is that, despite the growing sophistication of therapy as reflected in training, testing and standardised manuals, the overall influence of therapeutic technique on outcomes remains quite modest with little discernible difference in the effectiveness of one method over another. As one review has found, “existing research evidence on both training and treatment suggests that individual therapist techniques contribute very little to client outcome”¹⁵⁰. This view is reflected – indeed exaggerated! – in the title of a book by a leading American Jungian psychologist: “We’ve Had a Hundred Years of Psychotherapy – And the World’s Getting Worse”¹⁵¹. In the marital area, most research has focused on behavioural marital therapy – which emphasises the importance of skilful communication and problem-solving behaviours – although other approaches have been found to be equally effective¹⁵². This suggests that the active agent for change in the therapeutic process may be something that is generic to all therapy or may be related to the skills of therapists in general, although variations in the capacities of the therapist may also lead to variations in outcomes, as we will see.

One group of researchers has described the generic qualities of therapeutic technique as follows: “Whatever model is employed, however, most therapeutic procedures have the common quality of preparing clients to take some action to help themselves. Across all models, therapists expect their clients to do something different – to develop new understandings, feel different emotions, face fears, take risks, or alter old patterns of behaviour”¹⁵³. In the specific area of marital therapy, the minimal components are seen to include interventions that address the communication patterns of couples, consideration of the physiological arousal of individuals that may interfere with effective communication, training in skills such as listening and problem solving that may be used subsequently in high-conflict situations¹⁵⁴.

These reflections suggest that a healthy eclecticism is appropriate in terms of methods of intervention. This follows logically from what is known about therapeutic effectiveness: “if, in fact, specific techniques account for only 15% of the variation in outcomes, less time should be used for training in specific techniques”¹⁵⁵. At the same time, certain therapeutic techniques may work particularly well with certain conditions and this is an important rationale for therapeutic specialisation¹⁵⁶.

A particularly challenging finding which emerges from a number of studies is that training *per se* seems to have relatively little impact on therapeutic effectiveness¹⁵⁷. One review of a number of studies on the impact of training concluded that there was “little more than small differences in effectiveness between experienced, well-trained practitioners and less experienced non-professional therapists. ... Rather than professional training or experience, it looks as though differences in personal qualities make some therapists more helpful”¹⁵⁸.

¹⁴⁸ Eysenck, 1952

¹⁴⁹ Miller, Duncan and Hubble, 1997:128

¹⁵⁰ See Ogles, Anderson and Lunnen, 1999:216; see also Wesley and Waring, 1996; Christensen and Heavey, 1999

¹⁵¹ Hillman and Ventura, 1993

¹⁵² Bray and Jouriles, 1995:468; see also Baucom, Shoham, Mueser, Daiuto, and Stickle, 1998

¹⁵³ Miller, Duncan and Hubble, 1997:29

¹⁵⁴ Gottman, 1994

¹⁵⁵ Ogles, Anderson and Lunnen, 1999:219

¹⁵⁶ See for example, Carr, 1999

¹⁵⁷ Lambert and Bergin, 1994:171

¹⁵⁸ Tallman and Bohart, 1999:96-9; see also McLennan, 1999

One study which focused on the link between therapist skills and outcome found that good therapists tend to be active and dominant during sessions and to use skilful indirect communication¹⁵⁹. Interestingly, another study found that male therapists talk more and tend to be more directive than female therapists¹⁶⁰; this study also found that good therapeutic sessions involve changes in affect (i.e. emotion), cognitions and behaviour and result in both interpersonal and intrapersonal changes.

Supervision can also improve therapeutic effectiveness particularly where the emphasis is on support rather than teaching. According to one study, the supervisor's supportive behaviour had more impact on the therapist than the supervisor's teaching behaviour¹⁶¹.

An important aspect of therapeutic technique is the duration of treatment. In general, research results are inconclusive on the relationship between length of treatment and outcome¹⁶². However, one large meta-analytic study, drawing on research from a 30-year period and covering 2,431 clients, found that approximately 50% of clients improved measurably after eight sessions and 75% improved after twenty six sessions, thus suggesting a diminishing return from additional treatment¹⁶³. In the specific area of marital research, a British study found considerable benefits after just one session with diminishing benefits as the number of sessions increased¹⁶⁴. This study suggested an upper limit of 10 sessions as a way of coping with waiting lists, since it would increase the overall quantity of service without causing any significant diminution in the quality of service¹⁶⁵.

Research has also explored the question of whether therapy is more effective with individuals or couples. However, there is little consensus on this issue. For example, one study has found that individual sessions are the *least* effective of all forms of couple therapy and are often associated with a deterioration, rather than an improvement¹⁶⁶. By contrast, another piece of work found that joint interviews do not necessarily produce more satisfactory outcomes than individual interviews¹⁶⁷. Yet another study, which carried out a controlled trial using 57 couples randomly assigned to either conjoint treatment, group treatment or individual treatment with one of the partners found no significant differences between the three approaches, except that individual treatment took longer to have an effect¹⁶⁸. Part of the explanation for these diverse results may be related to the nature of the problems being addressed, as suggested by one study, which found that "individuals attending without the support of their partners for psychologically-based sexual and relationship problems are significantly more likely to drop out prematurely from treatment and to suffer poor outcomes"¹⁶⁹.

2.7 Conclusion

"The paradox of love is that, at the very moment that the self searches out and finds another with whom it is possible to relate, it enhances and enriches itself."

ERICH FROMM¹⁷⁰, (1900-1980), US PSYCHOLOGIST AND SOCIAL PHILOSOPHER, BORN IN GERMANY.

A key finding to emerge from this chapter is that all forms of therapy are effective and, in general, none is more effective than any other. This suggests that there are common factors which influence the effectiveness of all therapeutic interventions. The four common factors that have emerged are client characteristics and social support,

159 Friedlander, Wildman, Heatherington and Skowron, 1994

160 Shields & McDaniel, 1992

161 Frankel and Piercy, 1990

162 Bray and Jouriles, 1995

163 Kopta, Howard, Lowry, & Beutler, 1992

164 McCarthy, Walker & Kain, 1998:72

165 *ibid*, 99

166 Gurman, Kniskern & Pinsof, 1986

167 Hunt, 1985

168 Bennun, 1985a; 1985b; 1997

169 Hirst and Watson, 1997:35; see also Hunsley & Lee, 1995

170 McFarland Solomon, 2002:66

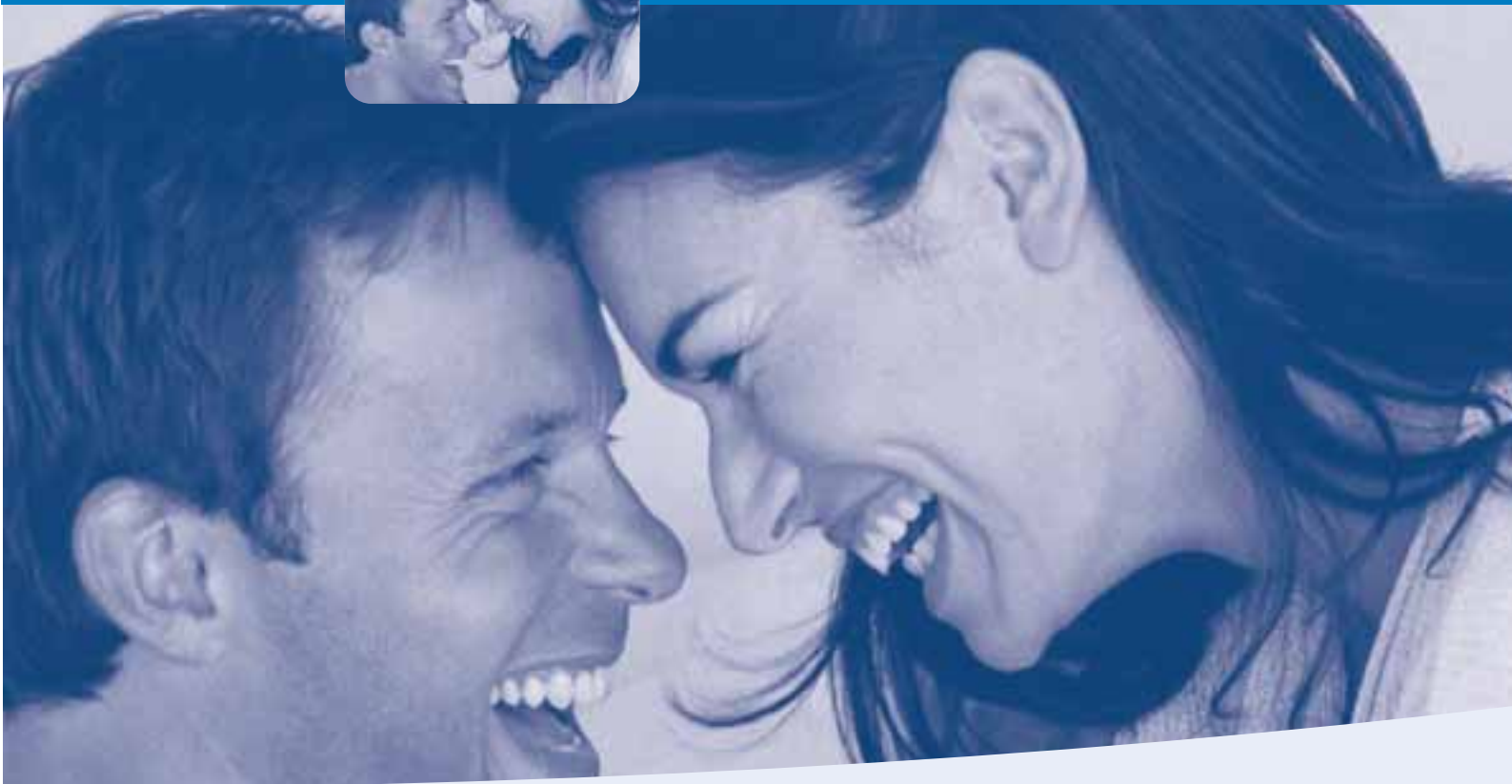
the therapist-client relationship, client hopefulness and therapeutic technique. The most important conclusion of this review is that clients – and not counsellors – should be viewed as the main determinants of outcome effectiveness during counselling. The implication of this, in turn, is that interventions to support relationships must be tailored to the couple's definition of 'need' and their goals in coming to counselling. It also requires a strong therapeutic relationship with the couple, building upon their existing strengths and resilience and, above all, restoring faith and hope in their generic capacity to overcome their problems.





Chapter 3

Methodology



Chapter 3 Methodology

3.1 Introduction

“Until recently, the form and function of the male/female relationship, and marriage in particular, were carefully prescribed by family, society, and religion. ... For many of us today, however, intimate relationship has become the new wilderness that brings us face to face with all our gods and demons. It is calling us to free ourselves from old habits and blind spots, and to develop the full range of our powers, sensitivities, and depths as human beings – right in the middle of everyday life.”

JOHN WELWOOD¹⁷¹, SAN FRANCISCO-BASED PSYCHOTHERAPIST AND WRITER.

This study arose from a simple question which ACCORD asked itself: does our counselling make a difference? This research project aims to provide the answer to that question. In order to provide an answer we have developed a methodology which will allow us to answer the question as reliably and as definitively as possible, within the available resources. The purpose of this chapter is to describe this methodology. We begin by describing the research design for the study (Section 3.2), before describing the population on which the study is based, namely clients whose distressed relationship with their partners have led them to ACCORD for counselling (Section 3.3). The questionnaires which we used to collect information are detailed in Section 3.4. Finally, we describe how the data are analysed and the results presented (Section 3.5).

3.2 Research Design

The basic design of the study involved collecting key information from clients, using self-completion questionnaires, at three points in time: (1) before counselling began (2) at the end of counselling and (3) six months after counselling. We designed three questionnaires for collecting this information which we refer to in the following way: (1) Pre-Counselling Questionnaire (2) End of Counselling Questionnaire and (3) Post-Counselling Questionnaire. These questionnaires were completed at various stages between January 2000 and September 2002. This report is based on the data collected from all three sets of questionnaires.

The research design is based on the principle that we can assess the impact of counselling by comparing the key relationship characteristics of clients before and after counselling and, by using a six months follow-up, we can also assess the durability of any changes which might have occurred as a result of counselling. This is a plausible procedure and, in conjunction with multivariate regression analysis, will allow us to estimate the impact and effectiveness of counselling. However, the research design is somewhat limited – and this is unavoidable due to cost considerations – by the fact that we do not have a control group, and consequently do not know whether the changes observed are attributable to counselling alone.

3.3 The Clients

ACCORD has two types of client: individuals and couples. We collected data on each individual coming for counselling so that – irrespective of whether the client came alone or with a partner – we were able to construct profiles of both ‘individual’ clients and ‘couple’ clients. Table 3.1 indicates that, between January 2000 and September 2002, the study produced 3,457 Pre-Counselling questionnaires, 839 End of Counselling questionnaires and 405 Post-Counselling questionnaires. From this it can be inferred that 24% completed the End of Counselling questionnaire and 12% completed the Post-Counselling questionnaire. Despite the relatively high attrition rates over the three stages, this is nevertheless a very large data base and uniquely valuable in terms of data on marital difficulties in Ireland. At the Pre-Counselling stage, the ratio of women to men completing questionnaires was 60/40 and this rose to around 70/30 at the End of Counselling and Post-Counselling stages.

Table 3.1 Questionnaires Completed by ACCORD Clients, 2000-2002

Gender	Pre-Counselling Questionnaires				Total	
	Couples		Individuals			
	N	%	N	%	N	%
Men	1,025	50	355	25	1,380	40
Women	1,025	50	1,052	75	2,077	60
Total	2,050	100	1,407	100	3,457	100
End of Counselling Questionnaires						
Men	127	50	139	24	266	32
Women	127	50	446	76	573	68
Total	254	100	585	100	839	100
Post-Counselling Questionnaires						
Men	50	50	69	23	119	29
Women	50	50	236	77	286	71
Total	100	100	305	100	405	100

3.4 The Questionnaires

Given the central importance of the questionnaires, it is important to describe their content and the rationale for the questions chosen. Apart from demographic and socio-economic data, which were collected in the Pre-Counselling Questionnaire only, all other data are collected at each of the three stages.

3.4.1 Clients' Demographic and Socio-economic Variables

The main demographic and socio-economic variables are: age, sex, marital status, cohabitation, duration of relationship, number of children, occupation, employment status, hours worked (including unsocial hours), home ownership, subjective financial well-being and assessment of parent's marital relationship. These variables are designed to describe the broad categories of people who seek counselling and may be useful in predicting the intensity of unhappiness within distressed relationships as well as the types of people who benefit most from the counselling process.

3.4.2 Clients' Counselling Objectives

Any assessment of the impact of counselling needs to take into account the therapeutic objectives which clients themselves bring to the process. As we saw in Chapter Two, this is rarely studied and the results of previous research may accordingly underestimate the effectiveness of counselling. The following set of objectives were presented to clients as reasons for seeking counselling or outcomes that they might wish to achieve:

- ▼ to find ways of coping,
- ▼ to feel less troubled,
- ▼ to understand self better,
- ▼ to become more aware of feelings,
- ▼ to know what needs to be changed,
- ▼ to understand partner,
- ▼ to understand relationship better,
- ▼ to decide on future of relationship,
- ▼ to preserve the relationship,
- ▼ to end the relationship.

The importance of using this set of variables is to allow clients describe their own objectives for the counselling process, before assessing the extent to which those objectives were achieved. In following this procedure, we allow for the fact that ending a relationship could be a positive outcome for one couple, even though preserving a relationship is likely to be the desired outcome for the vast majority of clients.

3.4.3 Quality of Couple Relationship

The quality of the couple relationship is a crucial variable since an objective measure of this at the beginning and at the end of counselling is essential if any changes are to be identified reliably. The Dyadic Adjustment Scale (DAS), created nearly 30 years ago, is frequently used to measure relationship quality¹⁷². This scale distinguishes between four dimensions of couple relationships: cohesion, affection, satisfaction, consensus.

The Dyadic Adjustment Scale is one of the most widely-used instruments for measuring the quality of a couple's relationship in outcome studies of marital therapy. By 1990, it was reported that over 1,000 studies have been undertaken using this scale, 90% of them with married couples¹⁷³. The scale has been translated into several languages for use with various nationalities and cultural groups.

The scale measures individual adjustment to the relationship, because "it is the individual's perception of the relationship that is important in telling whether the relationship is distressed or not. ... In that sense it gives a good overall evaluation of the contentment or discontentment in the relationship"¹⁷⁴. The reasoning here is that if an individual is distressed within a relationship, then the entire relationship is distressed even if the other partner is not distressed.

The total individual score on the scale varies between a maximum of "151" (corresponding to total adjustment) and a minimum of "0" (corresponding to total maladjustment). Couple scores can be derived by adding individual scores or taking the difference between them. In the original test of the scale – based on a survey of 218 married persons and 94 divorced persons in Pennsylvania - Spanier derived a mean DAS value of 115 for married persons and 71 for divorced persons, thus confirming the validity of the scale in differentiating between adjusted and maladjusted couples. According to the creator of the DAS, "a couple is distressed when one partner has a DAS score under 100"¹⁷⁵.

¹⁷² Spanier, 1976

¹⁷³ Touliatos, et al, 1990, p.221

¹⁷⁴ Spanier and Filsinger, 1983:166

¹⁷⁵ Spanier and Filsinger, 1983:164; see also Spanier, 1976; Burger and Jacobson, 1979

In our analysis, we divided the DAS scores into four categories and labelled them as follows:

- ▼ very dissatisfied (70 or under, corresponding to 46% or less of the maximum total DAS score of 151)
- ▼ dissatisfied (71-100, corresponding to 47% to 67% of the maximum total DAS score of 151)
- ▼ satisfied (101-120, corresponding to 68% to 79% of the maximum total DAS score of 151)
- ▼ very satisfied (over 120, corresponding to 80% or more of the maximum total DAS score of 151).

We did a similar exercise with each of the four components of the DAS – cohesion, affection, satisfaction and consensus – so that the significance of the results are more intuitively obvious. Thus, for example, individuals or couples who are “very dissatisfied” with their relationship are in a similar scoring range to couples who have already divorced. It needs to be borne in mind however that the contribution of each sub-scale to the total DAS score varies considerably: consensus (65 points, 43%), satisfaction (50 points, 33%), cohesion (24 points, 16%) and affection (12 points, 8%).

3.4.4 Mental Health

The General Health Questionnaire (GHQ) was also created nearly 30 years ago¹⁷⁶. The shortened 12-item version of the scale is used here (GHQ-12) along with the “GHQ scoring method”¹⁷⁷. Although scores on this scale do not constitute a diagnosis, they indicate that individuals whose level of stress is above the threshold would, if assessed independently by a clinician, have a 50% probability of showing signs of “psychiatric disturbance”¹⁷⁸.

The GHQ has been used in Ireland to measure the impact of unemployment on psychological distress¹⁷⁹, as well as the impact of psychological distress on visits to GPs¹⁸⁰. It has also been used to assess the impact of parenting programmes¹⁸¹ and interventions to support vulnerable families¹⁸².

3.4.5 Processes of Conflict Resolution

A crucial dimension of marital relationships is the way in which individuals and couples deal with conflict. Our approach to this issue is informed by a considerable body of research in support of the view that it is not marital conflict per se which causes marital distress and breakdown but the way couples deal with conflict¹⁸³. According to this view, there are three styles by which individuals and couples resolve conflict and solve problems in marriage. These are: “validating marriages” in which couples compromise and calmly work out their problems to mutual satisfaction; “conflict-avoiding marriages” in which couples agree to disagree rather than confront their differences head-on; “volatile marriages” in which conflicts often erupt, resulting in passionate disputes¹⁸⁴. Each of these styles are relatively equal from the point of view of stable marriages, but the challenge for each couple is to negotiate a style that suits both partners. “This negotiation”, according to Gottman, “is a hard task, but essential if you are to find stability. I think it may be possible to borrow from each marital style and create a viable mixed style”¹⁸⁵. In other words, nine different marriage styles are possible within this matrix of possibilities.

All marriages, irrespective of their style, can be stable and satisfying as long as there is a surplus of positive over negative emotions in the relationship: “you must have at least five times as many positive as negative moments together if your marriage is to be stable”¹⁸⁶. It is the risk of negative emotions which threaten all marriages – irrespective of style – and these risks come from “four disastrous ways of interacting” which are criticism, contempt, defensiveness and stonewalling¹⁸⁷.

Using these concepts, we devised a set of questions to measure both the broad conflict-resolution style of each individual and the prevalence of negative ways of interacting between couples. These concepts and their corresponding questions are summarised in Table 3.2.

¹⁷⁶ Goldberg, 1972

¹⁷⁷ Goldberg and Williams, 1988, Ch. Three

¹⁷⁸ *ibid*, 5

¹⁷⁹ Whelan, Hannan and Creighton, 1991; Hannan and O’Riain, 1993; Sweeney, 1998

¹⁸⁰ Nolan, 1991

¹⁸¹ Mullin, Proudfoot and Glanville, 1990; Mullin, Quigley and Glanville, 1994; Mullin, Oulton and James, 1995; Johnson, Howell and Molloy, 1993

¹⁸² Moukaddem, Fitzgerald, and Barry, 1998; McKeown, Haase and Pratschke, 2001

¹⁸³ Gottman, 1997:28; Markman, Stanley and Blumberg, 1994:1

¹⁸⁴ Gottman, 1997:28

¹⁸⁵ *ibid*, 50

¹⁸⁶ *ibid*, 29

¹⁸⁷ *ibid*, 72

Table 3.2 Measuring Key Concepts in Gottman's Model of Marriage

Concept	Evaluation Question
Validating style	"I like to talk things out and reach a compromise"
Volatile style	"I like to have a good row and clear the air"
Avoidant style	"I don't like arguments and try to avoid them"
Criticism	Do you ever criticise your partner?
Contempt	Do you ever insult your partner?
Defensiveness	Do you ever feel that you don't want to hear what your partner has to say?
Stonewalling	Has your partner ever used force on you for any reason?

3.4.6 Domestic Violence

The extent of domestic violence was measured by a question taken from a British Home Office study on domestic violence¹⁸⁸: "People sometimes use force in a relationship – grabbing, pushing, shaking, hitting, kicking, etc. Has your partner ever used force on you for any reason? Have you ever used force on your partner for any reason?" In the British Crime Survey, answers to that question revealed that, among a representative sample of the British population, 4.2% of men and 4.2% of women had force used against them by their partner at some time in the previous year¹⁸⁹.

3.4.7 Unfaithfulness

We know from the research literature that unfaithfulness – sometimes referred to as extra-marital affairs – is a potent factor in relationship distress and is normally one of the more difficult problems to address in counselling (see Chapter Two above). We measured unfaithfulness by asking each individual if they had ever been unfaithful to their partner and if their partner had ever been unfaithful to them. We also asked if this happened in the past year, in order to get an indication of the likely salience of this issue when coming to counselling.

3.4.8 Perception of Parents' Marital Relationship

There is extensive evidence, some of it reviewed in Chapter One, that marital distress has an inter-generational dimension in the sense that the children of maritally-distressed parents often end up in quite similar relationships. Although the quality of the parents' marital relationship is not amenable to change through counselling it can influence its overall effectiveness. For this reason we asked each client to assess their parent's marital relationship on a 7-point scale from "extremely unhappy" to "perfect".

3.4.9 Support Networks

Positive support networks have health-promoting and stress-reducing effects on individuals, couples and families (see Chapter Two above). Since the couple relationship is fundamentally a support network, individuals in distressed relationships must turn elsewhere for support, if they can; if they cannot, their situation may deteriorate. For this reason we used a simple measure of support network by asking each client if they had ever talked about problems or difficulties in their relationship with any of the following: partner, women friends, men friends, parents, brothers, sisters, clergy, someone at work, therapist / counsellor.



¹⁸⁸ Mirrlees-Black, 1999:103
¹⁸⁹ ibid, 20

3.5 Structure of Report

“There is a disturbing absence of informed debate about the many recent developments which affect marriage in our society in a most fundamental way.”

GARRET FITZGERALD,¹⁹⁰ FORMERLY MINISTER FOR FOREIGN AFFAIRS
AND TAOISEACH, NOW JOURNALIST AND LECTURER.

This report comprises eleven chapters. The first two chapters set the scene. Chapter One describes some of the key features of marriage in Ireland today and summarises what is known from research about the relationship between marriage and well-being. Chapter Two reviews the more specialised research literature on the effectiveness of marital and couple therapy. Against this background, the present chapter (Chapter Three) describes the methodology used to measure the effectiveness of the counselling which ACCORD offers to its clients. Chapters Four to Eight are based on the analysis of pre-counselling questionnaires. Chapter Four describes the demographic and socio-economic characteristics of clients, while their relationship characteristics are described in Chapter Five. On the basis of this information we undertake multivariate regression analyses in Chapter Six to determine the factors which make the greatest contribution to unhappiness in marriages. In Chapter Seven, we describe the reasons why individuals and couples seek counselling, whether they have done so before and whether they have any other sources of support in dealing with their distress. Chapter Eight describes the approach to counselling in ACCORD, the type of intervention which clients are likely to experience when they come for counselling and some characteristics of counsellors themselves. We then describe the changes which emerged among clients at the end of counselling and six months later in terms of marital adjustment (DAS scores), stress levels, ways of resolving conflict, negative behaviours (such as criticism, insults, not listening, use of force, excessive drinking), and satisfaction with the sharing of housework and childcare (Chapter Nine). This information is then used to undertake multivariate analyses in Chapter Ten to determine the factors which are most strongly associated with changes at the end of counselling as well as six months after counselling. Finally, Chapter Eleven draws together the key findings to provide the basis for our overall conclusions and recommendations.



Chapter 4

Socio-Economic Characteristics of Clients



Chapter 4

Socio-Economic Characteristics of Clients

4.1 Introduction

“It is certainly the case that marriage is under pressure both as a relationship for life and as an institution which has a valued role in society in promoting continuity and stability in family life.”

THE COMMISSION ON THE FAMILY¹⁹¹, ESTABLISHED IN OCTOBER 1995,
PUBLISHED ITS FINAL REPORT IN JULY 1998.

This chapter describes the characteristics of over 3,000 new clients who were seen by ACCORD for counselling. The characteristics described are mainly demographic and socio-economic in nature, and are designed to paint a picture of the type of person who goes to ACCORD for counselling. The characteristics described are in the following sequence: age and gender (Section 4.2), relationship and marital status (Section 4.3), length of relationship (Section 4.4), children (Section 4.5), social class position (Section 4.6), employment characteristics (Section 4.7), hours worked (Section 4.8), unsocial hours worked (Section 4.9), home ownership (Section 4.10), financial well-being (Section 4.11), and assessment of parent's marital relationship (Section 4.12). In this and in each subsequent chapter, the core data are presented in tabular form in the Technical Appendix, each table being numbered with the prefix “A” to denote the fact that it is in the Appendix; some tables are also contained in the body of the text itself and are, accordingly, numbered without prefix.

4.2 Age and Gender

The majority (60%) of ACCORD clients are women (Table A4.1). Half of all clients (49%) are aged between 30 and 40 and a third (32%) are over 40; the average age is 37 for women and 38 for men (Table A4.2).

4.3 Relationship and Marital Status

The vast majority of ACCORD clients (87%) were in a relationship when they came for counselling (Table A4.3). Most were married to (83%), and living with (80%) their partners (Tables A4.4 and A4.5), although clients who presented as individuals were somewhat less likely to be living with their partners. A very small minority (3%) were married previously (Table A4.6).

4.4 Length of Relationship

The majority of ACCORD clients (62%) have been married for 15 years or less (Table A4.7). Close to one quarter (24%) were married for 5-10 years and a similar proportion were married for 10-15 years. The average length of relationship is 12.9 years.

4.5 Children

A majority of ACCORD clients (71%) are known to have children (Table A4.8) and most of these (86%) are living with them (Table A4.9); these figures should be treated with some caution since there was a relatively poor response to this question. Where children are present, the majority (77%) are under the age of 11 years; a smaller proportion (41%) have children in the 11-20 age bracket and less than a fifth (18%) have children over the age of 20 (Tables A4.10, A4.11 and A4.12). Nearly one fifth of clients (18%) have children from a previous relationship (Table A4.13).

4.6 Social Class Characteristics

The social class composition of ACCORD clients, as Table 4.1 below reveals, is a little different from that of the Irish population in general. The main differences are the under-representation of Higher Professionals and Unskilled Workers. However, this measure may not be a reliable guide to the actual social class position of the respondents, as responses to this question were rather uneven, when compared with occupational descriptions. This was most likely due to the difficulties that respondents experienced in allocating themselves to these rather abstract categories.

Table 4.1 Social Class Characteristics of ACCORD Clients, 2000-2002

Social Class	Ireland*	ACCORD**
Higher professional	22	9
Lower professional	12	29
Other non-manual	23	21
Skilled manual	19	23
Semi-skilled manual	13	14
Unskilled manual	11	4
Total	100	100

* Census of Population, 1996, Occupations, Volume 7. **See Table A4.14.

4.7 Employment Characteristics

The employment characteristics of clients are summarised in Table 4.2. This reveals that ACCORD clients have a higher level of participation in the labour force than the population in general (79% compared to 61%); this is mainly due to its age structure, which results in a very small proportion of clients who are involved in education or who are retired (Table A4.15). The majority of men and women are in employment (75%); men are twice as likely as women to be in full-time employment, women are five times more likely than men to be in part-time employment. The unemployment rate for men (6%) is slightly higher than the national average (4%) over the period 2000-2002.

Table 4.2 Employment Characteristics of ACCORD Clients, 2000-2002

Employment Characteristics	Ireland*			ACCORD**		
	Men	Women	Total	Men	Women	Total
% of employed in full-time employment	89	68	80	83	35	54
% of employed in part-time employment	7	28	15	6	31	21
% unemployed	4	4	4	6	4	4
% in labour force (1)	73	49	61	94	69	79

*See Quarterly National Household Survey, 2000.

**See Table A4.15; percentages were calculated after the "other" category was excluded.

(1) Persons who are "economically active" comprise those who are employed plus those who are unemployed.

From the perspective of relationships, it is more useful to look at this data in terms of the number of couples in households comprising one earner, two earners and no earners. This information is summarised in Table 4.3 and reveals that the majority of ACCORD couples (60%) come from two-earner households, twice the proportion in Ireland as a whole (30%). Correspondingly, the proportion of ACCORD couples who come from one-earner and no-earner households is much less than in Ireland. Although the data for Ireland is likely to have changed since 1996, due to falling unemployment and rising levels of female participation in the labour force, the profile of ACCORD clients appears to indicate a higher level of involvement in the world of work than the population generally.

Table 4.3 Number of Income Earners in Household With Children

Earners Per Household	Ireland*	ACCORD**
Two Earners	30	61
One Earner	48	33
No Earner	22	6
Total	100	100

*Labour Force Survey, 1996, Special Tabulations in McKeown, Ferguson and Rooney, 1998, p.21.

**See Table A4.16.

4.8 Hours Worked

In Ireland, the national average for the number of hours worked per week is 39.2 hours, with men working longer hours than women (40.5 hours compared to 36.1 hours)¹⁹². Among ACCORD clients, the gap between the hours worked by men and women considerably greater: the average hours worked by men is 47 hours, compared to 31 hours by women (Table A4.17). It is noteworthy that nearly half of male respondents (46%) work 46 hours per week or more, with one fifth working 56 hours or more; by contrast, nearly a third of women (30%) work 20 hours or less. This is significant in view of the fact that, under the Organisation of Working Time Act, 1997, the maximum working week is 48 hours.

4.9 Unsocial Hours Worked

The term 'unsocial hours' refers to work which is done in the evening, at night, on Saturday or Sunday, or indeed to shift work in general. The results show that, among ACCORD clients, men are twice as likely to work unsocial hours as women – about 40% compared to 20% (Table A4.18) – in a pattern which is fairly similar to the national

population¹⁹³. The fact that men are more likely than women to work full-time, to work longer hours, including unsocial hours, probably influences the distribution of work within the household since, as we shall see in the next chapter, women tend to do more housework and childcare than men¹⁹⁴.

4.10 Home Ownership

The pattern of home ownership among ACCORD clients is quite similar to the rest of Ireland, as Table 4.3 reveals. However, there are two differences. The first is that a relatively small proportion of ACCORD clients own their homes outright compared to Ireland as a whole, reflecting the younger age profile of clients. The second is that the proportion of ACCORD clients who live in accommodation which is rented from a private landlord is considerably higher than in the rest of Ireland, possibly reflecting the greater obstacles to home ownership since the early 1990s when the Census of Population data was collected.

Table 4.3 Housing Tenure Among ACCORD Clients, 2000 / 2001

Housing Tenure	Ireland*	ACCORD**
Home owned outright	39	15
Home owned with mortgage	43	63
Home rented from local authority	10	9
Home rented from private landlord	8	13
Total	100	100

*Census of Population, 1991, Volume 10 Housing. **See Table A4.19.

It may be symptomatic of the relationship difficulties experienced by ACCORD clients that less than half (47%) expect to be living in the same home in five years time (Table A4.20).

4.11 Subjective Financial Well-Being

Financial well-being typically has an objective as well as a subjective dimension; the objective dimension refers to disposable income and possessions, while the subjective dimension refers to the ease or difficulty with which one is able to cope financially. In Ireland, it is known that 40% of 'objectively-poor' households¹⁹⁵ have "extreme difficulty" making ends meet compared to 15% of non-poor households¹⁹⁶, which simultaneously proves how enormously resilient many poor households are while also showing that people who are not poor also have difficulties coping financially. However, this also indicates that the absence of poverty does not always guarantee that one can cope financially without extreme difficulty. Among ACCORD clients, only 3% have "serious difficulty" making ends meet (Table A4.21). Women are slightly more likely than men to have difficulty coping financially, but the difference is marginal; this may be because they have less income than men although the research evidence suggests that the sharing of income and possessions between married men and women in Irish households is highly egalitarian in about half of all households with the remainder divided almost equally between households where husbands seem to have more than their wives and households where wives seem to have more than their husbands; moreover, this pattern holds across all income levels, social classes and age categories¹⁹⁷.

193 See McKeown, Ferguson and Rooney, 1998:132-138

194 See McKeown, 2001:4-5

195 A poor household in this context is defined as a household which is: (i) living on less than 60% of average disposable household income which, in 1997, amounted to IR£328 and (ii) does not have certain basic socially defined necessities. In 1997, 10% of the Irish households were found to be poor according to this definition (Callan et al., 1999:40).

196 See Callan, Layte, Nolan, Watson, Whelan, Williams and Maitre, 1999:47-48

197 See Nolan and Watson, 1999, Ch6; Cantillon and Nolan, 1998; Rottman, 1994; Cantillon, Gannon and Nolan, 2002

4.12 Assessment of Parent's Marital Relationship

There is considerable evidence that the children of divorced parents are at higher risk of divorce – and lower quality of life generally – than the children of non-divorced parents, although the best estimates suggest that the risk is “small rather than large”¹⁹⁸. This is confirmed by a recent longitudinal study which found that “25% of youths from divorced families in comparison to 10% from non-divorced families did have serious social, emotional or psychological problems”¹⁹⁹.

Divorce is not the only indicator of marital distress, however, since some distressed couples do not divorce. A more reliable indicator of marital distress may be the children's perception of whether their parents were happily married. This approach focuses on the child's experience of their parents' marriage and seems particularly appropriate in the Irish context, where divorce as such has only been available since 1996, notwithstanding the existence of informal separations, desertions, annulments and barring orders as alternative endings to marriage.

All ACCORD clients were asked to assess their parents' marital relationship on a seven point scale from “extremely unhappy” to “perfect”. The results indicate that nearly six out of ten men (51%) and just over five out of ten women (53%) perceived their parents as having a happy marriage; conversely, 8% of men and 12% of women perceived their parents' marriage as “extremely unhappy” (Table A4.22). This pattern is in strong contrast to the pattern among 80 pre-marital couples who participated in an ACCORD Pre-Marriage Course in 1999 where a much more substantial majority of men (85%) and women (76%) experienced their parents' marriage as happy²⁰⁰. However, in both studies, there is a clear tendency for men to have a more positive perception of their parents' marriage than women in the same way that, as we shall see in the next chapter, men tend to appraise their current relationship more positively than women. Apart from the gender dimension, these findings are in line with previous studies in suggesting an association between a person's marital satisfaction and their parents' marital satisfaction. Among ACCORD clients, the proportion (13%) whose parents were either separated or divorced was about the same for both men and women (Table A4.23).

4.13 Conclusion



“There is no single pattern of marital relations associated with happiness and fulfilment or with dissatisfaction and instability. To a large extent, success in marriage depends on the goodness of fit between the expectations, needs and behaviours of a husband and wife.”



MAVIS HETHERINGTON AND JOHN KELLY²⁰¹,
US RESEARCHERS ON MARRIAGE AND DIVORCE.

This chapter has described the characteristics of over 3,000 new clients seen by ACCORD for counselling in 2000. This revealed that the majority (60%) of ACCORD clients are women, which is consistent with the fact that women were more likely than men to initiate counselling (see Chapter Seven below).

Half of ACCORD clients (49%) are aged between 30 and 40; the average age is 37 for women and 38 for men. They have been married for an average of 12.9 years, and eight out of ten are living with their partners; a tiny minority (3%) have been married before. Nearly all clients for whom we have information have children, many of them (77%) under the age of 11 years.

By and large, the social class characteristics of ACCORD clients are similar to the population in general, with some under-representation of both higher professionals and unskilled workers. Possibly due to their age, ACCORD clients have a higher level of participation in the labour force than the Irish population generally. Male clients work considerably longer hours than Irish men generally (an average of 47 hours, compared to an average of 40.5 hours)

198 Amato and Keith, 1991:56; see also Chase Lansdale, Cherlin, and Kiernan, 1995

199 Hetherington and Kelly, 2002:7

200 McKeown, Haase and Pratschke, 2000:21

201 Hetherington and Kelly, 2002:276

while women work slightly less than Irish women generally (an average of 31 hours compared to an average of 33 hours). Men are twice as likely to work unsocial hours as women – about 40% compared to 20% – in a pattern that is fairly similar to that observed in Ireland as a whole²⁰². The fact that men are more likely than women to work full-time, to work longer hours, including unsocial hours, probably influences the distribution of work within the household since, as we shall see in the next chapter, women tend to do more housework and childcare than men²⁰³.

The social class and employment characteristics of ACCORD clients indicates that a majority (61%) come from dual-earner households, higher than in Ireland generally, and are well able to cope financially, with only 3% experiencing “extreme difficulty” in terms of making ends meet. The finding that very few ACCORD clients have financial difficulties contrasts with the larger picture in Ireland where 40% of poor households and 15% of non-poor households have “extreme difficulty” making ends meet²⁰⁴, a finding which simultaneously proves how enormously resilient many poor households are while also showing that people who are not poor also have difficulties coping financially.

The pattern of home ownership among ACCORD clients is quite similar to the rest of Ireland. However, it may be symptomatic of the relationship difficulties experienced by ACCORD clients that less than half (47%) expect to be living in the same home in five years time.

The majority of men (59%) and women (53%) coming to ACCORD perceived their parents as having a happy marriage although, 8% of men and 12% of women perceived their parents’ marriage as “extremely unhappy”; the proportion whose parents’ were either separated or divorced was the same for both men and women (13%). These findings are in line with previous studies in suggesting an association between a person’s marital satisfaction and their parents’ marital satisfaction although the association is not strong in this case.

Overall, these findings suggest that clients who attend ACCORD for counselling are broadly representative of the Irish population on a range of socio-demographic variables. This suggests that ACCORD attracts a wider range of people to counselling than is normally the case in marital counselling; the typical profile of clients in counselling, according to one large US study, tends to be “predominantly middle class, with an average age of 32 years and 7.5 years of marriage; 70% of the couples had at least one child”²⁰⁵. The only striking absences in ACCORD’s client base seem to be individuals and couples living in disadvantaged circumstances and this may be due to the absence of ACCORD centres in some disadvantaged areas.

In order to gain greater understanding of the reasons why clients come to ACCORD for counselling, it is now necessary to go beyond their socio-economic and demographic characteristics and analyse the relationship characteristics of these couples. That is the theme of the next chapter.



202 See McKeown, Ferguson and Rooney, 1998:132-138

203 See McKeown, 2001:4-5

204 See Callan, Layte, Nolan, Watson, Whelan, Williams and Maitre, 1999:47-48

205 Hahlweg and Markman, 1988

Chapter 5

Relationship Characteristics of Clients



Chapter 5

Relationship Characteristics of Clients

5.1 Introduction

“Simply put, there is nothing, nothing in the world, that can take the place of one person intentionally listening or speaking to another. The act of conscious attending to another person ... can become the center of gravity of the work of love. It is very difficult. Almost nothing in our world supports it or even knows about it.”

JACOB NEEDLEMAN²⁰⁶, PROFESSOR OF PHILOSOPHY
AT SAN FRANCISCO STATE UNIVERSITY.

This chapter describes various aspects of the couple relationship which lead people to seek counselling in ACCORD. We begin by describing a global measure of relationship quality, using the Dyadic Adjustment Scale (DAS) (Section 5.2). We then examine the stress levels of clients as measured by the General Health Questionnaire, usually referred to as the GHQ (Section 5.3). This is followed by a description of a number of key aspects of relationships including ways of resolving conflict (Section 5.4), criticism, insults and not listening (Section 5.5), excessive drinking, (Section 5.6), unfaithfulness (Section 5.7), domestic violence (Section 5.8), and sharing childcare and housework (Section 5.9). Our overall purpose is to provide a profile of relationships which have reached that point of unhappiness where clients, both as individuals and as couples, turn to counselling for help.

5.2 Marital Adjustment

We measured marital adjustment using the Dyadic Adjustment Scale (DAS). This scale, as described in Chapter Three, measures the extent to which an individual has ‘adjusted’ to the marital relationship and to his / her partner. It comprises four sub-scales: cohesion, affection, satisfaction and consensus. In order to make the DAS results more intuitively understandable we classified the scores into four categories and labelled the resulting relationships as very dissatisfied, dissatisfied, satisfied, very satisfied (see Chapter Three). As with any classification, these labels are somewhat arbitrary particularly in view of the fact that we do not know the DAS scores of individuals and couples in a representative sample of the Irish population. This means that the term “satisfied” should be treated with some caution since it is likely to contain individuals and couples whose relationships vary a good deal in terms of satisfaction. However we can be more confident with the other categories, particularly those who are “very satisfied” and “very dissatisfied”; we know that individuals and couples who are “very dissatisfied” with their relationship are in a similar scoring range, using US studies as the benchmark²⁰⁷, to couples who are already divorced.

The quality of marital relationships among ACCORD clients is summarised in Table 5.1. This table highlights three important findings. First the extent of extreme marital unhappiness is quite considerable, particularly among women. About four out of ten women (37%) and two out of ten men (21%) are “very dissatisfied” with their

206 Needleman, 1996:44

207 Spanier and Filsinger, 1983:164; see also Spanier, 1976; Burger and Jacobson, 1979

relationship which implies that their marriage may be close to, or even beyond, breaking point. The fact that women are twice as likely to be dissatisfied as men is striking but consistent with other research which, in general, shows that women have a more negative view of distressed relationships than men²⁰⁸ although the research evidence is inconclusive as to whether men or women are more adversely affected by marital distress as measured in terms of physical health, mental health and health habits²⁰⁹. The greater distress experienced by women in unhappy relationships seems to be related, as suggested in Chapter One above, to the greater importance of relationships in the self-concept of women; it is also consistent with the finding that women are more likely than men to “mend or end”²¹⁰ marriages.

Table 5.1 Scores on the Dyadic Adjustment Scale of ACCORD Couples, 2000-2002

Sub-Scales	Very Dissatisfied (1)		Dissatisfied (2)		Satisfied (3)		Very Satisfied (4)	
	Men	Women	Men	Women	Men	Women	Men	Women
	%	%	%	%	%	%	%	%
Cohesion	72	83	21	13	6	3	2	1
Affection	57	65	23	20	16	11	5	4
Satisfaction	28	49	52	40	15	8	5	3
Consensus	15	26	55	50	17	15	14	10
Total	21	37	56	49	20	12	3	2

(1) Very dissatisfied (DAS of 70 or under, corresponding to 46% or less of the maximum total DAS score of 151).

(2) Dissatisfied (DAS of 71-100, corresponding to 47% to 67% of the maximum total DAS score of 151).

(3) Satisfied (DAS of 101-120, corresponding to 68% to 79% of the maximum total DAS score of 151).

(4) Very satisfied (DAS of over 120, corresponding to 80% or more of the maximum total DAS score of 151).

Note that the contribution of each sub-scale to the total DAS score varies considerably: consensus (65 points, 43%), satisfaction (50 points, 33%), cohesion (24 points, 16%) and affection (12 points, 8%).

Source: Tables A5.1 to A5.5.

Second, a majority of men (56%) and women (49%) are “dissatisfied” with their relationship which seems to imply that they have made a decision to seek counselling before the marriage deteriorates further. As we shall see below in Chapter Seven, more than half of all couples (54%) spend up to six months thinking about coming for counselling but the remainder (46%) spend longer thinking about it.

Third, the key areas of relationship dissatisfaction for both men and women are cohesion and affection; “cohesion”, in the context of DAS, refers to things like having a stimulating chat or discussion, laughing together, calmly discussing something, working together on a project, while “affection” is measured by disagreements over sex or showing affection or by the absence of sex or affection. Well over half the men and women are “very dissatisfied” with these two areas of their relationship.

5.3 Stress Levels

The General Health Questionnaire (GHQ) was also created nearly 30 years ago²¹¹, and has been used very widely to measure ‘stress’. The shortened 12-item version of this scale is used (GHQ-12) along with the “GHQ scoring method”²¹². Although scores on this scale do not constitute a diagnosis, they indicate that couples whose level of stress is above the threshold would, if assessed independently by a clinician, have a 50% probability of showing signs of “psychiatric disturbance”²¹³. In order to make the GHQ scores more intuitively understandable we converted the GHQ scores into three categories and labelled them as not stressed, stressed, very stressed. The results are summarised in Table 5.2.

208 Gottman, 1994

209 Kiecolt-Glaser and Newton, 2001

210 Ibid

211 Goldberg, 1972

212 Goldberg and Williams, 1988, Chapter Three

213 *ibid*, 5

Table 5.2 Stress Levels of ACCORD Clients, 2000-2002

GHQ	Not Stressed (1)	Stressed (2)	Very Stressed (3)	Total
	%	%	%	%
Men	20	39	41	100
Women	11	37	52	100
Total	15	38	47	100

(1) These clients are below the GHQ threshold because they scored in the range 0-2.

(2) These clients are above the GHQ threshold because they scored in the range 3-7.

(3) These clients are well above the GHQ threshold because they scored in the range 8-12.

Source: Tables A5.6, A5.7 and A5.8.

It is clear from Table 5.2 that the vast majority of clients (85%) are stressed or very stressed. This implies that these unhappy marriages seem considerably more stressful, at least at the point of presenting for counselling, than other life events such as unemployment or poverty as the comparative data in Table 5.3 reveals. Indeed poverty, demonstrably a source of stress in 48% of poor households in Ireland²¹⁴, is nothing near as stressful as an unhappy marriage. The data in Table 5.2 also reveals that women who come to ACCORD for counselling tend to be more stressed than men which is consistent with the fact, as we saw in the previous section, that they are also more dissatisfied with their relationships than men. In the international literature, one study of clients attending a marital counselling service in Britain found that that 83% of clients were stressed as defined by the GHQ, similar to that found among ACCORD clients²¹⁵; this study also recorded women as experiencing more severe relationship problems than men.

Table 5.2 Scores on the General Health Questionnaire

Category	Men Above GHQ Threshold*	Women Above GHQ Threshold*
	%	%
(1) ACCORD clients	80	89
(2) Pre-Marriage Course couples	7	13
(3) Persons in poverty		48**
(4) Single	13.1	14.9
(5) Married	15.7	17.2
(6) Separated/divorced	22.5	44.3
(7) Widowed	15.5	29.6
(8) Employed and married	6.5	9.4
(9) Employed and single	4.5	7.2
(10) Unemployed and married	40.4	24.7
(11) Unemployed and single	29.8	30.9
(12) Spouse unemployed	12.3	27.6
(13) Self & spouse unemployed	43.4	33.3
(14) Parents in vulnerable families		65**
Total	15.1	19.0

* The GHQ threshold score is two which means that those above the threshold scored three or more.

Sources: (1) Tables A5.5, A5.6 and A5.7 in the Technical Appendix to this report. (2) McKeown, Haase and Pratschke, 2000, Table A5.3.

(3) Callan, et al, 1999, 49. (4) to (13) Whelan, Hannan and Creighton, 1991. (14) McKeown, Haase and Pratschke, 2001, Table 9.1.

**No breakdown by gender.

5.4 Ways of Resolving Conflict

Our approach to the measurement of conflict resolution styles is informed by the work of Gottman, who distinguishes between those with a ‘validating’ style (because they like to talk things out), a ‘volatile’ style (because they like to have a good row) and an ‘avoidant’ style (because they like to avoid arguments)²¹⁶. A summary of how ACCORD clients perceive themselves and their partners is presented in Table 5.4 (this table refers to couples only, not individuals). This reveals that about half of all men – both in their own assessment and in the assessment of their partners – tend to avoid conflict; about a quarter of women also see themselves and are seen by their partners as avoidant; this is the one area where there is considerable agreement between men and women. There is also agreement that women are more likely to have a validating style than men; however although nearly six out of ten women (57%) see themselves as having a validating style, only four out of ten men (36%) experience them as such. Similarly, although about two in ten women (18%) see themselves as volatile, nearly twice as many men (38%) experience them as volatile. Leaving aside the issues about which these couples are in conflict, these findings already suggest considerable scope for differences in the manner in which each partner perceives, and is perceived by, the other. In other words, around 40% of men and women see themselves quite differently from the way their partner sees them – at least in terms of how they resolve conflicts.

Table 5.4 Styles of Resolving Conflict Among Clients

Styles	Perceptions of Men’s Style of Conflict Resolution			Perceptions of Women’s Style of Conflict Resolution		
	Him on Himself	Her on Him	Difference	Her on Herself	Him on Her	Difference
Validating	40	22	18	57	36	21
Volatile	14	22	8	18	38	20
Avoidance	46	56	10	25	26	1
Total	100	100	36	100	100	41

Sources: Tables A5.9 and A5.10.

Further analysis of conflict resolution styles at the level of couples reveals that only one third of couples agree on having the same style of resolving conflict (mainly the validating style), with four out of ten couples having one partner who is avoidant (usually the man) while the other is either validating (usually the woman) or avoidant (Tables A5.11, A5.121 and A5.13). This pattern of findings is consistent with numerous other studies which have documented a pattern of “demand-withdrawal” within unhappy marriages whereby women’s demands for change in a relationship are met by their partner’s withdrawal in the face of those demands²¹⁷, possibly because her “demands” are experienced as a threat rather than as an invitation and his “withdrawal” is experienced as a denial rather than as a difficulty. As the data described indicate, there is a thin line between what is real and what is imagined in these – and indeed all – intimate relationships.

5.5 Criticism, Insults and Not Listening

Criticism, insults and not listening are forms of interaction which are typically accompanied by negative emotions and these, according to some writers, have adverse consequences for intimate relationships. According to Gottman, all marriages, irrespective of their style, can be stable and satisfying as long as there is a surplus of positive over negative emotions in the relationship²¹⁸. It is the risk of negative emotions which threaten all marriages – irrespective of style – and these risks come from criticism, contempt, defensiveness and stonewalling²¹⁹. That is the rationale for measuring these aspects of relationships between couples.

²¹⁶ Gottman, 1997:28; see also Markman, Stanley and Blumberg, 1994

²¹⁷ Christensen, 1987; Heavey, Layne and Christensen, 1993; Krokoff, 1987; Margolin and Wampold, 1981; Notarius and Markman, 1989; Roberts and Krokoff, 1990

²¹⁸ Gottman, 1997, p. 29

²¹⁹ *ibid*, 72

The vast majority (99%) of relationships, based on self-reports, involve criticism, either ‘sometimes’ or ‘usually’, of one partner by the other; for more than eight out of ten couples (85%), there is a process of mutual criticism while the remainder involves criticism by one partner only (Tables A5.14, A5.15 and A5.16). Similarly, the majority (85%) of relationships involve insulting, either ‘sometimes’ or ‘usually’; for half of these couples (56%), there is a process of mutual insulting while the remainder involves insulting by one partner only (see Tables A5.17, A5.18 and A5.19). For both behaviours, men and women see themselves differently from the way their partner sees them and this adds an additional layer of complexity in terms of understanding the dynamic of these relationships.

The vast majority (97%) of relationships involve couples who, either ‘sometimes’ or ‘usually’, do not want to hear what their partner has to say; for seven out of ten couples (71%), this is a mutual process (Tables A5.20). However, women find men much less willing to listen than men’s self-reports would suggest, possibly because women imagine men as unwilling to listen even when they are or men imagine themselves as willing to listen even when they are not – or perhaps a combination of both! (Tables A5.21, A5.22).

These findings suggest that couples in distressed relationships engage in a range of negative behaviours - criticism, insulting, not listening – which, as we shall see in the next chapter, add considerably to their distress and further damage the relationship. In addition, the tension between men’s and women’s self-perceptions on the one hand and how they are perceived by their partners on the other is itself indicative of the gap in understanding and communication which has arisen within these couples and underlines how difficult and rare it is to find “one person intentionally listening or speaking to another”²²⁰.

5.6 Excessive Drinking

The extent of excessive drinking was measured by asking each client the following question: “Do you ever think that you or your partner drink too much?”. It is well-known that self-report can under-estimate the true extent of drinking and this needs to be borne in mind when reading the answers to this question. Our findings suggest that twice as many men as women – about 38% compared to 21% - ‘sometimes’ or ‘often’ drink too much (Table A5.23). This is based not only on the self-reports of men and women, but is strongly corroborated by the reports of their partners, which gives us a good deal of confidence that up to 40% of men and 20% of women in distressed relationships may be drinking excessively (Table A5.24 and A5.25). More than half (56%) of the excessive drinking is done by men only, a quarter (24%) is done as a couple and a fifth (20%) is done by women only. A more objective measurement of alcohol consumption in Ireland, based on a representative sample of the population in 1998, indicated that “27% of males and 21% of females consume more than the recommended weekly limits of sensible alcohol consumption”²²¹.

These findings are consistent with other studies which suggest that marital conflict may be both a precursor and a consequence of alcohol and drug abuse²²². One longitudinal study found that serious conflict in marriage was associated with problem drinking for men but not women²²³. Another study among middle-age couples found that unhappy husbands consumed more alcohol than happy husbands with no differences for wives²²⁴. From a therapeutic perspective, a survey of US therapists found that alcoholism and extramarital affairs were among the most difficult problems to treat in couple therapy²²⁵.

5.7 Unfaithfulness

Unfaithfulness is not only difficult to treat in therapy; it also increases the likelihood of the subsequent break-up of the relationship²²⁶. For example, one study of 200 couples in marital therapy found that 25% ended their relationship after therapy compared to 10% of other couples²²⁷. Among ACCORD couples, unfaithfulness is a feature in less than a third (31%) of relationships (Table A5.26). In half of these relationships (50%), the unfaithfulness

220 Needleman, 1996:44

221 Friel, Nic Gabhainn, and Kelleher, 1999:6

222 O’Farrell, Hooley, Fals-Stewart and Cuter, 1998

223 Horwitz and White, 1991

224 Levenson, Carstensen and Gottman, 1993

225 Whisman, Dixon and Johnson, 1995

226 Glass and Wright, 1997

227 ibid

is caused by men only, in just over a third it is caused by women only (36%) while the remainder (14%) involves both partners. Of its nature, unfaithfulness is often kept secret but women are nearly twice as likely to know about their partner's unfaithfulness than vice versa: about 20% of men's acknowledged unfaithfulness is unknown to their partner (Table A5.27) compared 37% of women's acknowledged unfaithfulness which remains unknown to their partners (Table A5.28). Unfaithfulness within the past year took place in only a minority (21%) of cases (Table A5.29). This finding suggests that unfaithfulness might not be a key ingredient in the couple's current marital adjustment and this suggestion is confirmed in the regression analyses presented in the next chapter.

5.8 Domestic Violence

Research indicates that domestic violence occurs in many relationships between individuals who present for counselling. According to one review: "Arguably the most important findings about couples in the last decade concern violence. We know that (a) violence occurs in the relationships of a majority of couples who self-refer for generic marital therapy and (b) few of these couples report aggression as one of their primary problems"²²⁸. In view of this, we asked each client the following question, taken from a British Home Office study of domestic violence²²⁹: "People sometimes use force in a relationship – grabbing, pushing, shaking, hitting, kicking, etc. Has your partner ever used force on you for any reason? Have you ever used force on your partner for any reason?"

The self-reports of men and women who came to ACCORD between 2000 and 2002 indicate that domestic violence occurred at least once in the lifetime of the relationship for more than half (53%) of all couples (Table A5.30). Where it occurred, domestic violence was mutual in nearly half of these cases (46%), female-perpetrated only in three out of ten cases (30%) and male-perpetrated only in a quarter of cases (24%). It is significant that the vast majority of women and men agree with their partner's response to this question, suggesting that the self-reported prevalence is quite reliable (see Tables A5.31 and A5.32). Within the past year, domestic violence occurred in more than a third (36%) of these relationships (Table A5.33). When it occurred in the past year, it was mutual in more than a third of cases (36%) while the proportion involving perpetration by women only (36%) was slightly higher than the proportion involving perpetration by men only (28%).

It is worth emphasising that these results do not tell us anything about the severity of the violence involved, the context, reasons or initiation of the violence or the extent of injuries resulting from it. Nevertheless, as far as they go, the results are consistent with the bigger picture of domestic violence as revealed by reliable prevalence studies in other countries. These studies, as summarised in Table 5.5, are based on large representative samples of men and women and, with one exception²³⁰, they show that men are at least as likely as women to be victims of domestic violence in the past year. The studies also tend to show that about half of all domestic violence is mutual with the remainder divided almost equally between male perpetration only and female perpetration only. That is true for physical and psychological violence, both minor and severe. However, where sexual violence or feeling in physical danger is measured, women are much more likely to be its victims. Two of the studies²³¹ show that women are more likely than men to be the victims of domestic violence when measured over the course of a lifetime but one study²³² shows the reverse. The biggest difference between men and women in the area of domestic violence is that women end up more injured, both physically and psychologically, and are more likely to require and seek outside help. That is a very significant difference although it does not imply that men are unaffected by domestic violence and the general reluctance of men to seek outside help also needs to be taken into account.

228 Christensen and Heavey, 1999:173; Walker, 1999

229 Mirrlees-Black, 1999:103

230 Tjaden and Thoennes, 2000a, 2000b and 2000c

231 Tjaden and Thoennes, 2000a, 2000b and 2000c; Mirrlees-Black, 1999

232 Carrado, George, Loxam, Jones and Templar, 1996

Table 5.5 Prevalence of Total Physical Violence In Representative Samples of Men and Women

Name of Study	% Reporting Violence in Last Year		
	F to M	M to F	Both*
1. US National Family Violence Survey, 1975/6 ²³³	11.6	12.1	
2.1 US National Family Violence Re-Survey, 1985: Cohabiting ²³⁴	9.3	7.2	18.1
2.2 US National Family Violence Re-Survey, 1985: Married ²³⁵	4.2	3.4	7.1
3. US National Survey of Families & Households, 1987-88 ²³⁶	3.4	2.9	
4. US National Youth Survey, 1992 ²³⁷	37.7p	13.9p	48.5p
5. US National Violence Against Women Survey, 1995/96 ²³⁸	0.6v	1.1v	
6. British MORI Survey, 1994 ²³⁹	11.2v	4.5v	
7. British Crime Survey, 1996 ²⁴⁰	4.2v	4.2v	
8. Canada Calgary Survey, 1981 ²⁴¹	13.2p	10.3p	14.3p
9. Canada, Alberta Survey 1987 ²⁴²	12.5p	12.9p	
10. Canada, General Social Survey on Victimization, 1999 ²⁴³	2.0v	2.0v	
11. Australia, International Social Science Survey 1996/97 ²⁴⁴	5.7v	3.7v	
12. New Zealand, Dunedin Survey, 1972/73 ²⁴⁵	34.1v	27.1v	

Studies based on men and women who are married, cohabiting, separated, divorced, widowed or remarried.

Definitions: F to M = Female to Male physical violence; M to F = Male to Female physical violence;

p = respondent is perpetrator; v = respondent is victim; * = the term “both” refers to those respondents who reported being victim & perpetrator of domestic violence in all relationships in the past year.

5.9 Sharing Childcare and Housework

The sharing of work within the home, both in terms of looking after children and doing housework, can be a source of dispute between couples and may be a source of marital discord. Equally, however, unhappiness in marriage may be the cause or the consequence of feeling dissatisfaction over the sharing of childcare and housework²⁴⁶. All clients were asked about sharing responsibilities for children and housework within the relationship. As with other areas of research involving couples, this issue is fraught with the difficulty that men and women in the same relationship perceive themselves and their contribution to the family differently²⁴⁷. Bearing this in mind, it is significant that between 70% and 80% of couples were in agreement on the proportion of housework and childcare carried out by themselves and their partners. Based on this sub-population of couples, it emerges that, in about eight out of ten cases, women do more childcare (81%) and more housework (84%) than men; men and women do the same amount of childcare in nearly one fifth of couples (16%) and the same amount of housework in just over one tenth of cases (12%); rarely do men do more than women in either housework (4%) or childcare (2%) (Tables A5.34 and A5.35). The fact, as indicated in Chapter Four, that men are more likely than women to work full-time, to work longer hours, including unsocial hours, probably has some influence on the distribution of work within the household but beliefs and assumptions about gender roles are also likely to play a significant part.

233 Straus, Gelles & Steinmetz, 1980

234 Straus & Gelles 1986; 1988; 1990; Straus, 1993; Stets & Straus, 1989; 1990a; 1990b

235 Straus & Gelles 1986; 1988; 1990; Straus, 1993; Stets & Straus, 1989; 1990a; 1990b

236 Brush, 1990

237 Morse, 1995

238 Tjaden and Thoennes, 2000a, 2000b and 2000c

239 Carrado, George, Loxam, Jones and Templar, 1996

240 Mirrlees-Black, 1999

241 Brinkerhoff & Lupri, 1988

242 Kwong, Bartholomew and Dutton, 1999

243 Canadian Centre for Justice Statistics, 2000

244 Headey, Scott and de Vaus, 1999; Heady, Funder, Scott, Kelley and Evans, 1996

245 Magdol, et al., 1997

246 Davidson, 1984; Sprecher, 1986

247 See for example Marsiglio, 1995; Hawkins, Christiansen, Pond Sargent and Hill, 1995; O’Leary and Arias, 1988

From the perspective of marital adjustment, the actual distribution of work in the home may be less important than the perceived fairness of that distribution. In view of this, it is significant, as Table 5.6 shows, that about half the couples (51%) are satisfied with their partner's sharing of childcare but this falls to four in ten (40%) when it comes to the partner's sharing of housework. In other words, there is substantial dissatisfaction with the partner's sharing of housework and childcare in the majority of these relationships, most of the dissatisfaction being expressed by women. These findings contrast with other Irish studies which, while confirming that women tend to do more childcare and housework than men, found that the majority of women (70%) were satisfied with this arrangement²⁴⁸.

Table 5.6 Satisfaction with Partner's Sharing of Childcare and Housework Among Clients

	Both Satisfied	She is Dissatisfied with Him	He is Dissatisfied with Her	Both Dissatisfied	Total
Childcare	49	40	6	6	100
Housework	39	47	5	9	100

Source: Tables A5.36 and A5.37.

5.10 Summary and Conclusion

“Just as it is customary for people to believe that that pain and sadness should be avoided under all circumstances, they believe that love means the absence of any conflict. ... The reason for this lies in the fact that the ‘conflicts’ of most people are actually attempts to avoid the real conflicts. ... Real conflicts between two people, those which do not serve to cover up or project, but which are experienced on the deep level of inner reality to which they belong, are not destructive. They lead to clarification, they produce a catharsis from which both persons emerge with more knowledge and strength”.

ERICH FROMM²⁴⁹, (1900-1980), US PSYCHOLOGIST AND SOCIAL PHILOSOPHER, BORN IN GERMANY.

This chapter has described various aspects of the couple relationship as experienced by ACCORD clients. We measured relationship quality using the Dyadic Adjustment Scale (DAS) and found that the extent of extreme marital unhappiness is quite considerable, particularly among women. About four out of ten women (37%) and two out of ten men (21%) are “very dissatisfied” with their relationship which implies that their marriage may be close to, or even beyond, breaking point. The greater distress experienced by women in unhappy relationships seems to be related, as suggested in Chapter One above, to the greater importance of relationships in the self-concept of women and is also consistent with the finding that women are more likely than men to “mend or end”²⁵⁰ marriages. A majority of men (56%) and women (49%) are “dissatisfied” with their relationship which seems to imply that they have made a decision to seek counselling before the marriage deteriorates any further. The key areas of greatest dissatisfaction within the relationship for both men and women are cohesion (a term denoting activities like having a stimulating chat or discussion, laughing together, calmly discussing something, working together on a project) and affection (a term referring to showing affection or having sex).

We measured stress levels using the General Health Questionnaire (GHQ) and found that the vast majority of clients (85%) are stressed or very stressed, a finding which suggests that these unhappy marriages are considerably more stressful, at least at the point of presenting for counselling, than other life events such as unemployment or poverty.

²⁴⁸ Kiley, 1996

²⁴⁹ Fromm, 1956:95

²⁵⁰ Ibid

We also measured how men and women deal with conflict by distinguishing between those with a 'validating' style (because they like to talk things out), a 'volatile' style (because they like to have a good row) and an 'avoidant' style (because they like to avoid arguments)²⁵¹. This reveals that about half of all men – both in their own assessment and in the assessment of their partners – tend to avoid conflict; about a quarter of women also see themselves and are seen by their partners as avoidant; this is the one area where there is considerable agreement between men and women. There is also agreement that women are more likely to have a validating style than men; however although nearly six out of ten women (57%) see themselves as having a validating style, only four out of ten men (36%) experience them as such. Similarly, although about two in ten women (18%) see themselves as volatile, nearly twice as many men (38%) experience them as volatile. This pattern of findings is consistent with other studies which have documented a pattern of "demand-withdrawal" within unhappy marriages whereby women's demands for change in a relationship are met by their partner's withdrawal in the face of those demands²⁵², possibly because her "demands" are experienced as threat rather than invitation and his "withdrawal" is experienced as denial rather than difficulty. There is a thin line between what is real and what is imagined in these – and indeed all – intimate relationships.

Turning to the prevalence of criticism, insults and not listening, we found that this occurred in around nine out of ten relationships and, in the majority of cases, tended to be mutual. For these behaviours, men and women see themselves differently from the way their partner sees them and this adds an additional layer of complexity in terms of understanding the dynamic of these relationships.

Our findings suggest that twice as many men as women – about 38% of men compared to 21% of women – sometimes or often drink too much. These gender differences have been found in other studies²⁵³ which also suggest that the association between marital unhappiness and excessive drinking is bi-directional with unhappy marriages leading to excessive drinking as well as vice versa. From a therapeutic perspective, a survey of US therapists found that alcoholism and extramarital affairs were among the most difficult problems to treat in couple therapy²⁵⁴.

Unfaithfulness is not only difficult to treat in therapy²⁵⁵, it also increases the likelihood of subsequent breakdown in the relationship²⁵⁶. Unfaithfulness is a feature of one third (31%) of all relationships, half of it caused by men only, a third by women only and the remainder involving both partners being unfaithful. Of its nature, unfaithfulness is often kept secret but women are nearly twice as likely to know about their partner's unfaithfulness than vice versa: about 20% of men's acknowledged unfaithfulness is unknown to their partner compared 37% of women's acknowledged unfaithfulness which remains unknown to their partners.

We measured the prevalence of domestic violence by asking each client the following question, taken from a British Home Office study of domestic violence²⁵⁷: "People sometimes use force in a relationship – grabbing, pushing, shaking, hitting, kicking, etc. Has your partner ever used force on you for any reason? Have you ever used force on your partner for any reason?" The results indicate that domestic violence occurred at least once in the lifetime of the relationship for more than half (53%) of all couples and was mutual in nearly half of these cases (46%), female-perpetrated only in three out of ten cases (30%) and male-perpetrated only in a quarter of cases (24%). The vast majority of women and men agree with their partner's response to this question, suggesting that the self-reported prevalence is quite reliable. Within the past year, domestic violence occurred in more than a third (36%) of these relationships and, when it occurred, it was mutual in more than a third of cases (36%) while the proportion involving perpetration by women only (36%) was slightly higher than the proportion involving perpetration by men only (28%). It is worth emphasising that these results do not tell us anything about the severity of the violence involved, the context, reasons or initiation of the violence or the extent of injuries resulting from it. Nevertheless, as far as they go, the results are consistent with the bigger picture of domestic violence revealed by reliable international studies of domestic violence.

In about eight out of ten cases, women do more childcare (81%) and more housework (84%) than men. The fact, as indicated in Chapter Four, that men are more likely than women to work full-time, to work longer hours, including unsocial hours, probably has some influence on the distribution of work within the household but beliefs and

251 See Gottman, 1997; see also Markman, Stanley and Blumberg, 1994

252 Christensen, 1987; Heavey, Layne and Christensen, 1993; Krokoff, 1987; Margolin and Wampold, 1981; Notarius and Markman, 1989; Roberts and Krokoff, 1990

253 Horwitz and White, 1991; Levenson, Carstensen and Gottman, 1993; O'Farrell, Hooley, Fals-Stewart and Cuter, 1998;

254 Whisman, Dixon and Johnson, 1995

255 Whisman, Dixon and Johnson, 1995

256 Glass and Wright, 1997

257 Mirrlees-Black, 1999:103

assumptions about gender roles are also likely to play a significant part. However, from the perspective of marital adjustment, the actual distribution of work in the home may be less important than the perceived fairness of that distribution by men and women. In view of this it is significant that half the couples (49%) are satisfied with the sharing of childcare but this falls to four in ten (39%) when it comes to the sharing of housework. Women are much more likely than men to be dissatisfied with their partner's sharing of housework and childcare. These findings contrast with other Irish studies which, while confirming that women tend to do more childcare and housework than men, found that the majority of women (70%) were satisfied with this arrangement²⁵⁸.

These descriptive statistics throw a good deal of light on the type of relationship issues which are dealt with by ACCORD through counselling. These relationships are very stressful and unsatisfactory for those involved, involving a lack of affection and doing things together, and are associated with a good deal of mutual criticism, insulting, domestic violence and not wanting to hear what the other person has to say. A substantial proportion of women are dissatisfied with the way in which childcare and housework is shared. We cannot make any inferences from this data about what constitutes a satisfactory marriage, although the statistical analysis which we present in the next chapter will help to throw some light on the relative contribution of these different factors to marital unhappiness.



Chapter 6

Factors Promoting Unhappiness in Marriage



Chapter 6

Factors Promoting Unhappiness in Marriage

6.1 Introduction



“We are never so defenceless against suffering as when we love, never so helplessly unhappy as when we have lost our loved object or its love. ... For that reason the wise men of every age have warned us most emphatically against this way of life; but in spite of this it has not lost its attraction for a great number of people.”



SIGMUND FREUD²⁵⁹, (1856-1939), AUSTRIAN FOUNDER OF PSYCHOANALYSIS.

It is not possible to discover the secret of happy marriages by studying unhappy couples. However, it is possible to discover more about the nature of unhappiness in marriage by looking more closely at those couples who came to ACCORD for counselling, in order to find out what makes some of them more unhappy than others. That is the purpose of this chapter.

We begin by describing the method of analysis used (section 6.2) and then report on the four clusters of factors which contribute to unhappiness in these marriages. The first and most important set of factors are the partner's behaviour which includes styles of conflict resolution as well as negative behaviours such as criticism, insults and not wanting to hear what your partner has to say (section 6.3). The second most important set of influences on marital adjustment are dissatisfaction with the partner's sharing of housework and childcare (section 6.4). The third set of factors comprise a range of socio-economic variables such as subjective financial well-being, social class and working hours (section 6.5). The fourth and final set of factors refer to men's stress (section 6.6) and excessive drinking (section 6.7). We conclude the chapter by summarising the findings and drawing some conclusions (section 6.8).

6.2 Regression Analysis

Regression analysis is a statistical technique for 'explaining' or predicting the values on a dependent variable using a set of independent variables. In this study, the dependent variable is marital adjustment as measured by the Dyadic Adjustment Scale (DAS) while the independent variables include a range of behaviours, satisfaction with task sharing, and socio-economic factors. A particularly valuable feature of regression analysis is that it allows the influence of each independent variable to be tested, while controlling for the influence of all the other independent variables. Accordingly, the contribution of each independent variable is expressed in terms of a regression coefficient which measures the unique contribution of that variable to the explanation of marital adjustment.

The type of regression analysis used in this study is called multiple regression in order to indicate that the analysis is based on several independent variables. We began by analysing all the dependent variables thought to influence marital adjustment; in this case, we tested 17 socio-economic variables, two stress variables and 16 behaviour

variables (Table A6.1 and A6.2). We then excluded variables found to be statistically insignificant, one at a time, giving rise to a more parsimonious regression model containing 15 statistically-significant effects for men and 14 for women; these variables together explain over 40% of the variance in marital adjustment. The variables with statistically-significant effects on marital adjustment for men and women are summarised in Table 6.1.

It is clear from an inspection of Table 6.1 that behavioural variables are the main influences on marital adjustment for men and women, particularly the partner's behaviour. Dissatisfaction with sharing housework and childcare, particularly the partner's sharing, is also important as well as a range of socio-economic variables, the most significant being subjective financial well-being. It is also important to note that a wide range of variables were found to have no statistically-significant influence on marital adjustment. In the area of behaviour, for example, we found that unfaithfulness and the actual sharing of housework had no impact on marital adjustment, while in the socio-economic area we found that number of children and the quality of parents' marital relationship had no significant effect either (see Table A6.1 and A6.3). The fact that some of these variables have been found to be significant in other studies of marital adjustment (see Chapters One and Two above) suggests that differences in model specification may have an impact on modelling results. Had other researchers controlled for the full range of influences listed in Table 6.1, perhaps their results would have been different. In fact, multiple regression yields an accurate estimate of causal effects only if a stringent set of assumptions are satisfied, including the correct specification of contextual variables.

We now describe our modelling results in greater detail.

6.3 Behavioural Influences on Marital Adjustment

The behavioural influences on relationship quality form two basic clusters. The first involve negative behaviours by the partner, such as criticism, insulting, not wanting to listen and using force. The second cluster involves styles of conflict resolution, particularly the partner's, which comprise those with a 'validating' style (because they like to talk things out), those with a 'volatile' style (because they like to have a good row) and those with an 'avoidant' style (because they like to avoid arguments)²⁶⁰. We now reflect on how each of these behavioural clusters increases marital adjustment. Collectively, these behavioural variables are the most important influences on the quality of the marital relationship.

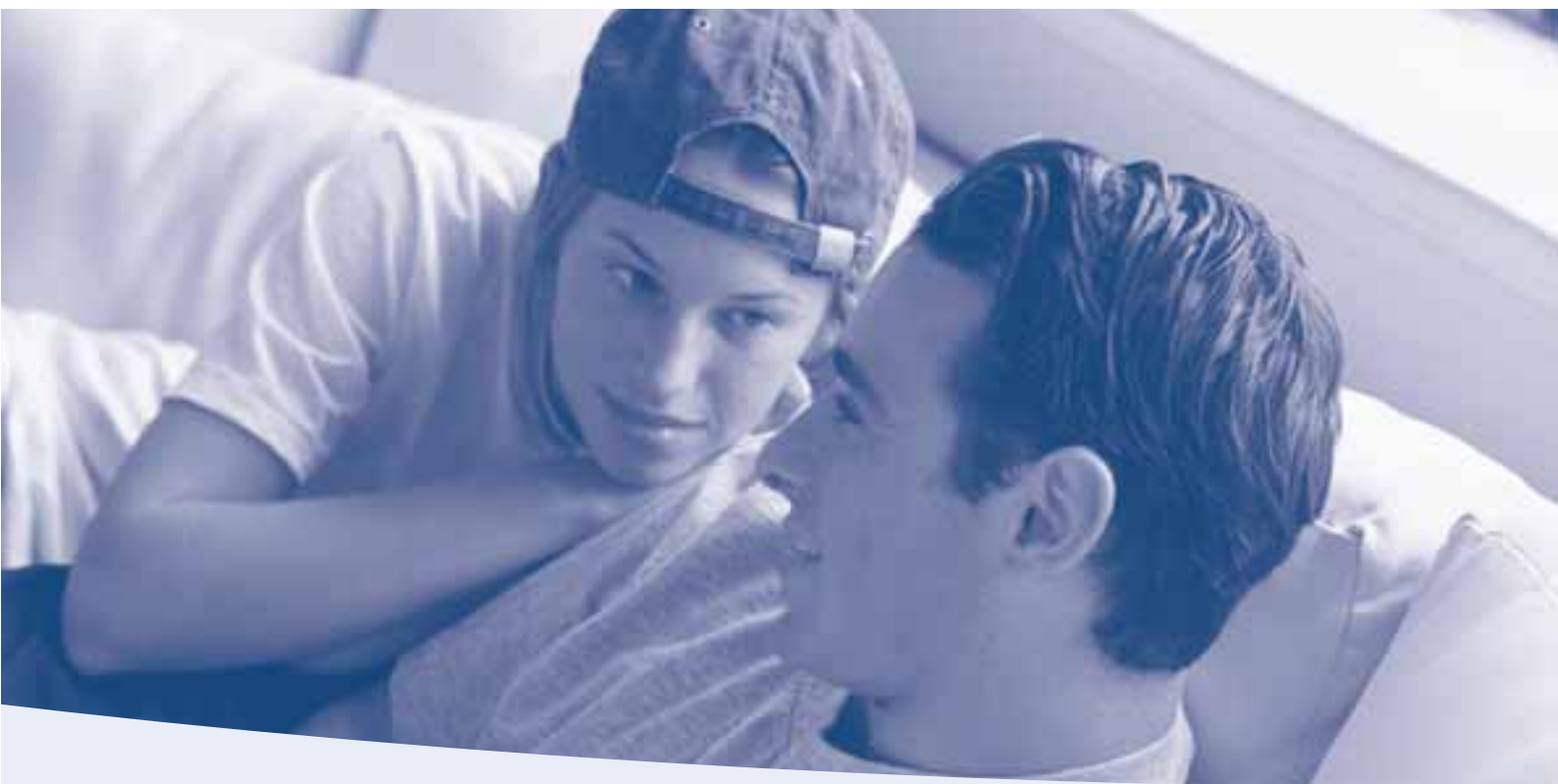


Table 6.1 Variables Which Influence Marital Adjustment Among ACCORD Clients, 2000-2002

Name of Variable	Men		Women	
	Regression Coefficients		Regression Coefficients	
	Unstandardised Coefficients	Standardised Coefficients	Unstandardised Coefficients	Standardised Coefficients
	B*	Beta**	B*	Beta**
1.1 Behaviours: Negative				
Criticised by partner	-9.8	-0.30	-3.3	-0.07
Not listened to by partner	-6.3	-0.20	-7.4	-0.20
Insulted by partner	-4.0	-0.12	-6.2	-0.16
Force used by partner			-3.4	-0.80
1.2 Behaviours: Conflict Style				
Volatile partner ("conflict seeking")	-2.6	-0.06	-4.6	-0.08
Avoidant partner ("conflict avoiding")			-6.2	-0.14
Avoidant men ("conflict avoiding")	-2.3	-0.06		
2. Dissatisfaction with Task Sharing				
With own sharing housework	-3.0	-0.09		
With partner's sharing housework	-2.9	-0.10	-5.5	-0.21
With own sharing childcare	-3.5	-0.10		
With partner's sharing childcare	-3.4	-0.11	-3.9	-0.15
3. Socio-Demographic				
Subjective financial well-being	-3.1	-0.11	-2.10	-0.07
Working hours	-0.7	-0.05	-1.12	-0.07
Man's social class	1.4	0.1		
Woman's social class	-1.0	-0.07		
Length of relationship	-0.3	-0.12		
Age difference with partner			-0.37	-0.07
Age of woman			-0.27	-0.09
4.1 Stress: Men's Stress	-0.6	-0.11	-0.62	-0.10
4.2 Excessive Drinking: Men			-1.2	-0.06

Source: Tables A6.2 and A6.4. *B refers to the unstandardised regression coefficient, which measures the increase or decrease in DAS scores (measured in DAS units) associated with a unit change in the independent variable; DAS is the Dyadic Adjustment Scale which is our measure of marital adjustment. This means, to take just one example, that a man who is "sometimes" criticised by his partner has a DAS score which is 9.8 DAS points lower than a man who is "never" criticised while a man who is "usually" criticised has a DAS score which is 19.6 DAS points lower than a man who is "never" criticised, holding all other variables constant; conversely, a woman who is "sometimes" not listened to by her partner has a DAS score which is 7.4 DAS points lower than a woman who is "usually" listened to while a woman who is "never" listened to has a DAS score which is 14.4 DAS points lower than a woman who is "usually" not listened to, holding all other variables constant. **Beta is the standardised regression coefficient, and expresses the effects in a comparable metric (standard deviation units). Direct comparisons between standardised regression coefficients should be made with care, however, given the interpretational difficulties involved with standard deviation units.

6.3.1 Negative Behaviours

We find in Table 6.1 that four types of negative behaviour – criticism, insulting, not wanting to listen and using force – are particularly damaging to relationships. These negative behaviours, as we have already seen in Chapter Five, are prevalent in a majority of relationships coming to ACCORD and are mainly mutual, in the sense that they are perpetrated by both men and women against their partners. This finding is consistent with the work of Gottman whose research has shown that these behaviours are “disastrous ways of interacting” from the perspective of marital satisfaction²⁶¹.

A particularly striking feature of the result is that, although both men and women engage equally in these behaviours, it is perceptions of the partner’s behaviour – rather than perceptions of one’s own behaviour – which are most strongly associated with marital distress. In the language of counselling and psychotherapy, there seems to be some projection²⁶² onto partners who are blamed, implicitly or explicitly, for unhappiness in the marriage. It also suggests that a passionate, if somewhat negative, connection holds these couples together, as if confirming the truth in the observation that “the opposite of love is not hate but indifference. Love and hate both passionately bind the subject to the object”²⁶³.

The experience of criticism from one’s partner has a particularly strong effect on the marital adjustment of men – three times stronger than the impact on women – and reduces men’s marital adjustment by 9.8 DAS points compared to 3.3 points for women (see Figures A6.1a and A6.1b). In fact the criticism of men by their partners has a more negative impact on marital adjustment than any other single variable. Not being listened to by one’s partner is the most negative influence on women’s experience of the relationship and reduces her DAS score by 7.4 compared to 6.3 for men. Both of these variables combine to illustrate the pattern of “demand-withdrawal”²⁶⁴ which is an established feature of distressed relationships between men and women where “demand” is experienced as criticism and attack while “withdrawal” is experienced as avoidance and denial; in this, as in all intimate relationships, the boundary between the real and the imagined is blurred. It is not difficult to see that this pattern may also be at the root of much of the mutual insulting which occurs between these couples and which has a somewhat more negative impact on women’s sense of the relationship (see Figures A6.2a, A6.2b, A6.3a, A6.3b).

A particularly interesting finding is that the use of force by a partner decreases marital adjustment for women but not for men, even though the prevalence of domestic violence among these clients is similar for both men and women. It is true that our measure of domestic violence does not cover key dimensions of violence such as severity, initiation, reasons or injuries, but the fact that similar prevalence rates have different outcomes for men and women is consistent with other research which has shown that women are more likely than men to be physically injured and to experience greater fear as a result of domestic violence²⁶⁵. It is also worth pointing out that domestic violence has a significantly lesser impact on marital adjustment for women than not being listened to, or being insulted by, one’s partner. By the same reasoning, it is also much more hurtful for a man to be criticised by his partner than to have her use force against him.

6.3.2 Styles of Resolving Conflict

Following previous research, we measured how men and women deal with conflict by distinguishing between those with a validating style (because they like to talk things out), those with a volatile style (because they like to have a good row) and those with an avoidant style (because they like to avoid arguments)²⁶⁶. We found in Chapter Five that the way men and women perceive themselves on this variable is often quite different to the way they are perceived by their partners. In interpreting the findings in Table 6.1 for this cluster of variables, it is important to understand that a validating style provides the reference point for our estimates of the impact of volatile and avoidant styles. In other words, the coefficients in Table 6.1 provide an estimate of the impact of volatile and avoidant styles *compared with* a validating style and that is one of the reasons why validating style does not appear as a separate variable in the results.

261 Gottman, 1997:72

262 The term projection is used in all schools of counselling and psychotherapy in a broadly consistent manner to refer to a psychological process by which “qualities, feelings, wishes or even objects, which the subject refuses to recognise or rejects in himself, are expelled from the self and located in another person or thing” (Laplanche and Pontalis, 1988:349)

263 Mann, 2002:45

264 Christensen, 1987; Heavey, Layne and Christensen, 1993; Krokoff, 1987; Margolin and Wampold, 1981; Notarius and Markman, 1989; Roberts and Krokoff, 1990

265 See for example Strauss, 1993:69; Morse, 1995:268; Mirrlees-Black, 1999:14

266 See Gottman, 1997; see also Markman, Stanley and Blumberg, 1994

Three separate findings emerge from an inspection of this cluster of variables. First, women are more adversely affected by styles of resolving conflict than men and are wholly influenced by how they perceive their partner in this regard. In other words, women's perception of how they resolve conflict has no influence on their marital adjustment which may suggest a sense of powerlessness in the relationship and may, in turn, be related to their perceptions of the partner as the source of all the conflict-resolution problems in the relationship. This is consistent with women's intensively negative experience of not being listened to and men's even more intense experience of being criticised as described above. Second, a man's sense of the relationship is adversely affected by having what he perceives to be a volatile partner; as we saw in Chapter Five about two in ten women (18%) see themselves as volatile but nearly twice as many men (38%) experience them as volatile; this too suggests that a process of projection may be at work. Third, men who regard themselves as having an avoidant approach to conflict resolution are also likely to experience a deterioration in their marital quality which seems to imply an acknowledgement that their own approach to resolving conflicts is not in their best interests.

Taken together, these findings have a consistency with other findings emerging from the study in showing that many men and women see and experience each other quite differently from the way they see and experience themselves. As a result, the common ground of empathic understanding is eroded between them and there is a loss of affection and cohesion between them as a couple. In view of this, a crucial role of counselling may be to restore or recreate this common ground so that, for both men and women, the self and the other can be seen and experienced in a clearer more positive light, both cognitively and emotionally.

6.4 Dissatisfaction with Task-Sharing

The changing role of men and women both inside and outside the home has become a common theme in discussions on marital and couple relationships and is sometimes seen as a contributory factor to distress in those relationships²⁶⁷. We have already seen in Chapter Five that, in eight out of ten couples, women do more housework and childcare than men and are much more likely to be dissatisfied with their partner's contribution to housework and childcare. In line with this pattern, the results of the regression analysis, as summarised in Table 6.1, indicate that dissatisfaction with the way one's partner shares housework and childcare is an important contributory factor in the marital distress of both men and women (see Figures A6.4a, A6.4b, A6.5a, A6.5b). However, and this is the surprising result, after controlling within the multivariate model for partners' *satisfaction* with the sharing of tasks and other variables, marital dissatisfaction bears no statistically significant relationship to the way in which housework and childcare is actually shared. This finding, which has been replicated elsewhere²⁶⁸, implies that dissatisfaction with housework and childcare may reflect a general dissatisfaction with the relationship rather than with the specific way in which household tasks are actually shared. In other words, dissatisfaction with sharing housework and childcare may be the way in which marital dissatisfaction gets expressed which, in turn, suggests that one's perception of fairness in the distribution of housework and childcare is shaped less by the actual distribution of those tasks and more by the quality of the marital relationship. On reflection, this may not be as surprising as it first appears since perceptions of fairness in a relationship depend not just on how one feels about one's partner but also on one's idea of fairness which may be based on a strict equality of shares or on a proportional sharing based on need, preference, ability, financial contribution, etc, or indeed on some combination of these²⁶⁹.

There are also differences between men and women which are similar to those cited in the previous section. For women, their dissatisfaction with task-sharing is based entirely on how they perceive their partner whereas for men it is based on how they perceive both themselves and their partner. Once again, a pattern emerges where both men and women experience a deterioration in the relationship but for different reasons; for women, they perceive a relationship where men do not listen, are avoidant and do not share housework and childcare; for men, although acknowledging their role in avoidance and in unsatisfactory task-sharing, their overwhelming experience is that of being criticised. As above, this is quite consistent with the demand-withdrawal pattern and a process of mutual projection and blaming which seems to be a strong feature of these relationships.

Sociologists sometimes use the term "love labour" to refer to the unpaid labour of housework and childcare²⁷⁰. The results presented here suggest that this is a particularly appropriate term not just because the labour is unpaid but also because the level of satisfaction or dissatisfaction with this work by both women and men is itself a barometer

267 See for example Bird, 1999; Glass and Fujimoto, 1994

268 Hetherington and Kelly, 2002:249-250

269 See Rabin, 1996

270 Lynch and McLaughlin, 1995

of the quality of the love between them. In other words, the labour of housework and childcare is experienced as “love” labour in direct proportion to the quality of the couple’s marital relationship. From a therapeutic perspective, this suggests that the love labour of housework and childcare may be a useful mirror for reflecting on the overall quality of the relationship and for situating disputes about the actual distribution of this work in that context.

6.5 Socio-economic Influences on Marital Adjustment

Socio-economic variables have a relatively weak influence on marital adjustment, especially in the case of women. The most important socio-economic influence on marital distress is subjective financial well-being, which we measured by asking each individual to classify their financial position as either well-off, comfortable, making ends meet, finding it difficult to manage or in serious difficulties. This variable influences marital adjustment, to the extent that each reduction in subjective financial well-being from “comfortable” to “making ends meet” to “finding it difficult to manage” etc. is associated with a decrease in DAS score of 3.1 units for men and 2.1 units for women (see Figures A6.6a and A6.6b). The greater importance of subjective financial well-being for men may be due to their more strongly internalised breadwinning role. In this context, it is also noteworthy that, although women coming to ACCORD work shorter hours than men – 47 hours compared to 31 hours – and also work shorter hours than women in Ireland generally – 31 hours compared to 36 hours²⁷¹ – a minority work 56 hours or more and the marital quality of these women is adversely affected by these hours; the effect of hours worked on men’s marital adjustment is marginal (see Figures A6.8a and A6.8b).

Some of the socio-demographic variables affect the marital adjustment of men only, others affect the marital adjustment of women only. For men, their own social class position has a slight influence so that their marital adjustment increases as one goes down the social class scale, whereas it increases as their partner moves up the social class scale (see Figure A6.7a and A6.7b); social class has no effect on women’s marital adjustment. Men’s marital adjustment among these ACCORD clients is also slightly affected by the length of the relationship, each additional year being associated with a decline of 0.3 in the DAS score. For women, the two socio-demographic variables which affect them, but not men, are their age and the age difference between them and their partner. Women’s DAS scores tend to decrease with age (a drop of 0.27 for each year); they also decrease in line with the size of the age gap between her and her partner.

6.6 Stress and Marital Adjustment

We know from our analysis in Chapter Five that the vast majority of men and women who come to ACCORD for counselling are stressed and, at the point of presenting for counselling, have stress levels much higher than that found among groups experiencing poverty or unemployment. In view of this, it is interesting that stress has a rather slight effect on the marital adjustment of men and women. In fact the influence of stress is mediated entirely through men’s stress, a somewhat surprising finding given that the level of stress among women is higher than among men. The effect of men’s stress is to reduce the marital adjustment of both men and women by similarly slight amounts. The fact that men’s stress affects both men and women is not wholly without precedent, however, since one study of the impact of unemployment on stress in Ireland found that women were much more stressed by the unemployment of their husbands than husbands were at the unemployment of their wives²⁷².

6.7 Excessive Drinking and Marital Adjustment

We saw in Chapter Five that twice as many men as women – about 38% compared to 21% – ‘sometimes’ or ‘often’ drink too much. Although alcohol and drug use may be a cause as well as a consequence of marital difficulties, its effect on the relationships of couples who come to ACCORD is rather slight. In fact it is only men’s excessive drinking that has any impact and even then the impact is experienced by women only; men’s excessive drinking has no impact on their own level of marital adjustment. This finding is a little surprising given that excessive drinking is sometimes thought to be associated with marital difficulties and at least one longitudinal study has found that serious conflict in marriage was associated with problem drinking for men but not women²⁷³.

271 Industrial Earnings and Hours Worked, December 2001 (Final) and March 2002 (Preliminary)

272 See Whelan, Hannan and Creighton, 1991

273 Horwitz and White, 1991

6.8 Summary and Conclusion



“In spite of the fact that the roles, opportunities, and attainments of men and women have become more similar over the past thirty years, notable gender differences still remain in how husbands and wives ... function in close personal relationships. Men may not be from Mars and women from Venus; both have strong needs to be loved and valued by another person. But the way they express closeness, communicate, and deal with conflicts often differs significantly.”

MAVIS HETHERINGTON AND JOHN KELLY²⁷⁴, US RESEARCHERS ON MARRIAGE AND DIVORCE.



This chapter has examined why, among the men and women who come to ACCORD for counselling, some have more unhappy relationships than others. Using regression analysis we discovered that four sets of variables contribute substantially to unhappiness in marriage: (i) the partner's negative behaviours of criticism, insulting, not wanting to listen, and using force (ii) the partner's style of resolving conflict, particularly “volatile” and “avoidant” styles (iii) dissatisfaction with partner's task-sharing in the home, notably housework and childcare, and (iv) selected socio-demographic variables, particularly subjective financial well-being. We now summarise the results for each of these variables in more detail.

Beginning with the partner's negative behaviours, it is striking that, although both men and women engage equally in these behaviours, it is perceptions of the partner's behaviour – rather than perceptions of one's own behaviour – which are most strongly associated with marital distress. In the language of counselling and psychotherapy, there seems to be some projection²⁷⁵ onto partners who are blamed, implicitly or explicitly, for unhappiness in the marriage. It also suggests that a passionate, if somewhat negative, connection holds these couples together, as if confirming the truth in the observation that “the opposite of love is not hate but indifference. Love and hate both passionately bind the subject to the object”²⁷⁶.

The negative behaviours of criticism, insulting, not wanting to listen, and using force contribute more to unhappiness in marriage than any other variable and they affect men and women differently. For men, the experience of being criticised by one's partner has a particularly negative effect on marital quality— three times stronger than the impact on women – and reduces their marital adjustment by 9.8 DAS points compared to 3.3 points for women. Not being listened to by one's partner is the most negative influence on women's experience of the relationship and reduces their DAS score by 7.4 points compared to 6.3 points for men. Both of these variables combine to illustrate the pattern of “demand-withdrawal”²⁷⁷ which is an established feature of distressed relationships between men and women where “demand” is experienced as criticism and attack while “withdrawal” is experienced as avoidance and denial. It is not difficult to see that this pattern may also be at the root of much of the mutual insulting which occurs between these couples and which has a somewhat more negative impact on women's sense of the relationship.

An interesting finding is that the use of force by a partner decreases marital adjustment for women but not for men, even though the prevalence of domestic violence among these clients is similar for both men and women. It is also worth pointing out that domestic violence has a significantly lesser impact on marital adjustment for women than not being listened to, or being insulted by, one's partner. By the same reasoning, it is also much more hurtful for a man to be criticised by his partner than to have her use force against him.

Marital quality is also affected by the partner's style of conflict resolution which we measured by distinguishing between those with a validating style (because they like to talk things out), those with a volatile style (because they like to have a good row) and those with an avoidant style (because they like to avoid arguments)²⁷⁸. This part of the analysis revealed that women are more adversely affected by styles of resolving conflict than men and are wholly influenced by how they perceive their partner in this regard. In other words, women's perception of how they resolve conflict has no influence on their marital adjustment which implies that they see their partner as the source of all conflict-resolution problems in the relationship. In a similar way, men who experience their partner as volatile

274 Hetherington and Kelly, 2002:276

275 The term projection is used in all schools of counselling and psychotherapy in a broadly consistent manner to refer to a psychological process by which “qualities, feelings, wishes or even objects, which the subject refuses to recognise or rejects in himself, are expelled from the self and located in another person or thing” (Laplanche and Pontalis, 1988:349)

276 Mann, 2002:45

277 Christensen, 1987; Heavey, Layne and Christensen, 1993; Krokoff, 1987; Margolin and Wampold, 1981; Notarius and Markman, 1989; Roberts and Krokoff, 1990

278 See Gottman, 1997; see also Markman, Stanley and Blumberg, 1994

also experience a decline in the quality of their relationship; however, men who regard themselves as having an avoidant approach to conflict resolution are also likely to experience a deterioration in marital quality which seems to imply an acknowledgement that their own approach to resolving conflicts is not in their best interests. Taken together, these findings have a consistency with other findings emerging from the study in showing that many men and women see and experience each other quite differently from the way they see and experience themselves; in this, as in all intimate relationships, the boundary between the real and the imagined is blurred.

Our analysis also found that dissatisfaction with the way one's partner shares housework and childcare is an important contributory factor in the marital distress of both men and women but, as other studies have also found²⁷⁹, is not related to the way in which housework and childcare is actually shared. In other words, dissatisfaction with sharing housework and childcare is one of the ways in which marital dissatisfaction gets expressed which, in turn, suggests that one's perception of fairness in the distribution of housework and childcare is shaped less by the actual distribution of those tasks and more by the quality of the marital relationship²⁸⁰. For women, their dissatisfaction with task-sharing is based entirely on how they perceive their partner whereas for men it is based on how they perceive both themselves and their partner. This finding is significant in suggesting that housework and childcare, despite their very practical nature, may be symbolic arenas through which the quality of the marital relationship finds expression; they are forms of "love labour"²⁸¹ because they act as a barometer of satisfaction in the love relationship between women and men. From a therapeutic perspective, this suggests that the love labour of childcare and housework may be a useful mirror for reflecting on the overall quality of the relationship between men and women and for linking disputes about this work to the quality of their love rather than the quality of their work or its distribution. Interestingly, another Irish study also found that while women tended to do more childcare and housework than men, it also found that the majority of women (70%) were satisfied with this arrangement²⁸², possibly because, unlike the population of couples coming to ACCORD, they were more satisfied with their marital relationship.

Socio-economic variables have a relatively weak influence on marital adjustment, especially in the case of women. The most important socio-economic influence on marital distress is subjective financial well-being which is associated with a decrease in DAS score of 3.1 units for men and 2.1 units for women. The greater importance of subjective financial well-being for men may be due to their more strongly internalised breadwinning role.

The analysis found that stress has a rather slight effect on the marital adjustment and is mediated entirely through men's stress, a somewhat surprising finding given that the level of stress among women is higher than among men. We also found that men's excessive drinking has a slight negative impact on marital quality impact and was only experienced by women only.

These findings highlight the importance of the partner's negative behaviours and styles of conflict resolution, as well as dissatisfaction with the partner's sharing of housework and childcare, as the key influences associated with unhappiness in marriage. The greater direct impact of these variables compared to socio-economic variables suggests that counselling may indeed be an appropriate intervention for these couples. Our interpretation of these findings suggests that these relationships involve a good deal of projection, blaming and misunderstanding and are associated with a loss of warmth, affection and togetherness in the relationship. In view of this, a crucial role for counselling may be to restore a common ground of empathic understanding so that, for both men and women, the self and the partner can be seen and experienced in a more positive light, both cognitively and emotionally. This also raises the challenging question – which is at the heart of this study – namely, can these negative patterns which are the root of marital unhappiness be altered in such a way that men and women can eventually move towards a more satisfying intimate relationship? The answer to that question is provided in Chapters Nine and Ten below. Before that we must look more closely at the context in which clients seek counselling (Chapter Seven) and the counselling services offered by ACCORD (Chapter Eight).



279 Hetherington and Kelly, 2002:249-250

280 See Rabin, 1996

281 Lynch and McLaughlin, 1995

282 Kiley, 1996

Chapter 7

Context for Seeking Counselling



Chapter 7

Context for Seeking Counselling

7.1 Introduction

“Zeus said: ‘I have a plan which will humble their pride; ... I will cut them in two’. ... Each of us when separated ... is always looking for his [or her] other half.”

PLATO²⁸³, (428-348 BC), GREEK PHILOSOPHER.

This chapter examines the context in which individuals and couples seek counselling. We begin by describing the network of supports which clients can draw on when they need to discuss problems or difficulties in their relationships, including counselling services (Section 7.2). There is a perception that coming to therapy is not an easy decision and that clients think about it for some time; accordingly, we analyse how long clients have been thinking about counselling before coming to ACCORD (Section 7.3). In describing the context in which clients seek counselling, we also examine who initiates counselling (Section 7.4), the reasons why they come to counselling (Section 7.5), and their perceptions of ACCORD (Section 7.6). We conclude by summarising the key findings to emerge in the chapter (Section 7.7).

7.2 Support Networks

We have already seen in Chapter Two that support networks are part of the social capital which individuals, couples and families need in order to get through life²⁸⁴, while the effectiveness of therapeutic interventions is strongly affected by the quality of a person's support network²⁸⁵. Given that marriage itself is fundamentally a support network, it is important to understand how couples find support, particularly when they have relationship problems. We measured the support networks of clients by asking them the following question: “Within the past year, have you ever talked to any of the following people about problems or difficulties you may have in your relationship?”. The answers of men and women clients are summarised in Table 7.1.

The results reveal four main trends. First, the majority of clients (81%) have discussed their relationship problems with their partners. This is as might be expected, although it is symptomatic of the communication difficulties in some relationships that one fifth of clients have not discussed their relationship difficulties with their partners. Second, women are more likely than men to discuss their relationship problems which may be due to the fact that they have stronger support networks than men or, as we saw in Chapters Five and Six, it may be due to the fact that they experience more distress when their relationships are unsatisfactory. Similarly women – whether in the form of women friends or sisters – are more likely to be sources of support in relationship distress than men. Third, extended family in the form of parents, brothers and sisters are an important source of support but so too are

283 Plato, 1951:10- 27

284 Tracy and Whittaker, 1990

285 Sprenkle, Blow and Dickey, 1999:332; Scovern, 1999:272-273; Sprenkle, Blow and Dickey, 1999:334

people at work; clergy are the least likely to be consulted as a source of support. Fourth, a substantial minority of clients (20%) have already been for counselling in the past year before coming to ACCORD; we do not know if these are former clients of ACCORD or of another service. Other data indicates that about one quarter of respondents have been to counselling or psychotherapy before, either for personal or relationship problems (see Tables A7.12 to A7.14).

Table 7.1 Persons With Whom ACCORD Clients Talked About Relationship Problems (%)

Category of Person	Men	Women	Total
Partner	79	82	81
Woman friend	30	74	56
Sisters	29	53	43
Parents	30	38	35
Men friend	46	20	30
Brothers	28	20	23
Someone at work	23	23	23
Therapist / counsellor	18	21	20
Clergy	9	10	10
Other	4	6	5

Source: Tables A7.1 to A7.10.

7.3 Time Spent Thinking About Coming for Counselling

Many counsellors and psychotherapists acknowledge that the decision to come for therapy is not an easy one and clients often take a good deal of time reaching that decision. In order to assess this, we asked how long clients had been thinking about coming for counselling. Their answers reveal that about half (54%) spent up to six months thinking about it, the remainder (46%) taking longer to think about it (Table A7.15). This suggests that while the majority of clients seem to act relatively quickly to address relationship problems through counselling, a substantial minority take much longer, whether because the problems are not as intense or because they only consider counselling when things become intolerable. Women spend much longer thinking about coming for counselling.

7.4 Who Initiated Counselling?

We have seen from Chapter Two that women are more likely than men to “mend or end”²⁸⁶ marriages. Accordingly, we would expect more women than men to initiate the decision to come for counselling. In order to test this hypothesis we asked each individual: “Who prompted you to come for counselling?” The responses are summarised in Table 7.2 and indicate that women are indeed more likely than men to initiate counselling, according to the responses of both men and women. However, in this as in other matters, men and women differ in their perceptions of the same reality. Whereas 66% of women claim to have initiated counselling, this is recognised by only 45% of men, and while 50% of men claim to have made this decision, this role is recognised by only 19% of women.

Table 7.2 Persons Who Prompted ACCORD Clients to Come for Counselling (%)

Category of Person	Men	Women	Total
Own Initiative	50	66	60
Partner's initiative	45	19	29
Doctor	6	12	9
Clergy	4	5	4
Solicitor/barrister	3	4	4
Other	11	16	14

Source: Tables A7.16 to A7.21.

There is anecdotal evidence that individuals or couples whose relationship has irretrievably broken down and who are seeking a judicial separation or divorce are encouraged by their solicitor or barrister to seek counselling if only to show the court that they have taken every reasonable effort to save their marriage. Such individuals and couples, according to this anecdotal evidence, are not genuinely seeking counselling but are only seeking evidence to help them end their relationship. The data in Table 7.2 suggests that 4% of couples were advised by a solicitor or barrister to go for counselling, although we cannot infer anything from this about the motivation of those clients or indeed their therapeutic goals in coming for counselling.

7.5 Client's Therapeutic Goals

An important element in the counselling process is the goals that clients wish to achieve. We measured this by listing a number of reasons why people go for counselling and asking respondents to rate each of them in terms of its importance. The data in Table 7.3 summarises the reasons which men and women see as important in going to counselling. The three most important reasons for both men and women are: to decide on the future of our relationship (90%), to understand our relationship better (89%), and to understand my partner (87%). Beyond these, there are significant differences between men and women in their reasons for going to counselling. Women are more likely to give greater importance to goals such as finding ways of coping (94%), feeling less troubled (92%), becoming aware of feelings (81%) and understanding myself better (81%). Men are more likely to give more importance to goals such as improving (89%) and preserving (82%) the relationship. This pattern is consistent with the findings described in Chapter Five that women clients are more distressed than men in their relationships and therefore have an expectation that their distress will be reduced by coming to counselling. Conversely, men are less distressed and seem more committed to their relationship. These patterns are not unique to this study and have been found in a large British survey which asked the same question of over 2,000 clients who attended counselling with the RELATE organisation: "whereas women tended to want to understand themselves and their feelings, it would seem that men tended to emphasise the practical aspects of working on their relationship with partners"²⁸⁷.



Table 7.3 Important Reasons Which Bring Clients to Counselling in ACCORD (%)

Important Reasons	Men	Women	Total
Find ways of coping	83	94	90
Decide on future of relationship	91	89	90
Understand our relationship better	90	89	89
Understand my partner	88	87	87
Feel less troubled	78	92	86
Improve our relationship	89	80	84
Become aware of feelings	72	81	77
Understand myself better	71	81	77
Preserve relationship	82	71	75
End our relationship	10	12	11

Source: Tables A7.22 to A7.31.

7.6 Perceptions of ACCORD

Given that ACCORD is a Catholic organisation – although its services are offered to clients of all religious denominations and none (see Chapter Eight) – we were interested to know how clients perceived ACCORD and if this influenced their decision to seek its counselling services. We found that six out of ten clients (60%) see ACCORD as a Catholic organisation and one third of these (32%) would have been influenced by this in seeking its counselling services (Tables A7.32 and A7.33). In other words, the majority of clients are primarily concerned with accessing counselling services irrespective of the denomination of the provider. ACCORD is an obvious choice for individuals and couples in distressed relationships, since it is the main provider of such services in the country, and the only provider in some areas. Moreover, its services are the most affordable means of accessing counselling, since payment is by voluntary contribution rather than fixed fee, even though affordability is unlikely to be a concern for a substantial proportion of clients (see Chapter Four above).

In addition to its role in counselling, ACCORD is also the main provider of marriage preparation courses in Ireland. A majority of its counselling clients did not attend a marriage preparation course (56%) but a significant minority (44%) did (Table A7.34).

7.7 Summary and Conclusion

“We seem to expect of the other what we ourselves could not give. This is why even the very beginnings of honest self-knowledge bring, automatically, a certain degree of tolerance of others. In the moments when we honestly see how we ourselves are, we have the possibility of not demanding from another that which the other cannot give. All real self knowledge brings love and compassion with it.”

JACOB NEEDLEMAN²⁸⁸, PROFESSOR OF PHILOSOPHY
AT SAN FRANCISCO STATE UNIVERSITY.

This chapter has examined the context in which individuals and couples seek counselling. As part of that context, we examined the informal supports which men and women use to discuss their relationship difficulties. We found that a substantial minority of clients (20%) had not discussed their relationship problems with their partners, itself symptomatic of the communication difficulties in these relationships. We also found that women are more likely than men to discuss their relationship problems with others outside the relationship, which may be due to the fact that they have stronger support networks than men or that they experience more distress when their relationships are unsatisfactory. Similarly women – whether in the form of women friends or sisters – are more likely to be sources of support in relationship distress than men. For both women and men, the extended family in the form of parents, brothers and sisters are an important source of support but so too are people at work. Outside of these informal supports, we found that a quarter of both men and women (25%) have been to counselling or psychotherapy before, either for personal or relationship problems.

About half of all clients (54%) spent up to six months thinking about coming to counselling, the remainder (46%) taking longer. This suggests that while the majority of clients seemed to act relatively quickly to address relationship problems through counselling, a substantial minority take much longer whether because the problems are not as intense or because they only consider counselling when things become intolerable. Women spend longer than men thinking about coming for counselling.

Women are more likely than men to initiate counselling, in line with other findings discussed in Chapters One and Two, which shows that women are more likely than men to “mend or end marriages”²⁸⁹. Although both men and women emphasise certain goals of counselling as important – deciding on the future of the relationship (90%), understanding our relationship or my partner better (89%) – there are also significant differences. Women give more importance to goals such as finding ways of coping (94%), feeling less troubled (92%), becoming aware of feelings (81%) and understanding myself better (81%) while men give more importance to goals such as improving (89%) and preserving (82%) the relationship. This pattern is consistent with the greater distress of women in unsatisfactory relationships and their need to reduce it while men are less distressed and seem more committed to their relationship. This pattern has also been found in surveys of counselling clients in Britain²⁹⁰.

Six out of ten clients (60%) see ACCORD as a Catholic organisation and a third of these (32%) would have been influenced by this in seeking its counselling services. This suggests that the majority of clients are primarily concerned with accessing counselling services irrespective of the denomination of the provider. ACCORD is an obvious choice for individuals and couples in distressed relationships since it is the main provider of such services in the country, and the only provider in some parts of the country.



289 Kiecolt-Glaser and Newton, 2001:25

290 *ibid*



Chapter 8

Counselling in ACCORD



Chapter 8 Counselling in ACCORD

8.1 Introduction

“One of the reasons for the choice of the name **ACCORD** is that it contained the Latin word for heart, *cor*. To call **ACCORD** a heart is, of course a metaphor, and a very apt one. ... The heart is our hidden centre, beyond the grasp of reason or other people It is the place of encounter ... the place of covenant.”

DONAL MURRAY²⁹¹, BISHOP OF LIMERICK.

The journey which leads individuals and couples to change in order to live more satisfying lives and relationships is probably unique in each case. At the same time, both counsellors and their clients believe that the therapeutic process has a contribution to make in promoting positive change. Our review of previous research in Chapter Two suggests that this assumption is well-founded and that there are indeed common factors associated with counselling and psychotherapy which lead to positive changes in the lives and relationships of clients. It is appropriate therefore to understand more about the counselling process as practised in **ACCORD** in order to have some insight into the nature of the interventions involved. We begin therefore with a brief description of **ACCORD** (Section 8.2) and then summarise its approach to counselling (Section 8.3). We also briefly describe its procedures for ensuring quality in the counselling process, particularly through the selection, training and supervision of counsellors (Section 8.4). Finally, we conclude with a brief summary (Section 8.5).

8.2 What is **ACCORD**?

ACCORD is a voluntary organisation which is run under the direction of the Catholic Bishops of Ireland. It was founded in 1962 as the Catholic Marriage Advisory Council and was an extension of the Catholic Marriage Advisory Council in Britain (later re-named as Catholic Marriage Care Limited) until 1975; Marriage Care as it is now known was founded in 1946²⁹². **ACCORD** is an all-Ireland body with 57 counselling centres, nine of them in Northern Ireland.

ACCORD's services are run by nearly 1,000 volunteers. In 2002, these comprised of marriage counsellors (369, 39%), marriage education facilitators (389, 41%), administration and voluntary support personnel (195, 20%). This makes **ACCORD** the largest provider of services to individuals and couples with relationship problems in Ireland. In addition to marital and couple counselling, **ACCORD** also provides marital sex therapy, fertility counselling as well as marriage preparation and marriage enrichment courses.

In 2001, **ACCORD** offered 25,139 counselling hours to 5,410 clients, both individuals and couples, equivalent to an average of five hours per client. In this study, the average number of sessions per couple was 8; the number of sessions per client ranged from a minimum of one to a maximum of fifty.

²⁹¹ Murray, 2000

²⁹² See Leonard, 1999

Nearly three quarters of ACCORD's counsellors (73%) are women (Table 8.1). The mean age of counsellors is 51 years; the minimum is 35 and the maximum is 69. About six out of ten counsellors in ACCORD describe themselves as one of the following: nurse, teacher, social worker, counsellor, psychotherapist or housewife.

Table 8.1 Composition of Counsellors in ACCORD, 1999

Category of Person	Men	Women	Total
Lay	93	267	360
Religious	7	2	9
Total	100	269	369
Mean Age	–	–	51

The vast majority of counsellors (86%) have been with ACCORD for five years or more and have extensive experience of counselling (Table 8.2). As a group they can be divided almost equally between those who have been counselling for 10 years or less (53%) and those who have been counselling for 11 years or more (47%). The relatively small proportion of counsellors (14%) who have been with the organisation for less than five years may reflect the beginning of a pattern found in many other voluntary organisations, namely the decline in volunteering, which is not unique to Ireland, but is to be found in many developed countries. It is clear from Table 8.2 that ACCORD contains a vast reservoir of counselling experience and our analysis in subsequent chapters will examine if there is any link between therapeutic outcomes for the client and the length of experience of counsellors.

Table 8.2 Length of Time Counsellors* Have Been With ACCORD, 1999

Up to 5 years	5-10 years	11-20 years	Over 20 years	Total
14%	39%	30%	17%	100%

*Based on 349 counsellors for whom this information is available.

The main funders of ACCORD are the Catholic Church, the Department of Social and Family Affairs and contributions from clients and counsellors. In 2002, the income and expenditure of ACCORD was of the order of €2.5 million.

8.3 Approach to Counselling

The approach to counselling in ACCORD is usually described, following the works of Carl Rogers, as “client-centred” and “non-directive”²⁹³ ACCORD's own Code of Ethics and Practice states explicitly that “counselling is non-directive in character and ... clients take responsibility for their own actions and behaviour and decisions”.

The ACCORD approach to counselling is based on the Rogerian philosophy that each person has an innate capacity to resolve his or her difficulties because, at the core, every person has a trustworthy positive centre which is resourceful and capable of self-direction²⁹⁴. This means that the task of the counsellor is to help clients achieve their goals and overcome their difficulties, and this is best done in a therapeutic relationship where counsellors show clients unconditional positive regard, accurate empathic understanding and openness²⁹⁵. Other writers in the Rogerian tradition, notably a US professor of psychology, Fr. Gerard Egan, whose work figures prominently in the training of ACCORD counsellors, emphasised the importance of three skills in effective counselling: perceptiveness, know-how and assertiveness.

²⁹³ Rogers, 1957; 1961

²⁹⁴ Rogers, 1961

²⁹⁵ Rogers, 1957

It follows that non-directive counselling is far from being directionless since the counsellor has a responsibility to be effective in terms of enabling the client to recognise alternatives to their present difficulties and seeing new opportunities for improving their life and relationships. This approach also implies that it is the person rather than the relationship which is of central concern in ACCORD's counselling process. As one of its counsellors has observed: "ACCORD's first concern is to heal the wounded. Contrary to a common misconception, its main purpose is not the saving of marriages but the saving of people. The counsellors provide a listening ear and help the client restore self confidence and self esteem"²⁹⁶.

ACCORD's approach to counselling is also informed by the pastoral ministry of the Catholic Church, which is also person-centred. This is explained in ACCORD's Code of Ethics and Practice as follows: "Counselling is done as part of the pastoral – as distinct from the teaching – ministry of the Church. Clients are accepted regardless of religious belief (or non-belief) or moral convictions or standards, or race or colour, or gender or sexual orientation, and as being unique and of worth and capable of self-determination and growth".

8.4 Selection, Training and Supervision

The quality of ACCORD's counselling services depends heavily on the selection of suitable volunteers, the provision of in-depth training as well as in-service training and supervision of counsellors. Volunteers are selected after a group discussion and three individual interviews. Following selection, counsellors are provided with a three-year training programme comprising 195 hours distributed over one induction day and 12 residential weekends. Once training is completed, counsellors are expected to commit themselves to offer up to 100 hours of counselling per year, eight hours of in-service training and a monthly supervision and centre meeting.

8.5 Summary and Conclusion



"Not only in love does giving mean receiving. The teacher is taught by his students, the actor is stimulated by his audience, the psychoanalyst is cured by his patient – provided they do not treat each other as objects, but are related to each other genuinely and productively."



ERICH FROMM²⁹⁷, (1900-1980), US PSYCHOLOGIST AND SOCIAL PHILOSOPHER, BORN IN GERMANY.

We have seen that ACCORD is an all-Ireland voluntary organisation which is run under the direction of the Catholic Bishops of Ireland. It is the largest provider of counselling services to individuals and couples with relationship problems in the country. Its services are run by nearly 1,000 volunteers comprising marriage counsellors (39%), marriage education facilitators (41%), administration and voluntary support personnel (20%). Nearly three quarters of ACCORD's counsellors are women and nearly nine out of ten have been counselling for five years or more.

The average number of counselling hours received by each client in 2001, both individuals and couples, was five hours. In this study we found that the average number of sessions per client was 3.4; the number of sessions per client ranged from a minimum of one to a maximum of ten.

ACCORD's approach to counselling is summarised in its Code of Ethics and Practice as follows: "Counselling is done as part of the pastoral – as distinct from the teaching – ministry of the Church. Clients are accepted regardless of religious belief (or non-belief) or moral convictions or standards, or race or colour, or gender or sexual orientation,

²⁹⁶ Leonard, 1999:16

²⁹⁷ Fromm, 1956:24

and as being unique and of worth and capable of self-determination and growth". This approach to counselling is usually described, following the works of Carl Rogers, as "client-centred" and "non-directive"²⁹⁸. It is based on the philosophy that each person has an innate capacity to resolve his or her difficulties essentially because, at the core, every person has a trustworthy positive centre which is resourceful and capable of self-direction²⁹⁹. This means that the task of the counsellor is to help clients achieve their goals and overcome their difficulties and this is best done in a therapeutic relationship where counsellors show clients unconditional positive regard, accurate empathic understanding and openness³⁰⁰. This also means that non-directive counselling is far from being directionless since the counsellor has a responsibility to be effective in terms of enabling the client to recognise alternatives to their present difficulties and seeing new opportunities for improving their life and relationships.

The quality of ACCORD's counselling services depends heavily on the selection of suitable volunteers, the provision of in-depth training and on-going support and supervision of counsellors. For this reason, ACCORD has developed extensive procedures and codes of practice to ensure that its services meet the highest standards of professional practice.

The commitment of ACCORD and its counsellors to helping clients who have relationship problems is itself indicative of the huge stake which is involved in asking the question which is at the centre of this study, namely "Does counselling help?" Counsellors no less than clients deserve that this question be given careful consideration. It is that question which we address directly in the next two chapters of the report.



Chapter 9

Changes Following Counselling



Chapter 9

Changes Following Counselling

9.1 Introduction

“Where intimate relations are concerned there is no passionate love without a tinge of hate, or hate without a thread of love. When love and hate are treated as mutually exclusive the tendency is to idealise the one and demonise the other.”

PAOLA VALERIO³⁰¹, JUNGIAN ANALYST IN PRIVATE PRACTICE IN LONDON.

The end of counselling is an important moment when individuals and couples are likely to take stock of their relationship in light of what transpired during the counselling process. The six months after counselling is also likely to be a period when the prospects of a sustained improvement in the relationship are put to the test over a longer period. For that reason, it seems appropriate to make two sets of comparisons in order to assess the changes that follow from counselling: the first is to compare pre-counselling with end-of-counselling experiences, and the second is to compare pre-counselling with post-counselling experiences, these being recorded six months after the end of counselling. This two-fold comparison will enable us to assess if there are any significant or sustained changes following counselling.

One of the issues which arise in making these comparisons is that, as we have already seen in Chapter Three, the number of clients who completed the End of Counselling questionnaire (839) was only a quarter of those who completed the Pre-Counselling questionnaire (3,457) and the number who completed the Post-Counselling questionnaire six months later (405) was only a tenth (12%) of those who completed the Pre-Counselling questionnaire. For that reason it is essential to establish if there are any significant differences between these three groups of clients at these three points in time. If there are no significant differences then it will be possible, other things being equal, to draw general inferences about the likely impacts of counselling on ACCORD clients generally; conversely, if there are significant differences, then any inferences about impacts would need to be made more circumspectly. For these reasons, we begin the analysis by comparing the characteristics of pre-counselling, end-of-counselling and post-counselling clients (Section 9.2). The chapter then documents the changes which emerged at the end of counselling and post-counselling, beginning with changes in marital quality, as measured by the Dyadic Adjustment Scale (Section 9.3). We then compare changes in stress (Section 9.4), styles of conflict resolution (Section 9.5), negative behaviours (Section 9.6) and satisfaction with sharing childcare and housework (Section 9.7). We summarise the average number of counselling sessions received by couples and individual clients (Section 9.8) as well as client perceptions of both counselling and counsellors (Section 9.9). We conclude the chapter by summarising the key findings (Section 9.10).

9.2 Clients Who Completed End of Counselling Questionnaires

The simplest way of establishing if the population of clients who completed the End of Counselling and Post-Counselling questionnaires are similar to those who completed the Pre-Counselling questionnaire is by comparing their mean scores on a number of key variables. Table 9.1 shows that clients who completed the End of Counselling and Post-Counselling questionnaires are remarkably similar in their composition to those who completed the Pre-Counselling questionnaires in terms of age, social class, subjective financial well-being and length of relationship. The only significant difference between the two groups is that women were more likely than men to complete End of Counselling and Post-Counselling questionnaires: at the Pre-Counselling stage, the ratio of women to men was 60/40 and this rose to around 70/30 at the End of Counselling and Post-counselling stages (see Chapter Three above). This small change in the gender composition of the sample will not affect the results since we analyse the responses of men and women separately.

Table 9.1 Mean Scores of Clients on Selected Variables at Pre-Counselling, End of Counselling and Post-Counselling in ACCORD, 2000-2002

Name of Variable	Men (Mean Scores)			Women (Mean Scores)		
	Pre-Counselling	End of Counselling	Post-Counselling	Pre-Counselling	End of Counselling	Post-Counselling
Age*	38.0	39.1	39.1	36.9	37.6	37.6
Social class**	3.2	3.2	3.1	3.2	3.0	3.0
Financial well-being**	2.7	2.6	2.5	2.8	2.7	2.7
Length of relationship	13.5	14.1	14.1	14.2	14.7	15.3

*Note that age goes up by the duration of the study between 2000 and 2002.

**Social class and financial well-being are expressed as means on an ordered scale to facilitate comparison.

This is a convenient and valuable result because it means that those who completed the End of Counselling and Post-Counselling questionnaires can reasonably be taken as representative of those who completed the Pre-Counselling questionnaires. In other words, we can assume that any changes identified at the end of counselling could not be attributable to differences in sample composition arising from factors such as age, social class, subjective financial well-being or length of relationship. Against this background, we now document the observed changes following counselling.

9.3 Changes in Marital Adjustment

We begin with changes in the Dyadic Adjustment Scale (DAS), since this is our core measure of relationship quality. Our first procedure is to estimate the proportion of men and women whose relationships improved, disimproved or showed no change at the end of counselling and six months after counselling. We measured improvement, disimprovement and no change by first classifying clients' DAS scores into four categories and labelling the resulting relationships as "very dissatisfied", "dissatisfied", "satisfied" or "very satisfied" as described in Chapters Three and Five above. Accordingly, movement between categories was labelled as improvement, disimprovement or no change depending on its direction. This is likely to result in some underestimation of the extent of change, since it conceals movement within categories. Given that these categories, like all categories, are sensitive to where one draws each of the thresholds, we experimented with different thresholds for separating "satisfied" from "dissatisfied" relationships (using DAS scores of 90, 95 and 100 as the cut-off points) and found no substantial difference in the proportions occupying the different categories (see Tables A9.1 to A9.4), suggesting that our classification of relationships is quite robust.

The results in Table 9.2 show that there is a clear tendency for clients to improve over the course of counselling as reflected in higher mean scores on the DAS at the end of counselling and post-counselling for both men (6.8 and 6.5) and women (6.2 and 8.5). Although around half of all clients showed no change and around a tenth showed a disimprovement, nearly four in ten men (39%) and women (39%) showed a sustained improvement in relationships following counselling. Thus, men and women tend to benefit similarly from counselling.

Table 9.2 Changes in Relationship Quality of Men and Women by End of Counselling and Post-Counselling in ACCORD, 2000-2002

Direction of Change	Men (%)			Women (%)		
	Pre-Counselling	End of Counselling	Post-Counselling	Pre-Counselling	End of Counselling	Post-Counselling
Improved	–	35	39	–	35	39
No change	–	58	49	–	54	54
Disimproved	–	7	12	–	11	7
Total	100	100	100	100	100	100
% satisfied with relationship*	18	39	50	13	28	31
Change in Mean DAS	–	6.8	6.5	–	6.2	8.5

*This includes those who are “satisfied” or “very satisfied”.

Source: Tables A9.1 and A9.2.

The key question is whether there has been a clinically significant improvement in relationships in the sense that individuals and couples have moved from being dissatisfied to being satisfied with their relationship. The answer to this question, as summarised in Table 9.2, indicates that the proportion of men and women who were “satisfied” or “very satisfied” with their relationships in the six months after counselling increased dramatically: the proportion of men nearly trebled while the proportion of women nearly doubled. At pre-counselling, almost one fifth of men (18%) were satisfied with their relationship and this rose to almost two fifths (39%) by the end of counselling and to one half (50%) by post-counselling. For women, the improvement took a similar if less dramatic trajectory with more than one in ten (13%) satisfied at pre-counselling, rising to three in ten (28%) at the end of counselling and rising again slightly (31%) by the post-counselling stage. In other words, about a third of men (32%) and a sixth of women (18%) moved from marital dissatisfaction to marital satisfaction following their experience of counselling. Thus, although both men and women experienced substantial changes in their relationships, women remain significantly less satisfied than men in their relationships partly because they also entered the counselling process significantly less satisfied than men.

The substantial movement of men and women into more satisfactory marital relationships following counselling in ACCORD is extremely encouraging even though it is less than that reported in other clinical studies of marital therapy. Our review of these studies in Chapter Two revealed that marital therapy typically results in about half of all couples “reliably moving from marital distress to marital satisfaction by the end of therapy”³⁰²; an earlier review of clinical outcome studies found that “most tested treatments report no better than 50% success”³⁰³. The results of these studies, most of which come from the US, may not be directly comparable to the results in ACCORD given the different context, including the widespread use of divorce in the US compared to Ireland. In addition, the typical profile of US clients in counselling tends to be “predominantly middle class, with an average age of 32 years and 7.5 years of marriage; 70% of the couples had at least one child”³⁰⁴; this contrasts with the profile of ACCORD clients who tend to be older (37-38 years), come from more diverse social classes, and are married for longer (13 years).

The DAS, as we have seen, is made up of four sub-scales which measure consensus, satisfaction, cohesion and affection. Table 9.3 summarises the changes in mean scores on each these sub-scales and this reveals that the two areas in which men and women experienced the most improvement in their relationships were cohesion and

302 Alexander, Holtzworth-Munroe and Jameson, 1994:613

303 Jacobson and Addis, 1993:86

304 Hahlweg and Markman, 1988

affection; “cohesion”, in the context of DAS, refers to things like having a stimulating chat or discussion, laughing together, calmly discussing something and working together on a project, while “affection” is measured by agreement about showing affection or having sex. In our analysis of relationship quality at the pre-counselling stage in Chapter Five we also found that cohesion and affection were the most unsatisfactory aspects of clients’ relationships. A particularly noteworthy aspect of the results is that women experienced a greater improvement than men in both cohesion and affection and this improvement was stronger in the six months after counselling. These results suggest that both men and women experienced a greater sense of warmth, togetherness and fun in the period following counselling.

Table 9.3 Mean Improvements in Relationship Quality of Men and Women by End of Counselling and Post-Counselling in ACCORD, 2000-2002

Percent Change in	Men		Women	
	End of Counselling	Post- Counselling	End of Counselling	Post- Counselling
Mean Scores				
% change in cohesion	14.3	11.9	21.3	25.6
% change in affection	16.9	18.3	16.7	22.6
% change satisfaction	4.5	4.1	4.7	9.9
% change in consensus	8.1	7.2	7.1	7.9
% change in total DAS	8.0	7.6	8.2	11.5

Note: The contribution of each sub-scale to the total DAS score varies considerably: consensus (65 points, 43%), satisfaction (50 points, 33%), cohesion (24 points, 16%) and affection (12 points, 8%).

9.4 Changes in Stress Levels

We saw in Chapter Five that the vast majority of clients (85%) were stressed or very stressed when they first came for counselling, as measured by the GHQ. In view of this, the changes in stress levels following counselling, as summarised in Table 9.4, are both dramatic and positive. They show significant and sustained reductions in stress for both men and women, but particularly for women. Among women, an improvement occurred for six out of ten by the end of counselling (59%), and for two thirds in the six months after counselling (66%). More than half of men experienced an improvement in stress levels both at the end of counselling (52%) and six months later (50%). Although women entered the counselling process with much higher levels of stress than men, they also experienced greater reductions in stress and the gap in stress levels had almost disappeared six months after counselling. The scale of improvement in GHQ scores is significantly above that achieved by other family support interventions in Ireland³⁰⁵, although neither the client groups nor the interventions involved may be strictly comparable.

Table 9.4 Changes in Stress Levels of Men and Women by End of Counselling and Post-Counselling in ACCORD, 2000-2002

Direction of Change	Men (%)			Women (%)		
	Pre-Counselling	End of Counselling	Post-Counselling	Pre-Counselling	End of Counselling	Post-Counselling
Improved	–	52	50	–	59	66
No change	–	40	41	–	37	27
Disimproved	–	8	9	–	4	7
Total	100	100	100	100	100	100
% stressed	75	36	33	90	41	35

Source: Table A9.5 and A9.6.

9.5 Changes in Ways of Resolving Conflict

We measured ways of resolving conflict by distinguishing between those with a ‘validating’ style (because they like to talk things out), a ‘volatile’ style (because they like to have a good row) and an ‘avoidant’ style (because they like to avoid arguments)³⁰⁶. Our analysis in Chapter Five revealed a pattern which is consistent with other studies which have documented a process of “demand-withdrawal” within unhappy marriages whereby women’s demands in a relationship, as reflected in the use of validating and volatile styles of resolving conflict, are met by their partner’s withdrawal in the face of those demands through an avoidant style of conflict resolution³⁰⁷; we speculated that this may be because the woman’s “demands” are experienced as a threat rather than an invitation and the man’s “withdrawal” is experienced as a denial rather than a difficulty or even a fear in knowing how to respond.

Our analysis in Chapter Six revealed that ways of resolving conflict have a significant influence on marital quality, especially for women, and its influence is mediated almost entirely by how one sees the partner’s style of conflict resolution rather than one’s own. For that reason, we use partner’s perceived style of conflict resolution as our indicator of change. The analysis of this variable, as summarised in Table 9.5, found quite modest changes at the end of counselling and in the subsequent six months with partners becoming a little more validating and a little less volatile, possibly because this is a deeply ingrained pattern. However, given that women are more adversely affected by this variable than men, it is significant that women perceived greater changes in men rather than vice versa.

Table 9.5 Changes in Percentage Points in Partner’s Style of Conflict Resolution As Seen By Men and Women at End of Counselling and Post-Counselling in ACCORD, 2000-2002

Style of Conflict Resolution	Men on their Partners Changes in Percentage Points		Women on their Partners Changes in Percentage Points	
	End of Counselling	Post-Counselling	End of Counselling	Post-Counselling
Validating	+5.8	+2.4	+8.4	+6.0
Volatile	-3.4	-4.7	-4.2	-6.0
Avoidant	-2.4	+2.4	-4.2	0.0

Source: Tables A9.7 and A9.8.

306 See Gottman, 1997; see also Markman, Stanley and Blumberg, 1994

307 Christensen, 1987; Heavey, Layne and Christensen, 1993; Krokoff, 1987; Margolin and Wampold, 1981; Notarius and Markman, 1989; Roberts and Krokoff, 1990

9.6 Changes in Negative Behaviours

We saw in Chapter Five that negative behaviours such as criticising, insulting and not listening are prevalent among most couples who come to ACCORD for counselling and is also part of the “demand-withdrawal” pattern. These forms of interaction are typically accompanied by negative emotions and, as our analysis in Chapter Six has shown, have a more damaging effect on relationships than any of the other variables we examined. Although these behaviours are authored more or less equally by men and women, it is the partner’s behaviour, and the way in which it is perceived, rather than one’s own which has the most damaging effect on marital quality; this, of course, is a psychological rather than a logical reality since everyone is a partner because each is both ‘self’ and ‘other’ in the relationship. Bearing this in mind, men’s experience of being criticised by their partners was found to be most damaging to their sense of the relationship while for women the experience of not being listened to by their partner was most damaging to their sense of the relationship. These findings are in line with other research on the key factors which affect the quality of intimate relationships³⁰⁸.

We begin our analysis of changes in negative behaviours by focusing on criticism by one’s partner. The results, as summarised in Table 9.6, show that more men perceived their partners as having changed than women; about a quarter of women were experienced as improving compared to less than a fifth of men. At the same time, about two thirds showed no signs of change and a tenth disimproved. Despite the improvements, these changes are substantially less than the changes observed in DAS or GHQ scores and may reflect the fact that these behaviours – and the way in which they are perceived – are not amenable to quick change. In the six months after counselling, about a fifth of men and women felt that their partner ‘usually’ criticised them; given what we know about the effects of this behaviour on marital quality, this may not be a good omen for these relationships.

Table 9.6 Changes in Criticism by Partners by End of Counselling and Post-Counselling in ACCORD, 2000-2002

Direction of Change	Men on their Partners (% Change)			Women on their Partners (% Change)		
	Pre-Counselling	End of Counselling	Post-Counselling	Pre-Counselling	End of Counselling	Post-Counselling
Improved	–	24	23	–	17	18
No change	–	66	68	–	68	71
Disimproved	–	10	9	–	15	11
Total	100	100	100	100	100	100
% usually criticised by partner	33	22	21	24	24	20

Source: Tables A9.9 and A9.10.

Turning to the negative behaviour of insulting, Table 9.7 shows that about a quarter of clients described their partners as insulting them less frequently at the end of counselling than during the period prior to counselling. It is perhaps indicative of the pace of change in this behaviour that two thirds of partners were perceived as showing no signs of change in terms of insulting following counselling. In the six months after counselling, women were twice as likely as men to experience their partners as giving insult (15% compared to 7% who feel that their partner usually insults them).

Table 9.7 Changes in Insulting by Partners by End of Counselling and Post-Counselling in ACCORD, 2000-2002

Direction of Change	Men on their Partners (% Change)			Women on their Partners (% Change)		
	Pre-Counselling	End of Counselling	Post-Counselling	Pre-Counselling	End of Counselling	Post-Counselling
Improved	–	25	28	–	21	25
No change	–	64	63	–	67	64
Disimproved	–	11	9	–	12	11
Total	100	100	100	100	100	100
% usually insulted by partner	16	13	7	13	15	15

Source: Tables A9.11 and A9.12.

Table 9.8 shows that a quarter of women experienced an improvement in their partner's willingness to listen, a significantly larger proportion than that found amongst men. No change was experienced in how the partner listens by two thirds of women and three quarters of men. In the six months after counselling, women experienced their partners as less willing to listen than men (31% of women and 19% of men had partners who usually do not listen to them).

Table 9.8 Changes in Not Listening by Partners by End of Counselling and Post-Counselling in ACCORD, 2000-2002

Direction of Change	Men (%)			Women (%)		
	Pre-Counselling	End of Counselling	Post-Counselling	Pre-Counselling	End of Counselling	Post-Counselling
Improved	–	19	10	–	26	26
No change	–	66	75	–	58	63
Disimproved	–	15	15	–	16	11
Total	100	100	100	100	100	100
% usually not listened to by partner	22	21	19	40	33	31

Source: Tables A9.13 and A9.14.

The final negative behaviour is drinking too much. We have seen that men are twice as likely as women to drink too much (Chapter Five), although the overall effect of excessive drinking on marital quality is quite modest (Chapter Six). The results, as summarised in Table 9.9, indicate that around a quarter of men (23% at end of counselling and 24% in the six months after counselling) and women (19% at end of counselling and 22% in the six months after counselling) improved in this respect. A small proportion, involving about a tenth, showed signs of deterioration, especially among women, but the majority, comprising about two thirds of men and women, showed no signs of change.

Table 9.9 Changes in Drinking Too Much by Men and Women At Pre-Counselling, End of Counselling and Post-Counselling in ACCORD, 2000-2002 (Based on Self-Report)

Direction of Change	Men (%)			Women (%)		
	Pre-Counselling	End of Counselling	Post-Counselling	Pre-Counselling	End of Counselling	Post-Counselling
Improved	–	23	24	–	19	22
No change	–	67	67	–	67	62
Disimproved	–	10	9	–	14	16
Total	100	100	100	100	100	100
% who do not drink too much*	67	72	78	81	81	84

Source: Tables A9.15 and A9.16.

Taken together these results indicate that 20% to 25% of partners were seen to improve in terms of these negative behaviours. Women were experienced as improving more in relation to criticising and insulting, whilst men were experienced as improving more in the areas of listening to their partner and excessive drinking. The overall stability of these behaviours is indicated by the fact that the majority (around two thirds) did not change and this suggests that these habitual behaviours – and the way in which they are perceived – may not be amenable to quick change. It is also worth observing that the changes in the partner's behaviour are likely to be the outcome of changes in perception as well as changes in behaviour. In these relationships, where perception of partner's behaviour is more important than perception of one's own behaviour – at least in terms of how it affects marital quality – it is inevitable that both perceptual as well as behavioural elements are involved in bringing about change as each becomes aware of the effects which their own negative behaviour is having on the other's marital quality. In this sense, change in negative behaviours is both a cognitive as well as a behavioural process.

9.7 Changes in Satisfaction with Sharing of Tasks

Our analysis in Chapter Five revealed that women do more childcare and more housework than men in about eight out of ten cases. The fact, as indicated in Chapter Four, that men are more likely than women to work full-time and work longer hours (including unsocial hours) probably has some influence on this. However, beliefs and assumptions about gender roles are also likely to play a significant role. Our analysis in Chapter Five revealed that there was a good deal of dissatisfaction with the sharing of housework and childcare, most of the dissatisfaction being expressed by women but, as we saw in Chapter Six, this is related to the overall quality of the marital relationship as well as to the actual distribution of tasks. This finding, in turn, suggests that housework and childcare, despite their very practical nature, are symbolic arenas through which the quality of the marital relationship finds expression. In other words, housework and childcare are forms of "love labour"³⁰⁹ because they act as a barometer of satisfaction in the love relationship between women and men. From a therapeutic perspective, this finding suggests that the love labour of housework and childcare is a useful mirror for reflecting on the overall quality of the relationship between men and women and for linking disputes about this work to the quality of their love rather than the quality of their work or its distribution.

In view of these findings, it is significant to observe that there were substantial improvements in the level of satisfaction with the partner's sharing of housework and childcare, particularly among women, both at the end of counselling and in the six months after counselling. This is clearly indicated in Table 9.10, which shows significant and sustained improvements in satisfaction with the partner's sharing of childcare and housework (see Tables A9.19). These improvements are on a similar scale to those experienced in the DAS scores of women. In relation to both childcare and housework, a quarter of men reported an increase in satisfaction with their partners but more than

a third of women's experienced an increase in satisfaction with their partners. In line with the association between marital satisfaction and satisfaction with one's partner's sharing of childcare and housework, it is significant to observe that, comparing pre- and post-counselling scores, up to 25% of men reported an increase in their actual share of childcare and housework (see Tables A9.20 and A9.21), but up to 40% of women expressing greater satisfaction with their partner's contribution (see Tables A9.22 and A9.23). It is of interest to note in this context that another Irish study found that while women tend to do more childcare and housework than men, the majority of women (70%) were satisfied with this arrangement³¹⁰, possibly because, unlike the population of couples coming to ACCORD, they were more satisfied with their marital relationship.

Table 9.10 Changes in Satisfaction with Partner's Sharing of Childcare Tasks by End of Counselling and Post-Counselling in ACCORD, 2000-2002

Direction of Change	Men (%)			Women (%)		
	Pre-Counselling	End of Counselling	Post-Counselling	Pre-Counselling	End of Counselling	Post-Counselling
Improved	–	23	26	–	36	40
No change	–	60	55	–	47	40
Disimproved	–	17	19	–	17	20
Total	100	100	100	100	100	100
% dissatisfied with partner's sharing of childcare tasks*	12	8	11	54	40	39

*This refers to those who are "dissatisfied" or "very dissatisfied" with their partner's sharing of childcare tasks.

Source: Table A9.17 and A9.18.

In this, as in other aspects of the couple relationship, there are elements of both stability and change. The stability is evident in that between four and five out of ten showed no change in satisfaction with their partner's sharing while up to a fifth experienced a disimprovement. Six months after counselling, one in ten men but four in ten women were dissatisfied with their partner's sharing of childcare tasks.

9.8 Counselling Sessions

Clients who come to ACCORD can be seen as individuals or couples, depending on their needs and preferences. In addition, clients who present as a couple may have individual sessions for either the man or woman or both, as well as couple sessions. Data on the number of sessions received by each category of client was collected at the end of counselling.

Table 9.11 reveals that the "average couple" coming to ACCORD received 5.4 couple sessions as well as 1.6 individual sessions for the woman and one individual session for the man. This is equivalent to eight sessions in all. A noteworthy feature of the service offered by ACCORD is that some clients received over 50 couple sessions while others received as many as 25 individual sessions.

Table 9.11 Counselling Sessions Received by Couples Attending ACCORD, 2000-2002

Couple Clients	N	Mean	Minimum	Maximum
Couple sessions	480	5.4	0	54
Individual sessions for the woman	480	1.6	0	24
Individual sessions for the man	480	1.0	0	25

Clients may also present as individuals and be offered individual sessions. We saw in Chapter Three that women were much more likely than men to come for counselling. When they present as individual clients, as Table 9.12 reveals, women receive an average of 5.3 sessions from ACCORD while men receive an average of 6.3 sessions. As in the counselling of couples, there is significant variation in the number of sessions offered with some men and women receiving up to 50 individual sessions.

Table 9.12 Counselling Sessions Received by Individual Clients Attending ACCORD, 2000-2002

Individual Clients	N	Mean	Minimum	Maximum
Individual sessions for the woman	186	5.3	0	50
Individual sessions for the man	186	6.3	0	50

9.9 Clients' Perceptions of Counselling

We measured client perceptions of counselling by asking each if, at the end of counselling, they found it beneficial to themselves, their partners, their relationships and their children. Their responses are summarised in Table 9.13 and show that about two thirds of men and women found counselling beneficial to themselves and their children while around six out of ten found it beneficial to their relationship. More than half the men thought it was beneficial to their partners but less than half the women thought it was beneficial to theirs, indicating that both men and women – but especially women – had a more negative appraisal of the benefits of counselling for their partners than they had for themselves. This confirms again how men and women tend to see and experience themselves differently from the way their partner sees and experiences them.

Table 9.13 Perceptions of the Outcome of Counselling by Men and Women At End of Counselling and Post-Counselling in ACCORD, 2000-2002

Percent Perceiving Counselling As Beneficial to:	Men		Women	
	End of Counselling	Post- Counselling	End of Counselling	Post- Counselling
Self	69	67	73	66
Partner	60	55	47	47
Relationship	62	59	55	56
Children	68	56	62	66

Source: Tables A9.24 to A9.31.

We also asked clients if counselling had been helpful in terms of the reasons which first led them to seek counselling in ACCORD. We saw in Chapter Seven that the three most important reasons why men and women sought counselling were: to decide on the future of their relationship (90%), to understand their relationship better (89%), and to understand their partner (87%). We also found slight gender differences: women are more likely to give greater importance to goals such as finding ways of coping (94%), feeling less troubled (92%), becoming aware of feelings (81%) and understanding themselves better (81%); men are more likely to give more importance to goals such as improving (89%) and preserving (82%) the relationship.

The results, as summarised in Table 9.14, indicate that the areas in which counselling was perceived to have “helped a lot” were broadly similar for men and women but with some slight differences; women experienced counselling as more helpful in terms of finding ways of coping and becoming aware of feelings whereas men found it more helpful in terms of understanding, improving and preserving the relationship and understanding their partner. These differences are consistent with our earlier finding that women were more distressed than men on entering counselling, and this may help to explain why finding ways of coping is important for this group of clients. Women also tend to have a more negative appraisal of their relationships than men, which may account for men’s greater need to understand both the relationship and their partner during the counselling process. Whatever the reasons, it is clear that men and women enter counselling for slightly different reasons but also experience it as being helpful for slightly different reasons. These patterns are not unique to this study and were found in a large British survey of over 2,000 clients who attended counselling with the RELATE organisation: “whereas women tended to want to understand themselves and their feelings, it would seem that men tended to emphasise the practical aspects of working on their relationship with partners”³¹¹.

Table 9.14 Areas Where Counselling “Helped A Lot” According to Men and Women At End of Counselling and Post-Counselling in ACCORD, 2000-2002

Areas Where Counselling	Men (%)		Women (%)	
	End of Counselling	Post-Counselling	End of Counselling	Post-Counselling
“Helped a Lot”				
Find ways of coping	42	38	48	43
Decide on future of relationship	49	45	45	42
Understand our relationship better	47	50	41	42
Understand my partner	42	45	33	32
Feel less troubled	31	38	39	37
Improve our relationship	39	42	34	36
Become aware of feelings	43	44	51	52
Understand myself better	44	53	47	49
Preserve relationship	45	43	39	38
End our relationship	12	17	14	16

Source: Tables A7.32 to A7.51.

There can be little doubt that clients’ perceptions of counselling are heavily influenced by how they evaluate their counsellor. Indeed, as we saw in Chapter Two, the effectiveness of counselling is heavily influenced by the quality of the relationship between counsellor and client; one research review reached the following conclusion: “if there could be said to be a ‘gold standard’ in MFT (Marital and Family Therapy) it would be that the quality of the client-therapist relationship is the *sine qua non* of successful therapy”³¹².

311 McCarthy, Walker & Kain, 1998:21

312 Sprenkle, Blow and Dickey, 1999:334

We measured clients' perceptions by asking them to rate their counsellor using a five-point scale comprising the categories very good, good, fair, poor and very poor, on each of the following qualities: attentive, responsive, warm, consistent, interested, helpful, accepting, affirming, positive, encouraging, understanding, genuine, good humoured, intelligent, broad-minded, sensitive, respectful and supportive. If we take the average of responses to these questions as a summary indicator, we find that more than nine out of ten (94%) clients experienced their counsellor as good or very good (Table 9.15). This is indicative of a strong "therapeutic alliance"³¹³ and suggests that counsellors show, and are experienced as showing, what Carl Rogers regarded as the three key elements in therapeutic relationships: unconditional positive regard, accurate empathic understanding and openness³¹⁴.

Table 9.15 Perceptions of Counsellors by Men and Women Clients at End of Counselling in ACCORD, 2000-2002

Scale	Men (%)	Women (%)
Very good	69	75
Good	25	19
Fair	5	5
Poor	1	1
Very poor	0	0
Total	100	100

Source: Table A7.52.

9.10 Summary and Conclusion

“Perhaps love is a world of strange spirits who at times take up their abode in men [and women], subduing them to themselves, making them tools for the accomplishment of their inscrutable purposes.”

PIOTR DEMIANOVICH OUSPENSKY³¹⁵, (1878-1947), RUSSIAN MATHEMATICIAN AND PHILOSOPHER.

This chapter identified the key changes experienced by clients following counselling by making two sets of comparisons: first we compared their pre-counselling with their end-of-counselling experiences; second we compared their pre-counselling with their post-counselling experiences six months after counselling ceased. Before making these comparisons, we established that the population of clients who completed the End of Counselling and Post-Counselling questionnaires were remarkably similar to those who completed the Pre-Counselling questionnaires in terms of age, social class, subjective financial well-being and length of relationship. This is a convenient and valuable result because it means that we can safely assume that any changes identified at the end of counselling are not attributable to differences in age, social class, subjective financial well-being or length of relationship between the different samples.

Against this background, we analysed changes in marital adjustment using the Dyadic Adjustment Scale (DAS) since this is our core measure of relationship quality. Our analysis revealed that there was a substantial and sustained improvement in the relationships of both men and women following counselling. This is indicated by the fact that

313 Miller, Duncan and Hubble, 1997:Ch.4; Sprenkle, Blow and Dickey, 1999; Howe, 1999

314 Rogers, 1957

315 Ouspensky, 1920:168

more than a third of men and women (35%) experienced an improvement in their relationship at the end of counselling and this tended to improve even more in the six months following counselling (39%). Thus, in terms of changes in relationship quality, men and women tend to benefit similarly from counselling.

A key question is whether there has been a clinically significant improvement in the sense that individuals and couples have moved from being dissatisfied to being satisfied with their relationship. The answer to this question indicates that about a third of men (32%) and a sixth of women (18%) moved from marital dissatisfaction to marital satisfaction following their experience of counselling. The substantial movement of men and women into more satisfactory marital relationships following counselling in ACCORD is extremely encouraging even though it is less than that reported in other clinical studies of marital therapy³¹⁶.

The DAS, as we have seen, is made up of four sub-scales which measure consensus, satisfaction, cohesion and affection. Analysis of changes in these sub-scales revealed that the two areas in which men and women experienced greatest improvement in their relationship were cohesion and affection; “cohesion”, in the context of DAS, refers to things like having a stimulating chat or discussion, laughing together, calmly discussing something, working together on a project, while “affection” is measured by agreement on showing affection or having sex. A particularly noteworthy aspect of the results is that women experienced a greater improvement than men in both cohesion and affection and this improvement was stronger in the six months after counselling. These results suggest that men and women experienced an increased sense of warmth, togetherness and fun in their relationships in the period following counselling.

Given that the vast majority of clients (85%) were stressed or very stressed when they first came for counselling, the changes in stress levels following counselling are both dramatic and positive. Among women, an improvement occurred for six out of ten at the end of counselling (59%), rising to two thirds six months later (66%). For men, more than half experienced an improvement in stress levels both at the end of counselling (55%) and six months later (53%). Although women entered the counselling process with much higher levels of stress than men, they also experienced greater improvements and, by six months after counselling, the gap in stress levels had almost disappeared. The scale of improvement in stress levels is significantly higher than that achieved by other family support interventions in Ireland³¹⁷.

We measured ways of resolving conflict by distinguishing between individuals with a ‘validating’ style (because they like to talk things out), a ‘volatile’ style (because they like to have a good row) and an ‘avoidant’ style (because they like to avoid arguments)³¹⁸. We found quite modest changes at the end of counselling and in the subsequent six months, with survey respondents becoming a little more validating and a little less volatile, possibly because this is a deeply ingrained pattern. However, given that women are more adversely affected by their partners’ conflict style than men, it is significant that women perceived their partners as having changed more than men.

We know that negative behaviours such as criticising, insulting and not listening are prevalent among most couples who come to ACCORD for counselling and that they have the most damaging effect on their relationships. Although these behaviours are authored more or less equally by men and women, it is the partner’s behaviour rather than one’s own which has the most damaging effect on marital quality; this, of course, is a psychological rather than a logical reality since everyone is a partner because each is both ‘self’ and ‘other’ within the relationship. Bearing this in mind, our analysis indicated that 20% to 25% of partners were seen to improve in terms of these negative behaviours. Women were experienced as improving more in the areas of being less critical and insulting while men were experienced as improving more in the areas of listening to their partner and drinking. The overall stability of these behaviours is indicated by the fact that the majority (around two thirds) of people did not change and this suggests that these habitual behaviours – and the way in which they are perceived – may not be amenable to quick change. It is also worth noting that changes observed in the partner’s behaviour are likely to be the outcome of changes in perception as well as changes in actual behaviour. In these relationships, where perception of partner’s behaviour is more important than perception of one’s own behaviour – at least in terms of how it affects marital quality – it is inevitable that both perceptual as well as behavioural elements are involved in bringing about change as each becomes aware of the effects which their own negative behaviour is having on the other’s marital quality. In this sense, changes in negative behaviour is both a cognitive as well as a behavioural process.

316 Alexander, Holtzworth-Munroe and Jameson, 1994:613; Jacobson and Addis, 1993:86

317 McKeown, Haase and Pratschke, 2001:64; Moukaddem, Fitzgerald and Barry, 1998

318 See Gottman, 1997; see also Markman, Stanley and Blumberg, 1994

In an earlier chapter we found that women do more childcare and more housework than men in about eight out of ten cases (see Chapter Five). The fact that men are more likely than women to work full-time and to work longer hours (including unsocial hours) probably has some influence on this, but beliefs and assumptions about gender roles are also likely to play a significant role (see Chapter Four). Our analysis revealed that there was a good deal of dissatisfaction with the sharing of housework and childcare, most of it expressed by women. In view of this, it is significant to find that there were substantial improvements in the level of satisfaction with the partner's sharing of childcare and housework, particularly among women, both at the end of counselling and in the six months after counselling. The improvements for women are on a similar scale to those experienced in their DAS scores. In the areas of both childcare and housework, men's satisfaction with their partners increased by about a quarter but women's increased by over a third. This finding is significant given that dissatisfaction with one's partner in sharing childcare and housework is related to the overall quality of the marital relationship more strongly than to the actual distribution of these tasks (see Chapter Six). In other words, housework and childcare, despite their very practical nature, seem to be symbolic arenas through which the quality of the marital relationship finds expression; they are forms of "love labour"³¹⁹ because they act as a barometer of satisfaction in the love relationship between women and men. From a therapeutic perspective, this suggests that the love labour of childcare and housework is a useful mirror for reflecting on the overall quality of the relationship between men and women and for linking disputes about this work to the quality of their love rather than the quality of their work or its distribution. Interestingly, another Irish study also found that while women tended to do more childcare and housework than men, it also found that the majority of women (70%) were satisfied with this arrangement³²⁰, possibly because, unlike the population of couples coming to ACCORD, they were more satisfied with their marital relationship.

Clients who come to ACCORD can be seen as individuals or couples, depending on their needs and preferences. In addition, clients who present as a couple may have individual sessions as well as couple sessions. The results indicate that the "average couple" coming to ACCORD received 5.4 couple sessions as well as 1.6 individual sessions for the woman and one individual session for the man. This is equivalent to eight sessions in all. A noteworthy feature of the sessions offered by ACCORD is that some received over 50 couple sessions while others received as many as 25 individual sessions.

Clients may also present as individuals and be offered individual sessions. When they present as individual clients, women receive an average of 5.3 sessions from ACCORD while men receive an average of 6.3 sessions. As in the counselling of couples, there is significant variation in the number of sessions offered with some men and women receiving up to 50 individual sessions.

We measured the clients' perceptions of counselling and found that about two thirds of both men and women experienced counselling as beneficial to themselves and to their children, while around six out of ten found it beneficial to their relationship. More than half of men thought it was beneficial to their partners but less than half of the women thought this, indicating that both men and women – but especially women – had a more negative appraisal of the benefits of counselling for their partners than for themselves. This confirms a pattern identified throughout the report, namely that people tend to see themselves differently from the way their partner sees and experiences them.

The results show that the areas in which counselling was perceived to have "helped a lot" were broadly similar for men and women but there were slight differences; women experienced counselling as more helpful in terms of finding ways of coping and becoming aware of feelings whereas men found it more helpful in terms of understanding, improving and preserving the relationship and understanding their partner. These differences are consistent with our earlier finding that women were more distressed than men on entering counselling and this might explain why finding ways of coping is important for women. Women also have a more negative appraisal of the relationship than men, which may account for men's greater need to understand both their relationship and their partner during the counselling process. Whatever the reasons, it is clear that men and women enter counselling for slightly different reasons but also experience it as helpful for slightly different reasons. A similar study of counselling in the UK came up with a similar finding³²¹.

319 Lynch and McLaughlin, 1995

320 Kiley, 1996

321 McCarthy, Walker & Kain, 1998:21

We also measured client perceptions of counsellors in terms of the following qualities: attentive, responsive, warm, consistent, interested, helpful, accepting, affirming, positive, encouraging, understanding, genuine, good humoured, intelligent, broad-minded, sensitive, respectful and supportive. The results indicate that more than nine out of ten (94%) clients experienced their counsellor as good or very good on average. This is indicative of a strong “therapeutic alliance”³²² and suggests that counsellors show, and are experienced as showing, what Carl Rogers regarded as the three key elements in therapeutic relationships: unconditional positive regard, accurate empathic understanding and openness³²³.

Overall, the results indicate that clients showed significant and sustained improvements in three areas of their lives following counselling. The first involved reductions in stress among five out of ten men and six out of ten women. The second involved improvements in the quality of marital relationships by about four out of ten men and women. The third involved improvements in satisfaction with partner’s share of housework and childcare among over a third of women and a quarter of men. Beyond this, there were also reductions in terms of criticising, insulting and not listening to one’s partner among about a fifth of men and women. These improvements occurred following an average of about eight counselling sessions per couple and in the context of a very positive experience of both the counsellor and the counselling process. Some of the changes – such as the reduction in stress – exceed those achieved by other types of intervention³²⁴ while others – such as the improvement in marital quality – are lower than those reported in other studies³²⁵. Overall, however, the results are positive and indicate that significant and sustained improvements were experienced by more than a third of clients in the period following counselling with ACCORD. We now turn to an examination of how this improvement occurred.



322 Miller, Duncan and Hubble, 1997:Ch.4; Sprenkle, Blow and Dickey, 1999; Howe, 1999

323 Rogers, 1957

324 McKeown, Haase and Pratschke, 2001:64; Moukaddem, Fitzgerald and Barry, 1998

325 Alexander, Holtzworth-Munroe and Jameson, 1994:613; Jacobson and Addis, 1993:86



Chapter 10

How Do Marriages Change After Counselling?



How Do Marriages Change After Counselling?

10.1 Introduction

“To love someone is to need them and to be dependent upon them, and therefore to hate them when they frustrate us, as they inevitably do, and to hate the fact of our dependence. ... Mature love has a fundamental respect for reality ... which means tolerating, even celebrating, the fact of difference, doubt and imperfection and above all else the reality of personal dependence and need.”

SUE GOTLIEB³²⁶, LONDON-BASED PSYCHOANALYTIC PSYCHOTHERAPIST.

The improvement in well-being which followed counselling in ACCORD, particularly the improvements in marital quality and stress levels described in Chapter Nine, raises the question as to how these improvements were brought about. This is an important question because it seeks to find if there are any typical pathways by which clients move towards greater well-being in their relationships; the discovery of these pathways could be of considerable help in clarifying the appropriateness of different helping strategies within counselling. That is the question which we address in this chapter. We do this by analysing the factors associated with changes in marital quality (as measured by the Dyadic Adjustment Scale – DAS) and changes in stress levels (as measured by the General Health Questionnaire – GHQ). We compare clients at three points in time – pre-counselling, end of counselling and six months after counselling (which we refer to as post-counselling) – using a statistical technique called Structural Equation Modelling, which will be described in the next section (Section 10.2). We then report the results of this analysis by describing the factors which influence changes in marital quality (Section 10.3) and changes in stress levels (Section 10.4) and then conclude with a summary of the key findings (Section 10.5).

10.2 The Statistical Analysis

We use a technique called Structural Equation Modelling³²⁷ to analyse the impact of counselling on the DAS and GHQ scores of clients who came to ACCORD for counselling between 2000 and 2002. The Structural Equation Model uses regression equations to simultaneously estimate the association of each independent variable with our dependent variables – DAS scores and GHQ scores – at pre-counselling, end of counselling and post-counselling. The strength of the relationships depicted in the model is measured by a standardised regression coefficient which expresses change in a common metric (standard deviation units); a coefficient between 0.0 and 0.25 indicates a small effect, between 0.25 and 0.5 a moderate effect, and above 0.5 a large effect. Positive regression coefficients indicate a direct relationship (i.e. high values on the first variable co-occur with high values on the second variable), whilst those with a minus sign indicate an inverse relationship. Because the regression coefficients are standardised they can be compared with each other. Each regression coefficient measures the impact of a given variable, controlling for all other variables which affect the outcome measure. The overall fit of the model to the data is estimated in Structural Equation Modelling using statistics which measure its ‘goodness of fit’ and are designed to test whether

326 Gotlieb, 2002:68-70

327 See Kaplan, 2000

the model provides an adequate representation of the data in statistical terms. A computer programme called EQS was used to estimate the model and to calculate the coefficients.

One of the key advantages of this method of analysis is that it allows us to overcome the limitation of not having a control or comparison group; this limitation would otherwise prevent us from assessing the impact of counselling. This limitation can be overcome, at least in part, by controlling for the separate influence of a range of variables so that, for example, we estimate the impact of counselling sessions on the DAS and the GHQ while controlling for other influences. In other words, we can estimate the impact of counselling sessions independently of the influence of any other variable. At the same time, the model examines the influence of a range of variables on DAS and GHQ scores before and after counselling. In this way, it is possible to assess the extent to which changes in DAS and GHQ may be due to counselling (as measured by number of counselling sessions), other variables (such as changes in how one perceives one's partner, etc.) or indeed factors for which there is currently no information in the evaluation system (measured by the 'error' or 'disturbance' term). Because we control for the influence of earlier scores on later scores in these longitudinal models, all influences on marital quality or stress at end of counselling and post-counselling indicate the determinants of change in these variables. Thus, the models provide insights into the situation prior to counselling as well as the determinants of change during and after counselling. The results of our Structural Equation Models are presented graphically in the form of a path diagram, so-called because the diagram traces the path of influence of each variable. We now turn to the analysis of results.

10.3 Influences on Marital Quality

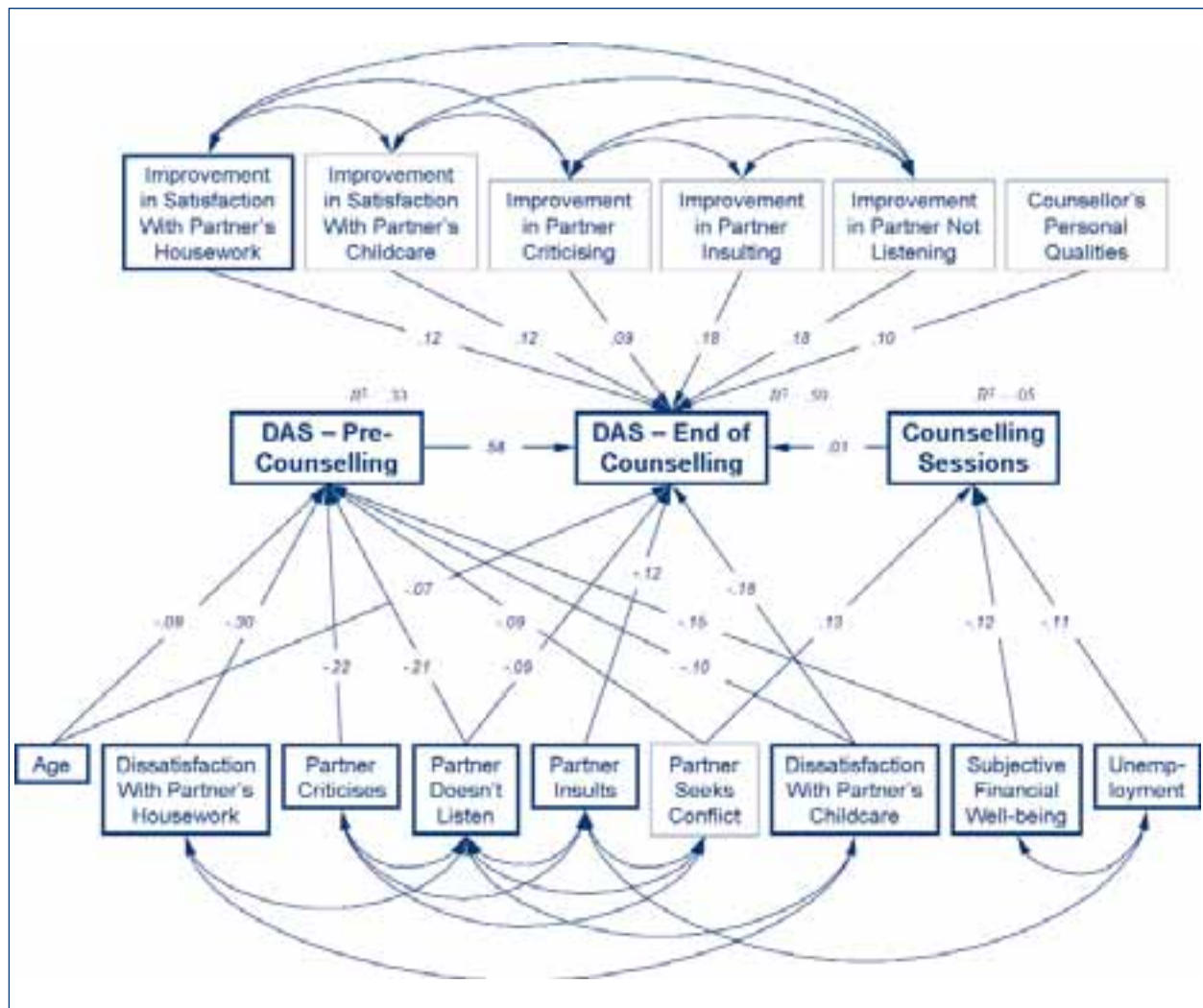
The variables or factors that influence marital quality before counselling and the change in marital quality during and after counselling are summarised graphically in Figures 10.1 and 10.2. Figure 10.1, which is based on a sample size of 642 individuals (69% women and 31% men), focuses on the situation at pre-counselling and end of counselling, while Figure 10.2, which is based on a sample size of 267 individuals (72% women and 28% men), focuses on the situation at pre-counselling, end of counselling and post-counselling. The sample size is determined entirely by the requirement of having a complete set of data on every client at each of the different points in time. It is for this reason that we have constructed two separate models – Figures 10.1 and 10.2 – so as to extract maximum explanatory power from the available data. In both models, all of the variables, with the exception of counselling sessions, have a statistically significant effect on DAS scores. The fit of the models to the data is excellent (in Figure 10.1, CFI = 0.98 and SRMR = 0.05; in Figure 10.2, CFI = 0.97 and SRMR = 0.07, these being close to their optimal values). This gives us confidence that important relationships between variables in the model have not been omitted. Given that the central focus of the analysis is improvement in marital quality, we excluded those individuals who stated that an important reason for going to counselling was to end their relationship, since an improvement in marital quality may not be an appropriate measure of success for this sub-group of clients.

It is clear from Figures 10.1 and 10.2 that both samples (i.e. the sample containing individuals who responded to only the pre-counselling and end of counselling questionnaires, and that containing individuals who responded to all three questionnaires) give very similar results and this adds to our confidence that the statistical associations identified are real and robust. In addition, the models explain much of the variance in marital quality, particularly Figure 10.2, where 72% of the variance in post-counselling DAS scores is explained ($R^2 = 0.72$ at post-counselling).

The results indicate that the two main factors associated with changes in marital quality following counselling are perceptions of negative behaviours by partners and satisfaction with the partner's task-sharing. These are also the two main factors associated with marital quality prior to counselling, but since this has been exhaustively analysed in Chapter Six using a larger data set, we will confine the discussion in this chapter to factors which promote change following counselling.

It is worth drawing attention to the fact, as revealed through the regression analysis in Chapter Six and through an inspection of correlation coefficients, that perceptions of the partner rather than perceptions of oneself, are more closely associated with marital quality. For this reason, the analysis in this chapter uses partner perceptions rather

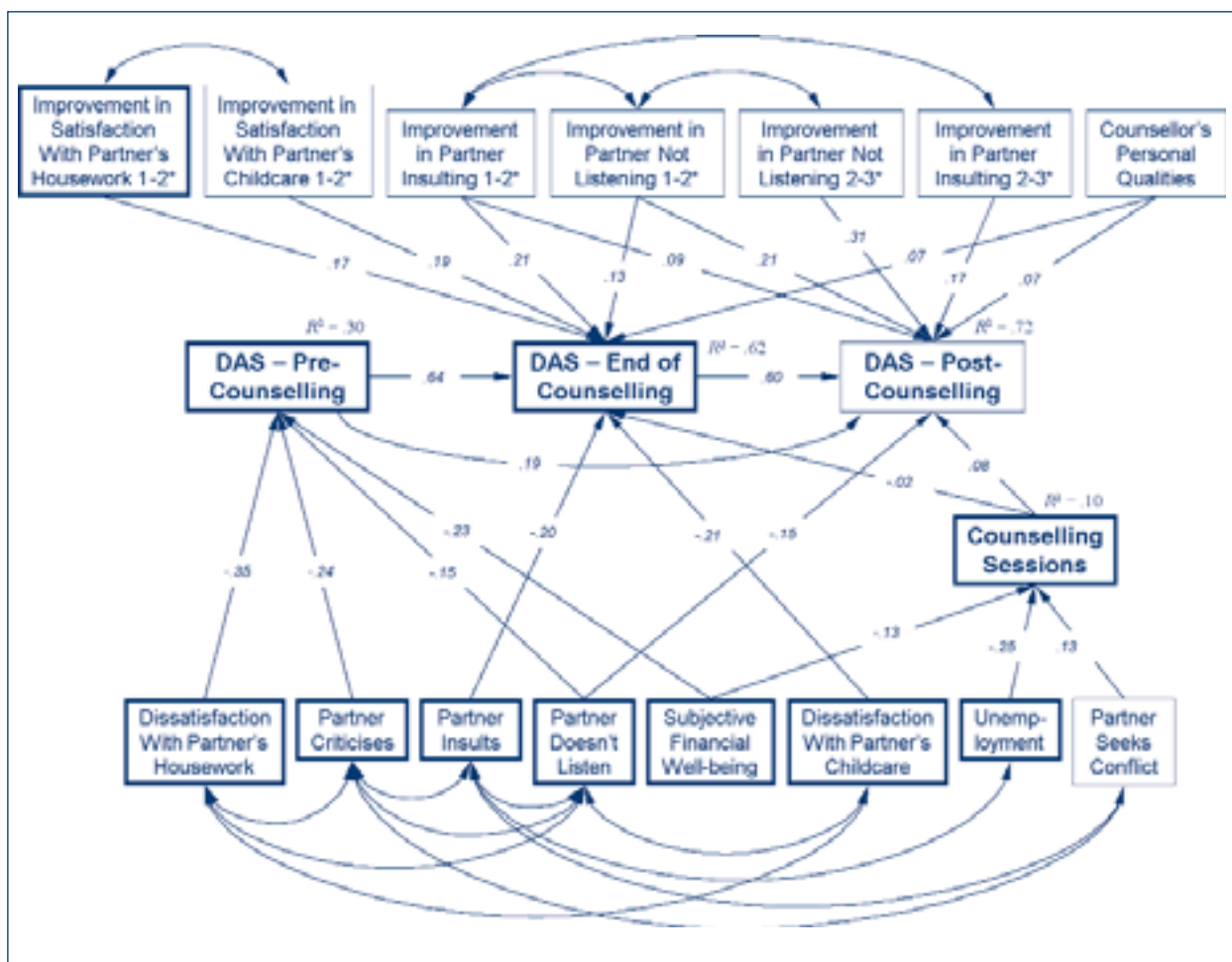
Figure 10.1 Influences on Marital Quality Prior to Counselling and on Changes in Marital Quality by End of Counselling in ACCORD, 2000-2002



than self-perceptions since this is likely to offer a more robust explanation of changes in marital quality. The significance of this from a counselling perspective is that individuals in these relationships seem, either implicitly or explicitly, to attribute more blame to their partners than to themselves for their marital difficulties; conversely, each may be less aware of the consequences which their own, rather than their partner's, behaviour is having on the relationship.

We will now provide a detailed analysis of the factors which promoted change following counselling. These include the two main factors, namely partner's negative behaviours (Section 10.3.1) and dissatisfaction with the partner's sharing of housework and childcare (Section 10.3.2). They also include subjective financial well-being (Section 10.3.3), age (Section 10.3.4) and the personal qualities of the counsellor (Section 10.3.5). Finally, we discuss the influence of counselling sessions (Section 10.3.6) as well as the factors which exercised no statistically significant influence on changes in marital quality (Section 10.3.7).

Figure 10.2 Influences on Marital Quality Prior to Counselling and on Changes in Marital Quality by End of Counselling and Post-Counselling in ACCORD, 2000-2002



* Pre-Counselling, End of Counselling and Post-Counselling are identified as waves 1, 2 and 3 in these variables. 'Improvement in Partner Insulting 1-2' therefore refers to the change between Pre-Counselling and End of Counselling, etc..

10.3.1 Partner's Negative Behaviours

We use the term negative behaviours to refer to criticism, insults and not listening, because other research suggests that these behaviours, and the negative emotions associated with them, are key risk factors which threaten marriages³²⁸. Drawing on the pre-counselling experiences of clients in Chapter Six, we found that perceptions of partners as behaving in these ways had a more negative effect on the relationship than any other variable, with men being more hurt when criticised by their partners and women being more hurt when their partners did not listen to them. By contrast, the client's own use of these behaviours was not associated with their own evaluations of marital quality.

An inspection of Figures 10.1 and 10.2 indicates that negative behaviours influence changes in marital quality during counselling and six months later. These behaviours are also highly inter-related which means that they rarely occur in isolation; criticism and insulting usually go together and both are often associated with not wanting to listen to what the partner has to say. Similarly, improvements in criticism, insulting and listening tend to occur in tandem. Changes in these behaviours had a statistically significant influence on changes in marital quality, and the direction of this influence is indicated by the sign before each regression coefficient in Figures 10.1 and 10.2: perceived improvements in the partner's ability to listen are associated with an increase in marital satisfaction (.18), as are

improvements in criticising (.09) and insulting (.18). These results are consistent with our analysis of these relationships in Chapter Six and are also consistent with the findings of other research³²⁹.

A key question in this context is how the partner changes during and after counselling, since this is crucial to the improvement in marital quality. Clearly, there may be a change in the actual behaviour of the partner or a change in how the partner is perceived or indeed a combination of both. It is not easy to test these different components, however, since we have no objective measure of 'actual' behaviour apart from reports by 'self' and 'partner' on these behaviours. Both of these are valid but, as we saw in Chapter Five, men and women sometimes see and experience themselves quite differently to the way in which their partner sees and experiences them. In the course of counselling, both types of change are likely to occur. As a result, the partner's behaviour may give less offence but equally, as a result of changes in perception, less offence may be taken from that behaviour. This suggests that both cognitive and behavioural processes are at work, and the balance of these processes is likely to vary from one relationship to another. This, in turn, suggests that the role of counselling may be to trigger and support these cognitive and behavioural processes.

10.3.2 Satisfaction with Partner's Sharing of Tasks

We saw in Chapter Nine that there were substantial improvements in satisfaction with partners' sharing of housework and childcare, particularly among women, both at the end of counselling and in the six months after counselling. Whilst men's satisfaction with their partners increased by about a quarter, women's increased by over a third. We also know from Chapter Six that dissatisfaction with the partner's sharing of childcare and housework is related to the overall quality of the marital relationship more strongly than to the actual distribution of these tasks. That finding is reinforced by Figures 10.1 and 10.2, which show that changes in marital quality during counselling are influenced by satisfaction with the partner's sharing of childcare prior to counselling (-.18 in Figure 10.1) and by changes in satisfaction ratings during counselling (.12 for both housework and childcare). The figures also reveal a correlation of 0.67 between satisfaction with sharing housework and satisfaction with sharing childcare, which may help to explain why satisfaction with housework is influential at the pre-counselling stage whereas satisfaction with childcare is influential at the end of counselling.

As with changes in negative behaviours, changes in satisfaction with the partner's sharing of housework and childcare may have both cognitive and behavioural elements. We illustrated this in Chapter Nine when, after comparing pre-counselling and post-counselling scores, we found that up to 25% of men increased their actual share of childcare and housework, but up to 40% of women were more satisfied with their partner's contribution. The counselling process seems to have enabled this to happen, by providing a forum of communication where perceptions of self and partner can be heard and, as a result of this, a less negative perception of the partner becomes possible.

Figures 10.1 and 10.2 also show that there is a statistically significant correlation between dissatisfaction with partner's sharing of housework and childcare on the one hand, and the partner's negative behaviours, on the other (these correlations vary around 0.20). This suggests that a two-way negative process is probably at work whereby partners who are experienced as criticising, insulting or not listening are also judged negatively in terms of their contribution to housework and childcare. Conversely, dissatisfaction with the partner's sharing of housework and childcare may open the door to negative appraisals of the partner's other behaviours, including perceived criticism, insults and not listening. The systemic inter-linking of negative behaviours and dissatisfaction with task-sharing suggests that change in one set of variables is likely to induce change in the other. From a counselling perspective, this suggests that the appropriate starting point will depend on the most pertinent issues for each couple or individual, since improvements in one or other area are likely to lead to improvements in marital quality.

10.3.3 Subjective Financial Well-Being

We measured the subjective financial well-being of clients by asking each to describe their financial position using one of the following terms: well off, comfortable, making ends meet, finding it difficult to manage, in serious difficulties. The results, as reported in Chapter Four, indicate that 12% were finding it difficult to manage and 3% were

in serious difficulties. Despite the relatively small proportions in financial difficulties – at least compared to Ireland as a whole, where 40% of ‘objectively-poor’ households³³⁰ have “extreme difficulty” making ends meet, compared to 15% of non-poor households³³¹ – Chapter Six revealed that this variable had a negative effect on marital quality. This result is confirmed by Figures 10.1 and 10.2, where financial difficulties have a negative effect on marital quality at pre-counselling (-.15 in model 10.1), but interestingly no influence on changes in marital quality.

10.3.4 Age

The average age of clients coming to ACCORD is 37 for women and 38 for men. In general, research on marriage and family therapy suggests that counselling is more effective with younger clients³³². The results in Figure 10.1 tend to support this, although the effect is small. These results show that older clients had more unsatisfactory relationships prior to counselling (-.09 in Figure 10.1), and that they tended to experience smaller improvements following counselling (-.07). Since our analysis also found that length of relationship had no effect on marital satisfaction, this means that the more unsatisfactory relationships of older people is not due to the length of their relationship, although it may be associated with marital problems of longer duration.

10.3.5 Counsellors’ Personal Qualities

We measured the counsellors’ personal qualities by asking clients to rate their counsellor, using a five-point scale comprising the categories, very good, good, fair, poor, very poor, on each of the following qualities: attentive, responsive, warm, consistent, interested, helpful, accepting, affirming, positive, encouraging, understanding, genuine, good humoured, intelligent, broad-minded, sensitive, respectful and supportive. The results, as reported in Chapter Nine, indicate that more than nine out of ten (94%) clients experienced their counsellor as good or very good on the sum of these qualities. In Figures 10.1 and 10.2, we see that the personal qualities of the counsellor had a small but statistically significant influence on the change in marital quality between the beginning of counselling and the end of counselling, and between the end of counselling and six months later (.07 in both cases). This result is consistent with other research, as reviewed in Chapter Two, which shows that therapeutic outcomes are strongly influenced by the therapeutic relationship. In particular, it is consistent with the growing number of studies which find that clients’ ratings of the therapeutic alliance, rather than therapists’ perceptions of that relationship, are more highly correlated with outcome³³³. Although Freud wrote of the importance of the therapeutic relationship – especially the role of transference and counter-transference³³⁴ – the work of Carl Rogers may be more influential, particularly within ACCORD, in emphasising the need to show unconditional positive regard for clients as well as accurate empathic understanding and openness³³⁵.

We also analysed the influence of counsellor’s professional characteristics on changes in marital quality at the end of counselling and six months later. We focused in particular on their years of experience as a counsellor and the extent to which additional training had been undertaken over and above the basic training offered by ACCORD. Our analysis found that neither of these variables had any statistically significant influence on the outcome of counselling, a finding which, while counter-intuitive, is not without precedent. For example, one review of studies on the impact of training concluded that there was “little more than small differences in effectiveness between experienced, well-trained practitioners and less experienced non-professional therapists. ... Rather than professional training or experience, it looks as though differences in personal qualities make some therapists more helpful”³³⁶. It appears then that the effectiveness of counselling in ACCORD is more affected by the personal qualities of counsellors rather than by their professional training or experience; this does not imply that training per se is unimportant, but it does imply that additional training over and above the basic training does not have a significant effect on outcome. We also found that the gender of counsellors had no effect on outcomes.

10.3.6 Counselling Sessions

Clients who come to ACCORD can be seen as individuals or couples, depending on their needs and preferences. We saw in Chapter Nine that the “average couple” coming to ACCORD received 5.4 couple sessions as well

330 A poor household in this context is defined as a household which is: (i) living on less than 60% of average disposable household income which, in 1997, amounted to IR£328 and (ii) does not have certain basic socially defined necessities. In 1997, 10% of the Irish households were found to be poor according to this definition (Callan et al., 1999:40).

331 See Callan, Layte, Nolan, Watson, Whelan, Williams and Maitre, 1999:47-48

332 Sprenkle, Blow and Dickey, 1999:332

333 Horvath and Luborsky, 1993; Orlinsky, Graw, and Parks, 1994

334 Freud, 1958; 1966

335 Rogers, 1957

336 Tallman and Bohart, 1999:96-9; see also McLennan, 1999

as 1.6 individual sessions for the woman and one individual session for the man. This is equivalent to eight sessions in all.

The analysis in Figures 10.1 and 10.2 reveals that clients who were unemployed or experiencing financial difficulties received fewer counselling sessions than others, suggesting that financial position may create obstacles to participation. The analysis also reveals that the number of counselling sessions received had no statistically significant influence on changes in marital quality. The reason for this can be seen from a more detailed inspection of the data on how the number of sessions is related to changes in DAS scores. This data is summarised in Table 10.1 and shows that mean DAS scores improved consistently for each group of clients who received up to eight counselling sessions; clients who received more than eight counselling sessions showed a much smaller improvement and clients who received 23-55 sessions showed almost no additional improvement. It is clear, therefore, that counselling sessions are associated with changes in DAS for up to eight sessions, but the association is much weaker after eight sessions, and this may explain why no overall statistical association is detected. Most clients (74%) received up to eight counselling sessions.

Table 10.1 Number of Counselling Sessions and Associated Changes in DAS Scores in ACCORD, 2000-2002

No. of Counselling Sessions	Changes in Mean DAS Scores	% of Clients in this Category (N=735)
1-2	3.0	19
3-4	5.7	19
5-6	8.7	23
7-8	7.9	13
9-10	1.3	8
11-16	10.0	13
17-22	8.9	3
23-55	6.0	2

This is an important result, because it suggests that, in the generality of cases coming to ACCORD, eight counselling sessions is an upper limit on effectiveness; clients show much less change after eight sessions and a decision to offer more than eight sessions would seem to require exceptional circumstances to justify it. This result also implies that not every client requires eight sessions and many achieved considerable change with less. In other words, eight sessions is an upper limit only; smaller numbers of sessions may be appropriate whereas in the generality of cases, larger numbers of sessions are likely not to be justified.

This result is broadly in line with other research, including one large meta-analytic study which drew upon research from a 30-year period covering 2,431 clients, and found that approximately 50% of clients improved measurably after eight sessions and 75% improved after twenty six sessions, thus suggesting a diminishing return from additional treatment³³⁷. In the specific area of marital research, a British study found considerable benefits after just one session with diminishing benefits as the number of sessions increased³³⁸. The latter study suggested an upper limit of 10 sessions as a way of coping with waiting lists, since this would facilitate an increase in the number of couples who were assisted without causing a significant diminution in the quality of service³³⁹.

10.3.7 Factors Having No Influence on Marital Quality After Counselling

Our analysis tested the influence of a large number of independent variables on the changes observed in marital quality by the end of counselling and six months later. From this analysis we found that a number of variables had

337 Kopta, Howard, Lowry, & Beutler, 1992

338 McCarthy, Walker & Kain, 1998:72

339 *ibid*:99

no statistical influence, including gender, length of relationship, working hours, social class, subjective financial well-being, drinking, unfaithfulness, use of force and style of conflict resolution. As already indicated, we also found that the professional characteristics of counsellors, notably their experience and additional training, had no impact on the outcome of counselling and nor did their gender. Globally speaking, these results mean that counselling is an effective response to marital difficulties across a wide range of circumstances. It also means that these variables are not part of the engine which changes relationships towards greater marital satisfaction; as such, they should not be a major focus of attention in developing counselling strategies for the generality of cases coming to ACCORD.

10.4 Influences on Stress Levels after Counselling

The dramatic reductions observed in stress levels following counselling raise the question as to how these were brought about. Part of the answer to that question is graphically summarised in Figures 10.3 and 10.4. Figure 10.3, which is based on a sample size of 642 individuals (69% women and 31% men), analyses pre-counselling and end of counselling data while Figure 10.4, which is based on a sample size of 267 individuals (72% women and 28% men), extends the analysis to include post-counselling data. In both models, all of the variables - with the exception of counselling sessions – have a statistically significant effect. The fit of the models to the data is excellent (in Figure 10.3, CFI = 0.99 and SRMR = 0.04; in Figure 10.4, CFI = 0.97, SRMR = 0.07, these being close to their optimal values). This gives us confidence that important relationships between variables in the model have not been omitted.

Figure 10.3 Influences on Stress Levels Prior to Counselling and on Changes in Stress Levels by End of Counselling in ACCORD, 2000-2002

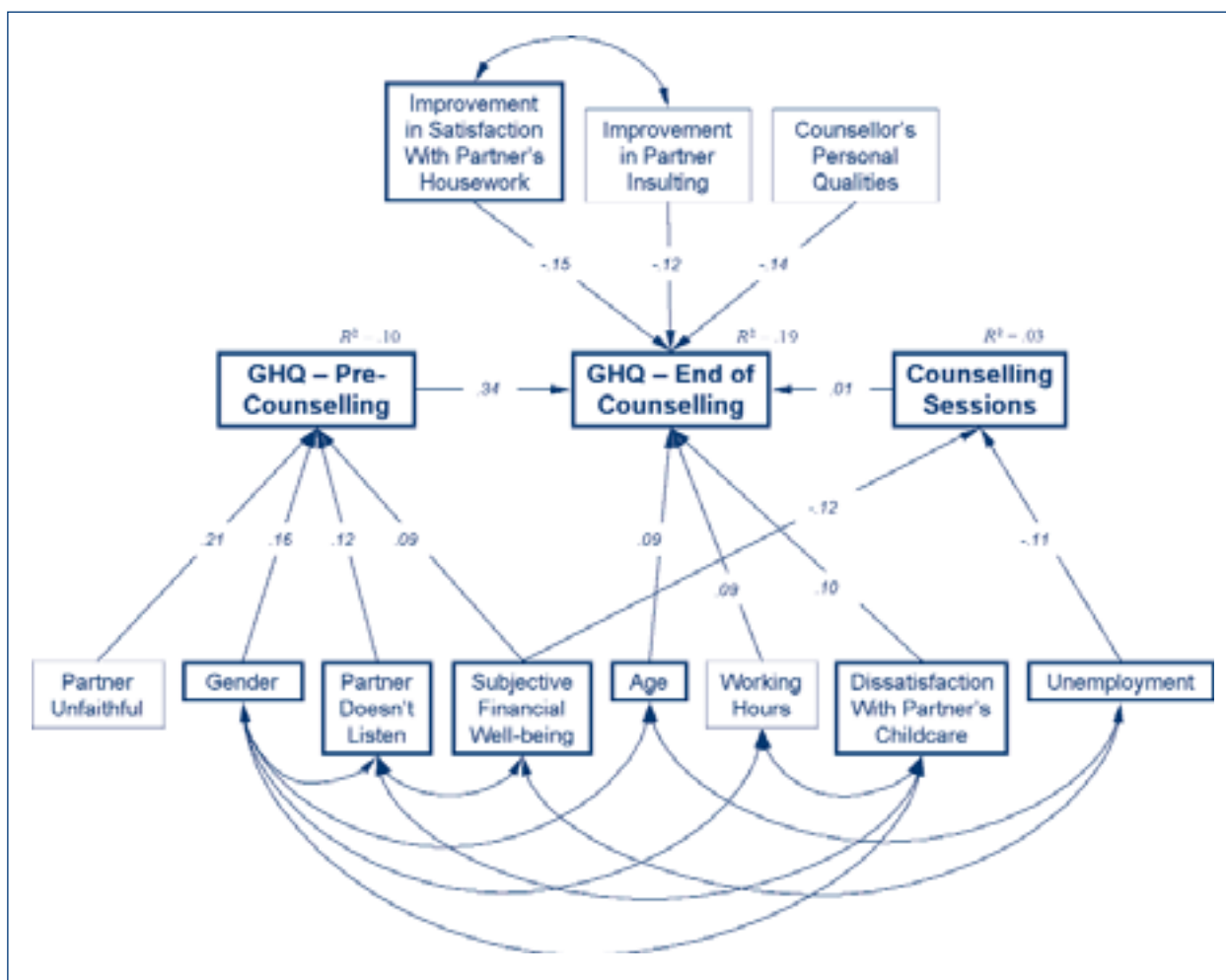
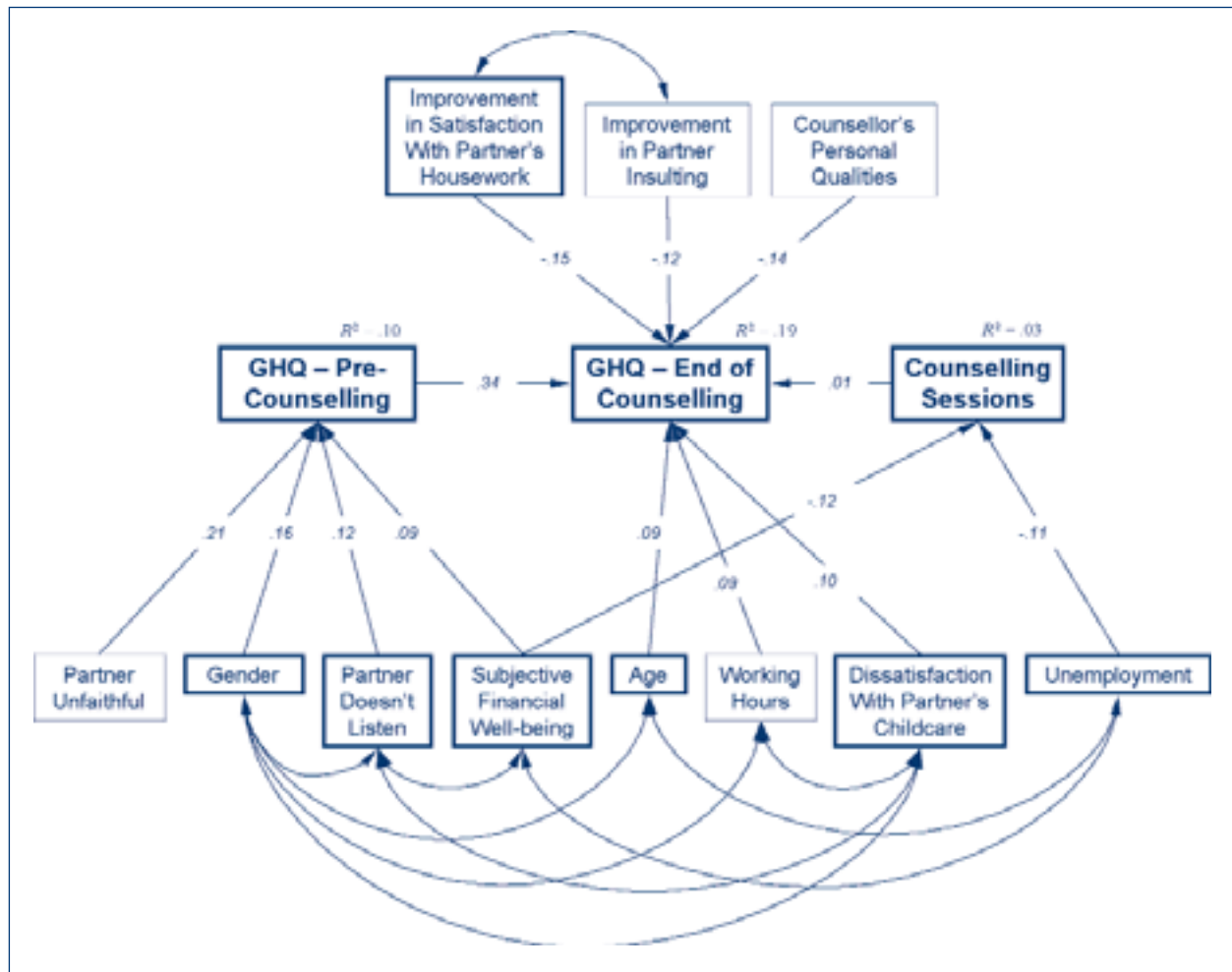


Figure 10.4 Influences on Stress Levels Prior to Counselling and on Changes in Stress Levels by End of Counselling and Post-Counselling in ACCORD, 2000-2002



* Pre-Counselling, End of Counselling and Post-Counselling are identified as waves 1, 2 and 3 in these variables. 'Improvement in Partner Insulting 1-2' therefore refers to the change between Pre-Counselling and End of Counselling.

It is clear from Figures 10.3 and 10.4 that the main reasons for the reductions in stress are not to be found within the model itself. This is because the model explains only about 10% of the variance in stress levels ($R^2 = 0.07$ at Pre-Counselling; $R^2 = .12$ at End of Counselling and $R^2 = .10$ at post-Counselling). In other words, although the fit of the model to the data is excellent, the model itself can only explain a small percentage of the variation in stress levels and changes in stress levels. The main reason for this is that the symptoms measured by the GHQ are quite transitory and can change fairly easily and quickly, itself a reflection of the volatile nature of stress itself. This leads us to look outside the model, to suggest that the act of coming to counselling may itself be an important variable which has a stress-reducing effect. We cannot prove that the process of coming to counselling – irrespective of what happens in the counselling room – has a stress-reducing effect, since we cannot compare those who went for counselling with those who did not. However, there is considerable evidence to suggest that many interventions – therapeutic but also medical and even religious – have a beneficial effect simply by virtue of the client's belief that they are beneficial³⁴⁰. The reasons for this lie essentially in the hope of improvement that these "rituals" engender since people may come to counselling precisely when hopelessness takes hold and when they feel that there is nothing they can do to improve their situation. Some writers have suggested that the rituals of counselling seem to work for clients by "mobilising their intrinsic energy, creativity and self-healing potential"³⁴¹.

340 Snyder, Michael and Cheavens, 1999; Miller, Duncan and Hubble, 1997:Ch. 5

341 Tallman and Bohart, 1999:100

It is customary to refer to this factor as a “placebo effect” (which in Latin literally means ‘I shall please’) but a more positive view would regard it as the restoration of hopefulness. The importance of hopefulness is underlined by the fact that couples seek help not when they develop problems but when they become demoralised with their own problem-solving abilities. As if to confirm this, it is remarkable how often people improve after they decide to seek help; indeed this may even account for the fact – often cited by Hans Eysenck against the effectiveness of therapy – that clients can even improve simply by being on a waiting list!³⁴² In short, it is our suspicion that the dramatic reductions in stress experienced by clients who come to ACCORD for counselling are strongly influenced by their renewed sense of hopefulness.

Returning to the model itself, we can see that the factors which bring about change in stress levels can be classified into three broad categories, namely partner variables, socio-demographic variables and counsellor’s personal qualities. The partner variables which influence changes in stress are improvements in partner’s negative behaviours, partner’s conflict resolution style, satisfaction with task-sharing and changes in satisfaction with task-sharing; the socio-demographic variables are gender, age and working hours. We will now provide a more detailed analysis of these variables, beginning with partner variables (Section 10.4.1), followed by socio-demographic variables (Section 10.4.2) and the counsellor’s personal qualities (Section 10.4.3). We also examine the influence of counselling sessions (Section 10.4.4) and then list the factors which exercised no influence on changes in stress levels (Section 10.4.5).

10.4.1 Partner Variables

At the pre-counselling stage, the two main partner influences on stress were partner’s unfaithfulness (.21) and the partner’s negative behaviour of not listening (.12) (Figure 10.3). The emergence of unfaithfulness as a stress factor is significant in view of the fact that it has no impact on the overall quality of the marital relationship as measured by the Dyadic Adjustment Scale (see Chapter Six). This is different to the experience of other studies, which have found that unfaithfulness is not only difficult to treat in therapy but it also increases the likelihood of subsequent break-up of the relationship³⁴³. Among ACCORD couples, unfaithfulness occurred in less than a third (31%) of relationships.

The partner variables which contributed to changes in stress during counselling were dissatisfaction with the partner’s share of childcare prior to counselling (.10), the improvement in satisfaction with the partner’s share of housework (-.15) and improvement in insulting (-.12) (Figure 10.3). Figure 10.4 shows that in the smaller group of clients who responded to all three questionnaires partners who are experienced as seeking conflict (“volatile partners”) may impede the improvement of stress levels (.14).

As with changes in marital quality, the way in which changes in these partner variables reduce stress probably involves changes in both the partner’s actual behaviour and changes in the way in which that behaviour is perceived. Thus, improvements may reduce stress-inducing behaviour by partners, alongside an improved capacity to tolerate such behaviours without experiencing stress. This clearly suggests that both cognitive and behavioural processes are at work in marital distress and that counselling may help to trigger these processes by providing opportunities for insight through both emotional catharsis and cognitive reframing.

10.4.2 Socio-Demographic Variables

The socio-demographic variables that influence stress levels prior to counselling are gender (.16) and subjective financial well-being (.09) age (.09) and working hours (.09) were associated with changes in stress levels during counselling, suggesting that it becomes more difficult to achieve improvements with older clients and to the extent that they work longer hours.

Those clients who had greater difficulty making ends meet experienced higher stress levels prior to counselling. It is also noteworthy that subjective financial well-being is associated with having a partner who doesn’t listen (.08), suggesting that financial difficulties may reduce the quality of communication within marital relationships. Clients who had difficulty making ends meet also received fewer counselling sessions than other clients (-.12), as did those who were unemployed (-.11), suggesting that financial difficulties may create obstacles to participation in counselling.

10.4.3 Counsellor's Personal Qualities

The personal qualities of the counsellor had a statistically significant influence on changes in stress levels during counselling (-.14), suggesting that, where counsellors and clients manage to establish a strong therapeutic relationship, this may, in and of itself, have the effect of reducing stress.

We also analysed the influence of counsellor's gender and professional characteristics on changes in stress levels during counselling and six months later and found, similar to the DAS results in Figures 10.1 and 10.2, that none of these variables had a statistically significant influence on the outcome of counselling.

10.4.4 Counselling Sessions

As with changes in DAS scores, we found that number of counselling sessions had no statistical influence on changes in GHQ scores. Moreover, when we analysed the results in more detail we found that there was no association between the number of counselling sessions and changes in GHQ. This reinforces the impression that the improvements in stress levels observed following counselling were due primarily to the effect of the decision to go to counselling, rather than the nature of the counselling process itself.

10.4.5 Factors Having No Influence on Marital Quality After Counselling

Our analysis of GHQ scores tested the same set of independent variables that we used in the analysis of DAS scores (Figures 10.1 and 10.2). In the case of GHQ scores, we found that the following variables had no statistically significant influence on stress levels at any stage of the counselling process: length of relationship, employment status, social class, drinking and use of force. As we have just seen, we also found that neither the gender nor the training and experience of counsellors had any effect on stress levels or changes in stress.

All of these results need to be seen in the context that the model explains only a small proportion of what happens when there is a reduction in stress levels following counselling. In the absence of strong confirmatory evidence, our suggestion is that the process of coming to counselling itself, by virtue of restoring hope that change is possible, may give rise to a reduction in stress. This suggestion is not without supporting evidence from other research³⁴⁴, which sees hopefulness as an important ingredient in therapeutic change.

10.5 Summary and Conclusion



“Love distorts when partners do not assume their own psychological growth. ... The dark side of love is the desire to be relieved of the burden of being oneself.”



SUSAN SCHWARTZ³⁴⁵, US JUNGIAN ANALYST AND LECTURER.

This chapter described how improvements in well-being following counselling in ACCORD were brought about, focusing on marital quality and stress levels. We outlined some of the typical pathways by which clients move towards greater well-being in their relationships, a finding which should prove useful in developing more effective strategies for counselling. Using Structural Equation Modelling we carried out a separate analysis of the influences associated with changes in marital quality (as measured by the Dyadic Adjustment Scale – DAS) and changes in stress levels (as measured by the General Health Questionnaire – GHQ) and compared clients at pre-counselling, end of

344 Snyder, Michael and Cheavens, 1999; Miller, Duncan and Hubble, 1997:Ch. 5; Tallman and Bohart, 1999

345 Schwartz, 1999:5

counselling and six months after counselling (which we refer to as post-counselling). We will now summarise our findings on how counselling works, beginning with the factors which influence change in marital quality and proceeding then to the factors which influence change in stress levels.

Our analysis found that the two main factors which promoted change in marital quality were perceptions of the partner's negative behaviours and dissatisfaction with the partner's sharing of housework and childcare; the other two factors are age and the personal qualities of the counsellor. Our analysis used perceptions of the partner rather than perceptions of oneself since, as revealed through the regression analysis in Chapter Six and through an inspection of correlation coefficients, these are more closely associated with marital quality and are therefore likely to offer a more robust explanation of changes in marital quality. The significance of this from a counselling perspective is that individuals in these relationships seem, either implicitly or explicitly, to attribute more blame to their partners than to themselves for their marital difficulties; conversely, each may be less aware of the consequences which their own, rather than their partner's, behaviour is having on the relationship. We now briefly summarise how each of these factors exercise their influence on marital quality.

We use the term negative behaviours to refer to criticism, insults and not listening because other research suggests that these behaviours, and the negative emotions associated with them, are key risk factors which threaten marriages³⁴⁶. Our analysis found that these negative behaviours influenced marital quality prior to counselling and continued to constrain the possibility of change during counselling and during the six months following counselling. However, to the extent that there were improvements in perceptions of negative behaviours, marital quality also improved. These behaviours are highly inter-related, which means that they rarely occur in isolation; criticism and insulting usually go together and both are often associated with not wanting to listen to what the partner has to say. Change occurs when the partner's actual behaviour changes or when there is a change in how the partner's behaviour is perceived. This suggests that both cognitive and behavioural processes are at work and the balance of these processes is likely to vary from one relationship to another. This, in turn, suggests that the role of counselling may be to trigger and support these cognitive and behavioural processes.

We found that improvements in marital quality during counselling were influenced by the pre-existing level of satisfaction with the partner's sharing of childcare; thus, the more dissatisfied clients were with their partner's sharing of childcare at the beginning of counselling, the less scope there was for change in marital quality during counselling. Moreover, changes in marital quality were influenced by the extent to which satisfaction with the partner's share of housework and childcare increased over the course of counselling. As with changes in negative behaviours, therefore, changes in satisfaction with the partner's sharing of housework and childcare have the potential to boost the quality of the marital relationship. We also found a statistically significant correlation between dissatisfaction with partner's sharing of housework and childcare, on the one hand, and perceptions of the partner as criticising, insulting or not listening, on the other. This suggests that a two-way process is probably at work here: partners who are experienced as criticising, insulting or not listening are also judged negatively in terms of their contribution to housework and childcare; conversely, dissatisfaction with the partner's sharing of housework and childcare opens the door to negative appraisals of the partner's other behaviours. The systemic interlinking of negative behaviour and dissatisfaction with task-sharing suggests that change in one set of variables may encourage change in the other. From a counselling perspective, this suggests that the appropriate starting point will depend on the issues that are most pertinent to the individual client, since improvements in one or other of these areas will encourage improvements in marital quality.

The experience of having financial difficulties had a negative effect on marital quality at pre-counselling, but financial difficulties do not influence subsequent processes of change.

The personal qualities of the counsellor, such as being attentive, responsive, warm, consistent, interested, helpful, etc., had a small but statistically significant influence on the change in marital quality during counselling and six months after counselling. This result is consistent with other research which shows that therapeutic outcomes are strongly influenced by the therapeutic relationship. In particular, it is consistent with a growing number of studies which have found that client's ratings of the therapeutic alliance, rather than therapists' perceptions of that relationship, are more highly correlated with outcome³⁴⁷. By contrast, our analysis revealed that the counsellor's professional

characteristics, notably the length of experience and the extent of additional training, had no statistically significant influence on the outcome of counselling, a finding which, while counter-intuitive, is not without precedent. For example, one review of a number of studies on the impact of training concluded that there was “little more than small differences in effectiveness between experienced, well-trained practitioners and less experienced non-professional therapists. ... Rather than professional training or experience, it looks as though differences in personal qualities make some therapists more helpful”³⁴⁸. It appears then that the effectiveness of counselling in ACCORD is more affected by the personal qualities of counsellors than by their professional training or experience. We also found that the gender of counsellors had no effect on outcomes.

In global terms, we found that the number of counselling sessions had no influence on changes in marital quality. However, on closer inspection we found that mean DAS scores improved consistently for each group of clients who received up to eight counselling sessions while clients who received more than eight counselling sessions showed a much smaller improvement and clients who received 23-55 sessions showed almost no additional improvement for those additional sessions. This is an important result, because it suggests that, in the generality of cases coming to ACCORD, eight counselling sessions is a maximum upper limit on effectiveness; smaller numbers of sessions are also appropriate but, in the generality of cases, larger numbers of sessions are not. This result is broadly in line with other research³⁴⁹.

Our analysis also found that a number of variables had no statistical influence on marital quality after counselling, including gender, length of relationship, working hours, social class, drinking, unfaithfulness, use of force, and style of conflict resolution. Globally speaking, these results mean that counselling is an effective response to marital difficulties across a wide range of circumstances. It also means that these variables are not part of the engine which changes relationships towards greater marital satisfaction; as such, they should not be a major focus of attention in counselling for the generality of cases coming for counselling to ACCORD.

We now turn to the results of our analysis of changes in stress as measured by the General Health Questionnaire (GHQ). Unlike marital quality, the symptoms of stress are often quite transitory and can change fairly easily and quickly, itself a reflection of the volatile nature of stress. As a result, our analysis can explain only approximately 10% of the variation in stress levels prior to counselling and in changes in stress during and after counselling. In the absence of any firm evidence to explain why the stress levels of clients fell so dramatically after coming to counselling, we suggest that the act of coming to counselling itself may be an important variable which reduces stress. We cannot prove this since we cannot compare those who went for counselling with those who did not. However, there is considerable evidence to suggest that many interventions – therapeutic but also medical and even religious – have a beneficial effect simply by virtue of the client’s belief that they are beneficial³⁵⁰. The reasons for this lie essentially in the hope of improvement which these “rituals” engender since people may come to counselling precisely when hopelessness takes hold and they feel there is nothing they can do to improve their situation³⁵¹. In other words, couples may seek help not when they develop problems but when they become demoralised with their own problem-solving abilities. As if to confirm this, it is remarkable how often people improve after they decide to seek help; indeed this may account for the fact – often cited by Hans Eysenck against the effectiveness of therapy – that clients can even improve simply by being on a waiting list!³⁵². In short, the dramatic reductions in stress experienced by clients who came to ACCORD for counselling may have been strongly influenced by the restoration of hopefulness.

Returning to the analysis itself, we found that the factors which bring about change in stress levels can be classified into three broad categories namely partner variables, socio-demographic variables and counsellor’s personal qualities. The two main partner influences on stress at the pre-counselling stage are partner’s unfaithfulness and partner’s negative behaviour of not listening. The emergence of unfaithfulness as a stress factor is significant in view of the fact that it has no impact on the overall quality of the marital relationship, a finding which is at variance with that found in other studies³⁵³. The partner variables which contributed to changes in stress were dissatisfaction with the partner’s share of childcare, improvement in satisfaction with partner’s share of housework and in the partner’s insulting behaviour. As with changes in marital quality, the way in which partner variables change in order to reduce stress probably involves changes in both the partner’s actual behaviour as well as changes in the way that behaviour

348 Tallman and Bohart, 1999:96-9; see also McLennan, 1999

349 Kopta, Howard, Lowry, & Beutler, 1992; McCarthy, Walker & Kain, 1998

350 Snyder, Michael and Cheavens, 1999; Miller, Duncan and Hubble, 1997:Ch. 5

351 Tallman and Bohart, 1999:100

352 Eysenck, 1952

353 Glass and Wright, 1997

is perceived. Thus, there may be less stress-inducing behaviours by partners – such as more listening, less insults and rows – but equally, as a result of changes in perception, there may be an improved capacity to tolerate behaviours without being stressed by them.

The socio-demographic variables that influence stress levels are gender, age, working hours and subjective financial well-being. Age was associated with the change in stress levels during counselling, suggesting that changes in stress levels, as in marital quality, are less easy to achieve as one gets older. Subjective financial well-being appears to influence stress levels, as those who had difficulty making ends meet prior to counselling had higher stress levels. Nevertheless, this variable had no influence on the change in stress levels, suggesting that counselling can have a beneficial effect regardless of economic circumstances. It is also noteworthy that the experience of subjective financial well-being is associated with having a partner who is experienced at listening, indicating the negative impact of financial difficulties on communication within marital relationships. Clients who had difficulty making ends meet received fewer counselling sessions than other clients, as did unemployed clients, suggesting that financial difficulties may be a significant obstacle to participation in counselling. The number of hours worked affected changes in stress levels during counselling, and those clients who worked longer hours tended to experience smaller improvements in their stress levels.

The personal qualities of the counsellor had a statistically significant influence on changes in stress levels during counselling. By contrast, the counsellor's professional characteristics, notably their experience and additional training, had no effect on changes in stress levels at the end of counselling or six months later; similarly, the counsellor's gender had no effect in terms of reducing stress.

Finally, our analysis found that the following variables had no statistically significant influence on stress levels at any stage of the counselling process: length of relationship, employment status, social class, drinking, or use of force. It is worth repeating that the factors which we identified as significant in our analysis of stress explain only a small proportion of what happens when there is a reduction stress levels following counselling. For that reason it is possible that the process of coming to counselling may itself, by virtue of restoring hope that change is possible, give rise to a reduction in stress, as other research has suggested³⁵⁴.

The findings contained in this chapter draw attention to some of the pathways by which change occurs both during and after counselling, particularly in terms of improving marital quality. By virtue of the statistical nature of the analysis, these results apply to the generality of cases coming to ACCORD. Naturally there are exceptions to the general patterns described here and this suggests that the practical implications of the results should be interpreted flexibly and sensitively. At the same time, the results offer a basis for developing counselling practices which are solidly evidence-based and this is a unique opportunity and challenge for the development of counselling services in Ireland.



Chapter 11

Summary and Conclusion



Summary and Conclusion

11.1 Introduction

“Almost everyone quarrels and almost everyone is disturbed by these quarrels. But two people living together and trying to love can help each other by a shared understanding of the nature of the emotions – both their overwhelming power when they are active and their overall secondary reality in the developing human being. ... There is a long and difficult discipline here, an art of intentionally relating to our emotions without, on the one hand seeking to suppress them, or on the other hand, indulging in their expression.”

JACOB NEEDLEMAN³⁵⁵, PROFESSOR OF PHILOSOPHY AT SAN FRANCISCO STATE UNIVERSITY.

This chapter draws together the key findings of the study and presents them in the order in which they appear in the report. We begin therefore by summarising our review of the literature on marriage and well-being (Section 11.2) and on therapeutic effectiveness (Section 11.3). We then describe the characteristics of ACCORD clients, both socio-economic characteristics (Section 11.4) and relationship characteristics (Section 11.5). The factors which influence the marital quality of ACCORD clients are summarised in Section 11.6 followed by a brief description of the reasons why clients seek counselling (Section 11.7) and the approach to counselling taken by ACCORD (Section 11.8). We describe changes experienced by clients following counselling (Section 11.9) and explain how these changes came about (Section 11.10). Finally, by way of conclusion, we offer a brief non-technical summary of our answers to the three most important questions at the heart of this study (Section 11.11)

11.2 Marriage and Well-being

Marriage is the choice of most men and women in Ireland, as elsewhere. Throughout the EU, there remains widespread popular support for marriage as an institution³⁵⁶ despite higher rates of marital breakdown than in Ireland³⁵⁷. Even among young people in Ireland, the level of support for marriage as an institution remains high³⁵⁸. This is also evident in the fact that the number of people who describe themselves as ‘remarried following dissolution of a previous marriage’ has trebled in the ten years between 1986 and 1996 – even before divorce was introduced.

Notwithstanding the importance of marriage, there are also signs of change, such as a decline in the marriage rate in Ireland, a growth in births outside marriage and an increase in the extent of marital breakdown with up to a tenth of the age cohort who are most likely to be affected by separation (the 33-42 year-olds) now separated. This alone highlights the importance of the question at the centre of this study, namely the effectiveness of counselling in promoting relationships and preventing their breakdown. The evidence suggests that at least 10% of all couples under 40 years may be in a distressed relationship and may benefit from counselling.

In Ireland, the importance of marriage is enshrined in the Irish Constitution, Article 41.3.1 of which states: “The State pledges itself to guard with special care the institution of Marriage, on which the Family is founded, and to protect

³⁵⁵ Needleman, 1996:50-52

³⁵⁶ It is customary to distinguish between marriage as a relationship and marriage as an institution. Marriage as a relationship refers to the interpersonal bond between a man and a woman who are living together in an intimate, long-term relationship. Marriage as an institution refers to the social structures which surround marriage including regulatory measures (such as the constitution and family law) and distributive measures (eg. income support and various benefits in kind).

³⁵⁷ Eurobarometer, 1993; Reynolds and Mansfield, 1999

³⁵⁸ Behaviour and Attitudes, 1999

it against attack". Notwithstanding the importance of marriage in the Irish Constitution, public policy in Ireland tends to focus on families rather than marriage. Policy statements indicate the Government's "commitment to put the family at the centre of all its policies"³⁵⁹. A similar approach was taken by the Commission on the Family (October 1995 – July 1998) whose report – entitled *Strengthening Families for Life*³⁶⁰ – outlined six principles which should inform family policy although none of them refer to marriage³⁶¹.

We reviewed a number of studies on the impact of marriage on well-being, all involving large data sets in countries such as the US³⁶², Britain³⁶³, Germany³⁶⁴, Belgium³⁶⁵ and Ireland³⁶⁶. We found evidence that on average, controlling for a number of socio-economic variables, being married is associated with higher levels of well-being than being single, separated, widowed or remarried. This superior well-being takes the form of better health, longer life, higher income and better outcomes for children. On balance, it seems that men benefit more from marriage in the area of health and women more in the area of income.

Good marriages have very positive benefits for physical and mental health but bad marriages have very negative effects. Studies have shown that marital distress is particularly associated with depression in women and poor physical health in men. The research evidence is quite inconclusive as to whether men or women are the more adversely affected by marital distress as measured in terms of physical health, mental health and health habits³⁶⁷. However, it is recognised that men and women respond differently to marital distress which sometimes takes the pattern of "demand-withdrawal" whereby women's demands for change in a relationship are met by their partner's withdrawal in the face of those demands³⁶⁸. One recent review of the evidence found that "troubled marriages are reliably associated with increased distress and unmarried people are happier, on the average, than unhappily married people"³⁶⁹.

These findings highlight the important role which counselling might play in supporting marriage and couple relationships generally. Indeed, given the established importance of marriage for well-being, it would be difficult to underestimate the importance and relevance of the question which is at the heart of this report namely: Does counselling make a difference to unhappy marriages? Before applying empirical evidence to this question, we first review the international research on this topic.

11.3 The Effectiveness of Counselling

The effectiveness of counselling and psychotherapy is of central importance to professionals as much as to their clients since the fundamental belief upon which both enter the therapeutic process is that it can ameliorate distress and difficulties and help couples meet their relationship goals. The terms counselling and psychotherapy are often used interchangeably and, according to one commentator, "there is a developing recognition that there are no clear distinctions between counselling and psychotherapy. The terms are interchangeable"³⁷⁰.

The effectiveness of all types of therapy has been extensively studied. The results of these studies have been summarised and synthesised using a method known as meta-analysis, which involves reducing all results to a common denominator – known as the effect size. Two remarkably consistent findings have emerged from over 50 meta-analytic studies, synthesising over 2,500 separate controlled studies³⁷¹. The first finding is that therapy works and the second is that all therapies are about equally effective. We now expand on these findings.

The effectiveness of therapy is indicated by the fact that, in general, cases which receive treatment tend to do better than untreated cases in about seven out of ten cases. This result is consistent across a number of meta-analyses

359 Minister for Social, Community and Family Affairs, 2001a; 2001b; see also *An Action Programme for the Millennium*, 1997:15; 1999:15-16

360 Commission on the Family, 1996; 1998

361 *ibid*, 1996:13-14

362 See Oswald and Blanchflower, 1999

363 Theodossiou, 1998

364 Winkelmann and Winkelmann, 1998

365 Sweeney, 1998

366 *ibid*

367 Kiecolt-Glaser and Newton, 2001

368 Christensen, 1987; Heavey, Layne and Christensen, 1993; Krokoff, 1987; Margolin and Wampold, 1981; Notarius and Markman, 1989; Roberts and Krokoff, 1990; Sayers et al., 1991; Levenson and Gottman, 1985; Markman, 1991; 1994

369 Kiecolt-Glaser and Newton, 2001

370 Thorne, 1999:227; see also Jacobs, 1996:5

371 Asay and Lambert, 1999

which examined the effectiveness of psychotherapy generally³⁷², child psychotherapy³⁷³, marital therapy³⁷⁴, and combined marital and family therapy³⁷⁵.

Going beyond the effectiveness of therapy in general to marital therapy in particular, the consensus from different clinical studies seems to be that marital therapy results in about half the couples “reliably moving from marital distress to marital satisfaction by the end of therapy”³⁷⁶. Similarly, an earlier review of clinical outcome studies found that “most tested treatments report no better than 50% success”³⁷⁷. Commentators have drawn both optimistic and pessimistic conclusions from these results. Some have used it to suggest that “marital therapy often yields results that are of demonstrable benefit even by this relatively strict criterion of returning couples to non-distressed states”³⁷⁸. Others point out that marital therapy often leaves couples still distressed after therapy and that “existing treatments for marital discord and distress need substantial improvement”³⁷⁹.

Irrespective of how one interprets the clinical success of marital therapy, it is worth noting that these successful outcomes are generally achieved over relatively short periods, usually not exceeding six months³⁸⁰. In addition, the cost of these interventions is modest compared to the cost of distress over a much longer period.

One of the remarkable findings to emerge from the study of therapeutic effectiveness is that there is no significant difference between the effectiveness of different therapies³⁸¹. Given that over 250 different therapeutic models have been identified³⁸² – each claiming to be effective and many claiming to be more effective than others – it is remarkable that all are relatively equal in their effectiveness. As one commentator has observed: “No psychotherapy is superior to any other, although all are superior to no treatment. ... This is the conclusion drawn by authoritative reviews ... and well controlled outcome studies. ... This is really quite remarkable, given the claims of unique therapeutic properties made by advocates of the various treatments available today”³⁸³. Even more remarkable is the finding of another review: “It is poignant to notice that the size of the effect between bona fide psychotherapies is at most about half of the effect size produced by treatments with no active psychotherapeutic ingredients (i.e. placebo versus no treatment)”³⁸⁴.

A key implication of these findings is that all therapies have something in common which make them similarly effective. Researchers have suggested that there are four common factors which influence therapeutic effectiveness³⁸⁵. These common factors are: (1) client characteristics and social support, (2) therapist-client relationship, (3) client hopefulness, and (4) therapeutic technique.

The most important implication of this research for the practice of counselling is that clients – and not counsellors – are the main determinants of outcome effectiveness. The implication of this, in turn, is that interventions to support relationships must be tailored to the couple’s definition of need and their goals in coming to counselling. It also implies cultivating a strong therapeutic relationship with the couple, building upon its existing strengths and resilience, and above all, restoring faith and hope in the couple’s generic capacity to overcome its problems.

11.4 Socio-Economic Characteristics of Clients

We analysed the characteristics of 3,457 new clients who came to ACCORD for counselling between 2000 and 2002. This revealed that the majority (60%) of ACCORD clients are women, which is consistent with the fact that women were more likely than men to initiate counselling.

Half of ACCORD clients (49%) are aged between 30 and 40; the average age is 37 for women and 38 for men. They have been married for an average of 12.9 years, and eight out of ten are living with their partners; a tiny minority

372 See for example, Smith and Glass, 1977

373 See for example, Weisz and Weiss, 1993

374 See for example, Dunn and Schwebel, 1995

375 See for example, Shadish, Ragsdale, Glaser and Montgomery, 1995; Baucom, Shoham, Mueser, Daiuto, and Stickle, 1998

376 Alexander, Holtzworth-Munroe and Jameson, 1994:613

377 Jacobson and Addis, 1993:86

378 Shadish, et al., 1995:348

379 Bray and Jouriles, 1995:463; Jacobson and Addis, 1993:86; Jacobson and Christensen, 1996

380 Asay and Lambert, 1999:24-27

381 Asay and Lambert, 1999

382 See Miller, Duncan and Hubble, 1997:1

383 Weinberg, 1995:45; see also Christensen and Heavey, 1999:172-173

384 Wampold et al., 1997:210

385 Lambert, 1992; Miller, Duncan and Hubble, 1997, Ch. 2; Asay and Lambert, 1999

(3%) have been married before. Nearly all clients for whom we have information have children, many of them (77%) under the age of 11 years.

By and large, the social class characteristics of ACCORD clients are similar to the population in general, with some under-representation of both higher professionals and unskilled workers. Possibly due to their age, ACCORD clients have a higher level of participation in the labour force than the Irish population generally. Male clients work considerably longer hours than Irish men generally (an average of 47 hours, compared to an Irish average of 40.5 hours) while women work slightly less than Irish women generally (an average of 31 hours compared to an Irish average of 33 hours). Men are twice as likely to work unsocial hours as women – about 40% compared to 20% – in a pattern that is fairly similar to that observed in Ireland as a whole³⁸⁶. The fact that men are more likely than women to work full-time, to work longer hours, including unsocial hours, probably influences the distribution of work within the household since, as we shall see, women tend to do more housework and childcare than men³⁸⁷.

The social class and employment characteristics of ACCORD clients indicates that a majority (61%) come from dual-earner households, higher than in Ireland generally, and are well able to cope financially, with only 3% experiencing “extreme difficulty” in terms of making ends meet. The finding that very few ACCORD clients have financial difficulties contrasts with the larger picture in Ireland where 40% of poor households and 15% of non-poor households have “extreme difficulty” making ends meet³⁸⁸, a finding which simultaneously proves how enormously resilient many poor households are while also showing that people who are not poor also have difficulties coping financially.

The pattern of home ownership among ACCORD clients is quite similar to the rest of Ireland. However it may be symptomatic of the relationship difficulties experienced by ACCORD clients that less than half (47%) expect to be living in the same home in five years time.

The majority of men (59%) and women (53%) coming to ACCORD perceived their parents as having a happy marriage although, 8% of men and 12% of women perceived their parents’ marriage as “extremely unhappy”; the proportion whose parents’ were either separated or divorced was the same for both men and women (13%). These findings are in line with previous studies in suggesting an association between a person’s marital satisfaction and their parents’ marital satisfaction although the association is not strong in this case and, as we shall see below, is not statistically significant.

Overall, these findings suggest that clients who attend ACCORD for counselling are broadly representative of the Irish population on a range of socio-demographic variables. This suggests that ACCORD attracts a wider range of people to counselling than is normally the case in marital counselling; the typical profile of clients in counselling, according to one large US study, for example, tends to be “predominantly middle class, with an average age of 32 years and 7.5 years of marriage; 70% of the couples had at least one child”³⁸⁹. The only striking absences in ACCORD’s client base seem to be individuals and couples living in disadvantaged circumstances and this may be due to the absence of ACCORD centres in some disadvantaged areas.

11.5 Relationship Characteristics of Clients

We measured the marital quality of ACCORD clients using the Dyadic Adjustment Scale (DAS) and found that the extent of extreme marital unhappiness is quite considerable, particularly among women. About four out of ten women (37%) and two out of ten men (21%) are “very dissatisfied” with their relationship which implies that their marriage may be close to, or even beyond, breaking point. The greater distress experienced by women in unhappy relationships seems to be related to the greater importance of relationships in the self-concept of women and is also consistent with the finding that women are more likely than men to “mend or end”³⁹⁰ marriages. A majority of men (56%) and women (49%) are “dissatisfied” with their relationship which seems to imply that they have made a decision to seek counselling before the marriage deteriorates any further. The key areas of greatest dissatisfaction within the relationship for both men and women are cohesion (a term denoting activities like having a stimulating chat or discussion, laughing together, calmly discussing something, working together on a project) and affection (a term referring to showing affection or having sex).

386 See McKeown, Ferguson and Rooney, 1998:132-138

387 See McKeown, 2001:4-5

388 See Callan, Layte, Nolan, Watson, Whelan, Williams and Maitre, 1999:47-48

389 Hahlweg and Markman, 1988

390 Ibid

We measured stress levels using the General Health Questionnaire (GHQ) and found that the vast majority of clients (85%) are stressed or very stressed, a finding which suggests that these unhappy marriages are considerably more stressful, at least at the point of presenting for counselling, than other life events such as unemployment or poverty.

We also measured how men and women deal with conflict by distinguishing between those with a 'validating' style (because they like to talk things out), a 'volatile' style (because they like to have a good row) and an 'avoidant' style (because they like to avoid arguments)³⁹¹. This revealed that about half of all men – both in their own assessment and in the assessment of their partners – tend to avoid conflict; about a quarter of women also see themselves, and are seen by their partners, as avoidant; this is the one area where there is considerable agreement between men and women. There is also agreement that women are more likely to have a validating style than men; however although nearly six out of ten women (57%) see themselves as having a validating style, only four out of ten men (36%) experience them as such. Similarly, although about two in ten women (18%) see themselves as volatile, nearly twice as many men (38%) experience them as volatile. This pattern of findings is consistent with other studies which have documented a pattern of "demand-withdrawal" within unhappy marriages whereby women's demands for change in a relationship are met by their partner's withdrawal in the face of those demands³⁹², possibly because her "demands" are experienced as a threat rather than an invitation and his "withdrawal" is experienced as a denial rather than a difficulty. There is a thin line between what is real and what is imagined in these – and indeed all – intimate relationships.

Turning to the prevalence of criticism, insults and not listening, we found that this occurred in around nine out of ten relationships and, in the majority of cases, tended to be mutual. For these behaviours, men and women see themselves differently from the way their partner sees them and this adds an additional layer of complexity in terms of understanding the dynamic of these relationships.

We measured the prevalence of domestic violence by asking each client the following question, taken from a British Home Office study of domestic violence³⁹³: "People sometimes use force in a relationship – grabbing, pushing, shaking, hitting, kicking, etc. Has your partner ever used force on you for any reason? Have you ever used force on your partner for any reason?". The results indicate that domestic violence occurred at least once in the lifetime of the relationship for more than half (53%) of all couples and was mutual in nearly half of these cases (46%), female-perpetrated only in three out of ten cases (30%) and male-perpetrated only in a quarter of cases (24%). The vast majority of women and men agree with their partner's response to this question, suggesting that the self-reported prevalence is quite reliable. Within the past year, domestic violence occurred in more than a third (36%) of these relationships and, when it occurred, it was mutual in more than a third of cases (36%) while the proportion involving perpetration by women only (36%) was slightly higher than the proportion involving perpetration by men only (28%). It is worth emphasising that these results do not tell us anything about the severity of the violence involved, the context, reasons or initiation of the violence or the extent of injuries resulting from it. Nevertheless, as far as they go, the results are consistent with the bigger picture of domestic violence revealed by reliable international studies of domestic violence in the US³⁹⁴, the UK³⁹⁵, Canada³⁹⁶, Australia³⁹⁷ and New Zealand³⁹⁸.

Turning to the question of drinking too much, our findings suggest that twice as many men as women – about 38% of men compared to 21% of women – sometimes or often drink too much. These gender differences have been found in other studies³⁹⁹ which also suggest that the association between marital unhappiness and excessive drinking is bi-directional with unhappy marriages leading to excessive drinking as well as vice versa. From a therapeutic perspective, a survey of US therapists found that alcoholism and extramarital affairs were among the most difficult problems to treat in couple therapy⁴⁰⁰.

391 See Gottman, 1997; see also Markman, Stanley and Blumberg, 1994

392 Christensen, 1987; Heavey, Layne and Christensen, 1993; Krokoff, 1987; Margolin and Wampold, 1981; Notarius and Markman, 1989; Roberts and Krokoff, 1990

393 Mirrlees-Black, 1999:103

394 Straus, Gelles & Steinmetz, 1980; Straus & Gelles 1986; 1988; 1990; Straus, 1993; Stets & Straus, 1989; 1990a; 1990b; Brush, 1990; Morse, 1995; Tjaden and Thoennes, 2000a, 2000b and 2000c

395 Carrado, George, Loxam, Jones and Templar, 1996; Mirrlees-Black, 1999

396 Brinkerhoff & Lupri, 1988; Kwong, Bartholomew and Dutton, 1999; Canadian Centre for Justice Statistics, 2000

397 Headey, Scott and de Vaus, 1999; Headey, Funder, Scott, Kelley and Evans, 1996

398 Magdol, et al., 1997

399 Horwitz and White, 1991; Levenson, Carstensen and Gottman, 1993; O'Farrell, Hooley, Fals-Stewart and Cuter, 1998;

400 Whisman, Dixon and Johnson, 1995

Unfaithfulness is not only difficult to treat in therapy⁴⁰¹, it also increases the likelihood of subsequent breakdown in the relationship⁴⁰². Unfaithfulness is a feature in one third (31%) of all relationships coming to ACCORD, half of it caused by men only, a third by women only and the remainder involving both partners being unfaithful. Of its nature, unfaithfulness is often kept secret but women are nearly twice as likely to know about their partner's unfaithfulness than vice versa: about 20% of men's acknowledged unfaithfulness is unknown to their partner compared 37% of women's acknowledged unfaithfulness which remains unknown to their partners.

On the issue of task-sharing in the home, we found that in about eight out of ten cases, women do more childcare (81%) and more housework (84%) than men. The fact that men are more likely than women to work full-time, to work longer hours, including unsocial hours, probably has some influence on the distribution of work within the household but beliefs and assumptions about gender roles are also likely to play a significant part. However, from the perspective of marital adjustment, the actual distribution of work in the home may be less important than the perceived fairness of that distribution by men and women. In view of this it is significant that half the couples (49%) are satisfied with the sharing of childcare but this falls to four in ten (39%) when it comes to the sharing of housework. Women are much more likely than men to be dissatisfied with their partner's sharing of housework and childcare. These findings contrast with other Irish studies which, while confirming that women tend to do more childcare and housework than men, found that the majority of women (70%) were satisfied with this arrangement⁴⁰³.

These descriptive statistics throw a good deal of light on the type of relationship issues which are dealt with by ACCORD through counselling. These relationships are very stressful and unsatisfactory for those involved, involving a lack of affection and doing things together, and are associated with a good deal of mutual criticism, insulting, domestic violence and not wanting to hear what the other person has to say. A substantial proportion of women are dissatisfied with the way in which childcare and housework is shared. We cannot make any inferences from this data about what constitutes a satisfactory marriage, although the statistical analysis which we summarise in the next section will help to throw some light on the relative contribution of these different factors to marital unhappiness.

11.6 What Contributes to Unhappiness in Marriage?

We examined why, among the men and women who come to ACCORD for counselling, some have more unhappy relationships than others. Using regression analysis we discovered that four sets of variables contribute substantially to unhappiness in marriage: (i) the partner's negative behaviours of criticism, insulting, not wanting to listen, and using force (ii) the partner's style of resolving conflict, particularly "volatile" and "avoidant" styles (iii) dissatisfaction with partner's task-sharing in the home, notably housework and childcare, and (iv) selected socio-demographic variables, particularly subjective financial well-being. We now summarise the results for each of these variables in more detail.

Beginning with the partner's negative behaviours, it is immediately striking that, although both men and women engage equally in these behaviours, each sees only their partner's negative behaviour – but not their own – as having a detrimental effect on the relationship. In the language of psychotherapy, there seems to be a good deal of projection⁴⁰⁴ onto partners who are blamed, implicitly or explicitly, for unhappiness in the marriage. It also suggests that a passionate, if somewhat negative, connection holds these couples together, as if confirming the truth in the observation that "the opposite of love is not hate but indifference. Love and hate both passionately bind the subject to the object"⁴⁰⁵.

The negative behaviours of criticism, insulting, not wanting to listen, and using force contribute more to unhappiness in marriage than any other variable and they affect men and women differently. For men, the experience of being criticised by one's partner has a particularly negative effect on marital quality – three times stronger than the impact on women – and reduces their marital adjustment by 9.8 DAS points compared to 3.3 points for women. Not being listened to by one's partner is the most negative influence on women's experience of the relationship and reduces their DAS score by 7.4 points compared to 6.3 points for men. Both of these variables combine to illustrate the pattern of "demand-withdrawal"⁴⁰⁶ which is an established feature of distressed relationships between men and

401 Whisman, Dixon and Johnson, 1995

402 Glass and Wright, 1997

403 Kiley, 1996

404 The term projection is used in all schools of counselling and psychotherapy in a broadly consistent manner to refer to a psychological process by which "qualities, feelings, wishes or even objects, which the subject refuses to recognise or rejects in himself, are expelled from the self and located in another person or thing" (Laplanche and Pontalis, 1988:349)

405 Mann, 2002:45

406 Christensen, 1987; Heavey, Layne and Christensen, 1993; Krokoff, 1987; Margolin and Wampold, 1981; Notarius and Markman, 1989; Roberts and Krokoff, 1990

women where “demand” is experienced as criticism and attack while “withdrawal” is experienced as avoidance and denial. It is not difficult to see that this pattern may also be at the root of much of the mutual insulting which occurs between these couples and which has a somewhat more negative impact on women’s sense of the relationship.

An interesting finding is that the use of force by a partner decreases marital adjustment for women but not for men, even though the prevalence of domestic violence among these clients is similar for both men and women. It is also worth pointing out that domestic violence has a significantly lesser impact on marital adjustment for women than not being listened to, or being insulted by, one’s partner. By the same reasoning, it is also much more hurtful for a man to be criticised by his partner than to have her use force against him.

Marital quality is also affected by the partner’s style of conflict resolution which we measured by distinguishing between those with a validating style (because they like to talk things out), those with a volatile style (because they like to have a good row) and those with an avoidant style (because they like to avoid arguments)⁴⁰⁷. This part of the analysis revealed that women are more adversely affected by styles of resolving conflict than men and are wholly influenced by how they perceive their partner in this regard. In other words, women’s perception of how they resolve conflict has no influence on their marital adjustment which implies that they see their partner as the source of all conflict-resolution problems in the relationship. In a similar way, men who experience their partner as volatile also experience a decline in the quality of their relationship; however, men who regard themselves as having an avoidant approach to conflict resolution are also likely to experience a deterioration in marital quality which seems to imply an acknowledgement that their own approach to resolving conflicts is not in their best interests. Taken together, these findings have a consistency with other findings emerging from the study in showing that many men and women see and experience each other quite differently from the way they see and experience themselves; in this, as in all intimate relationships, the boundary between the real and the imagined is blurred.

Our analysis also found that dissatisfaction with the way one’s partner shares housework and childcare is an important contributory factor in the marital distress of both men and women but, as other studies have also found⁴⁰⁸, is not related to the way in which housework and childcare is actually shared. In other words, dissatisfaction with sharing housework and childcare is one of the ways in which marital dissatisfaction gets expressed which, in turn, suggests that one’s perception of fairness in the distribution of housework and childcare is shaped less by the actual distribution of those tasks and more by the quality of the marital relationship⁴⁰⁹. For women, their dissatisfaction with task-sharing is based entirely on how they perceive their partner whereas for men it is based on how they perceive both themselves and their partner. This finding is significant in showing that housework and childcare, despite their very practical nature, seem to be symbolic arenas through which the quality of the marital relationship finds expression; they are forms of “love labour”⁴¹⁰ because they act as a barometer of satisfaction in the love relationship between women and men. From a therapeutic perspective, this suggests that the love labour of childcare and housework is a useful mirror for reflecting on the overall quality of the relationship between men and women and for linking disputes about this work to the quality of their love rather than the quality of their work or its distribution. Interestingly, another Irish study also found that while women tended to do more childcare and housework than men, it also found that the majority of women (70%) were satisfied with this arrangement⁴¹¹, possibly because, unlike the population of couples coming to ACCORD, they were more satisfied with their marital relationship.

Socio-economic variables have a relatively weak influence on marital adjustment, especially in the case of women. The most important socio-economic influence on marital distress is subjective financial well-being which is associated with a decrease in DAS score of 3.1 units for men and 2.1 units for women. The greater importance of subjective financial well-being for men may be due to their more strongly internalised breadwinning role.

The analysis found that stress has a rather slight effect on the marital adjustment and is mediated entirely through men’s stress, a somewhat surprising finding given that the level of stress among women is higher than among men. We also found that men’s excessive drinking has a slight negative impact on marital quality and was only experienced by women only.

407 See Gottman, 1997; see also Markman, Stanley and Blumberg, 1994

408 Hetherington and Kelly, 2002:249-250

409 See Rabin, 1996

410 Lynch and McLaughlin, 1995

411 Kiley, 1996

These findings highlight the importance of the partner's negative behaviours and styles of conflict resolution, as well as dissatisfaction with the partner's sharing of housework and childcare, as the key influences associated with unhappiness in marriage. The greater direct impact of these variables compared to socio-economic variables suggests that counselling may indeed be an appropriate intervention for these couples. Our interpretation of these findings suggests that these relationships involve a good deal of projection, blaming and misunderstanding and are associated with a loss of warmth, affection and togetherness in the relationship. In view of this, a crucial role for counselling may be to restore a common ground of empathic understanding so that, for both men and women, the self and the partner can be seen and experienced in a more positive light, both cognitively and emotionally.

11.7 Context for Seeking Counselling

As part of the context which leads people to counselling, we examined the informal supports which men and women used to discuss their relationship difficulties prior to coming for counselling. We found that a substantial minority of clients (20%) had not discussed their relationship problems with their partners, itself symptomatic of the communication difficulties in these relationships. We also found that women are more likely than men to discuss their relationship problems with others outside the relationship, which may be due to the fact that they have stronger support networks than men or that they experience more distress when their relationships are unsatisfactory. Similarly women – whether in the form of women friends or sisters – are more likely to be sources of support in relationship distress than men. For both women and men, the extended family in the form of parents, brothers and sisters, are an important source of support but so too are people at work. Outside of these informal supports, we found that a quarter of both men and women (25%) have been to counselling or psychotherapy before, either for personal or relationship problems.

About half of all clients (54%) spent up to six months thinking about coming to counselling, the remainder (46%) taking longer. This suggests that while the majority of clients seemed to act relatively quickly to address relationship problems through counselling, a substantial minority take much longer whether because the problems are not as intense or because they only consider counselling when things become intolerable. Women spend longer than men thinking about coming for counselling.

Women are more likely than men to initiate counselling, in line with other research which shows that women are more likely than men to “mend or end marriages”⁴¹². Although both men and women emphasise certain goals of counselling as important – deciding on the future of the relationship (90%), understanding our relationship or my partner better (89%) – there are also significant differences. Women give more importance to goals such as finding ways of coping (94%), feeling less troubled (92%), becoming aware of feelings (81%) and understanding myself better (81%) while men give more importance to goals such as improving (89%) and preserving (82%) the relationship. This pattern is consistent with the greater distress of women in unsatisfactory relationships and their need to reduce it while men are less distressed and seem more committed to their relationship. This pattern has also been found in surveys of counselling clients in Britain⁴¹³.

Six out of ten clients (60%) see ACCORD as a Catholic organisation but only a fifth of these (20%) were influenced by this in seeking its counselling services. This suggests that the majority of clients are primarily concerned with accessing counselling services irrespective of the denomination of the provider. ACCORD is an obvious choice for individuals and couples in distressed relationships since it is the main provider of such services in the country, and the only provider in some parts of the country.

11.8 Counselling in ACCORD

ACCORD is an all-Ireland voluntary organisation which is run under the direction of the Catholic Bishops of Ireland. It is the largest provider of counselling services to individuals and couples with relationship problems in the country. Its services are run by nearly 1,000 volunteers comprising marriage counsellors (39%), marriage education

facilitators (41%), administration and voluntary support personnel (20%). Nearly three quarters of ACCORD's counsellors are women and nearly nine out of ten have been counselling for five years or more.

ACCORD's approach to counselling is summarised in its Code of Ethics and Practice as follows: "Counselling is done as part of the pastoral – as distinct from the teaching – ministry of the Church. Clients are accepted regardless of religious belief (or non-belief) or moral convictions or standards, or race or colour, or gender or sexual orientation, and as being unique and of worth and capable of self-determination and growth". This approach to counselling is usually described, following the works of Carl Rogers, as "client-centred" and "non-directive"⁴¹⁴. It is based on the philosophy that each person has an innate capacity to resolve his or her difficulties essentially because, at the core, every person has a trustworthy positive centre which is resourceful and capable of self-direction⁴¹⁵. This means that the task of the counsellor is to help clients achieve their goals and overcome their difficulties and this is best done in a therapeutic relationship where counsellors show clients unconditional positive regard, accurate empathic understanding and openness⁴¹⁶. This also means that non-directive counselling is far from being directionless since the counsellor has a responsibility to be effective in terms of enabling the client to recognise alternatives to their present difficulties and seeing new opportunities for improving their life and relationships.

The quality of ACCORD's counselling services depends heavily on the selection of suitable volunteers, the provision of in-depth training as well as on-going support and supervision of counsellors. For this reason, ACCORD has developed extensive procedures and codes of practice to ensure that its services meet the highest standards of professional practice.

The commitment of ACCORD and its counsellors to helping clients who have relationship problems is itself indicative of the huge stake which is involved in asking the question which is at the centre of this study, namely "does counselling help?". Counsellors no less than clients deserve that this question be given careful consideration. It is that question which we now address directly.

11.9 Changes After Counselling in ACCORD

We analysed key changes experienced by clients following counselling by making two sets of comparisons: first we compared their pre-counselling with their end-of-counselling experiences; second we compared their pre-counselling with their post-counselling experiences six months after counselling ceased. Before making these comparisons, we established that the population of clients who completed the End of Counselling and Post-Counselling questionnaires were remarkably similar to those who completed the Pre-Counselling questionnaires in terms of age, social class, subjective financial well-being and length of relationship. This is a convenient and valuable result because it means that we can safely assume that any changes identified at the end of counselling are not attributable to differences in age, social class, subjective financial well-being or length of relationship between the different samples.

Against this background, we analysed changes in marital adjustment using the Dyadic Adjustment Scale (DAS) since this is our core measure of relationship quality. Our analysis revealed that there was a substantial and sustained improvement in the relationships of both men and women following counselling. This is indicated by the fact that more than a third of men and women (35%) experienced an improvement in their relationship at the end of counselling and this tended to improve even more in the six months following counselling (39%). Thus, in terms of changes in relationship quality, men and women tend to benefit similarly from counselling.

A key question is whether there has been a clinically significant improvement in the sense that individuals and couples have moved from being dissatisfied to being satisfied with their relationship. The answer to this question indicates that about a third of men (32%) and a sixth of women (18%) moved from marital dissatisfaction to marital satisfaction following their experience of counselling. The substantial movement of men and women into more satisfactory marital relationships following counselling in ACCORD is extremely encouraging even though it is less than that reported in other clinical studies of marital therapy⁴¹⁷.

414 Rogers, 1961

415 Ibid

416 Rogers, 1957

417 Alexander, Holtzworth-Munroe and Jameson, 1994:613; Jacobson and Addis, 1993:86

The DAS, as we have seen, is made up of four sub-scales which measure consensus, satisfaction, cohesion and affection. Analysis of changes in these sub-scales revealed that the two areas in which men and women experienced greatest improvement in their relationship were cohesion and affection; “cohesion”, in the context of DAS, refers to things like having a stimulating chat or discussion, laughing together, calmly discussing something, working together on a project, while “affection” is measured by agreement on showing affection or having sex. A particularly noteworthy aspect of the results is that women experienced a greater improvement than men in both cohesion and affection and this improvement was stronger in the six months after counselling. These results suggest that men and women experienced an increased sense of warmth, togetherness and fun in their relationships in the period following counselling.

Given that the vast majority of clients (85%) were stressed or very stressed when they first came for counselling, the changes in stress levels following counselling are both dramatic and positive. Among women, an improvement occurred for six out of ten at the end of counselling (59%), rising to two thirds six months later (66%). For men, more than half experienced an improvement in stress levels both at the end of counselling (55%) and six months later (53%). Although women entered the counselling process with much higher levels of stress than men, they also experienced greater improvements and, by six months after counselling, the gap in stress levels had almost disappeared. The scale of improvement in stress levels is significantly higher than that achieved by other family support interventions in Ireland⁴¹⁸.

We measured ways of resolving conflict by distinguishing between individuals with a ‘validating’ style (because they like to talk things out), a ‘volatile’ style (because they like to have a good row) and an ‘avoidant’ style (because they like to avoid arguments)⁴¹⁹. We found quite modest changes at the end of counselling and in the subsequent six months, with survey respondents becoming a little more validating and a little less volatile, possibly because this is a deeply ingrained pattern. However, given that women are more adversely affected by their partners’ conflict style than men, it is significant that women perceived their partners as having changed more than men.

We know that negative behaviours such as criticising, insulting and not listening are prevalent among most couples who come to ACCORD for counselling and that they have the most damaging effect on their relationships. Although these behaviours are authored more or less equally by men and women, it is the partner’s behaviour rather than one’s own which has the most damaging effect on marital quality; this, of course, is a psychological rather than a logical reality since everyone is a partner because each is both ‘self’ and ‘other’ within the relationship. Bearing this in mind, our analysis indicated that 20% to 25% of partners were seen to improve in terms of these negative behaviours. Women were experienced as improving more in the areas of being less critical and insulting while men were experienced as improving more in the areas of listening to their partner and drinking. The overall stability of these behaviours is indicated by the fact that the majority (around two thirds) of people did not change and this suggests that these habitual behaviours – and the way in which they are perceived – may not be amenable to quick change. It is also worth noting that changes observed in the partner’s behaviour are likely to be the outcome of changes in perception as well as changes in actual behaviour. In these relationships, where perception of partner’s behaviour is more important than perception of one’s own behaviour – at least in terms of how it affects marital quality – it is inevitable that both perceptual as well as behavioural elements are involved in bringing about change as each becomes aware of the effects which their own negative behaviour is having on the other’s marital quality. In this sense, changes in negative behaviour is both a cognitive as well as a behavioural process.

In an earlier chapter we found that women do more childcare and more housework than men in about eight out of ten cases (see Chapter Five). The fact that men are more likely than women to work full-time and to work longer hours (including unsocial hours) probably has some influence on this, but beliefs and assumptions about gender roles are also likely to play a significant role (see Chapter Four). Our analysis revealed that there was a good deal of dissatisfaction with the sharing of housework and childcare, most of it expressed by women. In view of this, it is significant to find that there were substantial improvements in the level of satisfaction with the partner’s sharing of childcare and housework, particularly among women, both at the end of counselling and in the six months after counselling. The improvements for women are on a similar scale to those experienced in their DAS scores. In the areas of both childcare and housework, men’s satisfaction with their partners increased by about a quarter but

women's increased by over a third. This finding is significant given that dissatisfaction with one's partner in sharing childcare and housework is related to the overall quality of the marital relationship more strongly than to the actual distribution of these tasks (see Chapter Six). In other words, housework and childcare, despite their very practical nature, seem to be symbolic arenas through which the quality of the marital relationship finds expression; they are forms of "love labour"⁴²⁰ because they act as a barometer of satisfaction in the love relationship between women and men. From a therapeutic perspective, this suggests that the love labour of childcare and housework is a useful mirror for reflecting on the overall quality of the relationship between men and women and for linking disputes about this work to the quality of their love rather than the quality of their work or its distribution. Interestingly, another Irish study also found that while women tended to do more childcare and housework than men, it also found that the majority of women (70%) were satisfied with this arrangement⁴²¹, possibly because, unlike the population of couples coming to ACCORD, they were more satisfied with their marital relationship.

Clients who come to ACCORD can be seen as individuals or couples, depending on their needs and preferences. In addition, clients who present as a couple may have individual sessions as well as couple sessions. The results indicate that the "average couple" coming to ACCORD received 5.4 couple sessions as well as 1.6 individual sessions for the woman and one individual session for the man. This is equivalent to eight sessions in all. A noteworthy feature of the sessions offered by ACCORD is that some received over 50 couple sessions while others received as many as 25 individual sessions.

Clients may also present as individuals and be offered individual sessions. When they present as individual clients, women receive an average of 5.3 sessions from ACCORD while men receive an average of 6.3 sessions. As in the counselling of couples, there is significant variation in the number of sessions offered with some men and women receiving up to 50 individual sessions.

We measured the clients' perceptions of counselling and found that about two thirds of both men and women experienced counselling as beneficial to themselves and to their children, while around six out of ten found it beneficial to their relationship. More than half of the men thought it was beneficial to their partners but less than half of the women thought this, indicating that both men and women – but especially women – had a more negative appraisal of the benefits of counselling for their partners than for themselves. This confirms a pattern identified throughout the report, namely that people tend to see themselves differently from the way their partner sees and experiences them.

The results show that the areas in which counselling was perceived to have "helped a lot" were broadly similar for men and women but there were slight differences; women experienced counselling as more helpful in terms of finding ways of coping and becoming aware of feelings whereas men found it more helpful in terms of understanding, improving and preserving the relationship and understanding their partner. These differences are consistent with our earlier finding that women were more distressed than men on entering counselling and this might explain why finding ways of coping is important for women. Women also have a more negative appraisal of the relationship than men, which may account for men's greater need to understand both their relationship and their partner during the counselling process. Whatever the reasons, it is clear that men and women enter counselling for slightly different reasons but also experience it as helpful for slightly different reasons. A similar study of counselling in the UK came up with a similar finding⁴²².

We also measured client perceptions of counsellors in terms of the following qualities: attentive, responsive, warm, consistent, interested, helpful, accepting, affirming, positive, encouraging, understanding, genuine, good humoured, intelligent, broad-minded, sensitive, respectful and supportive. The results indicate that more than nine out of ten (94%) clients experienced their counsellor as good or very good on average. This is indicative of a strong "therapeutic alliance"⁴²³ and suggests that counsellors show, and are experienced as showing, what Carl Rogers regarded as the three key elements in therapeutic relationships: unconditional positive regard, accurate empathic understanding and openness⁴²⁴.

Overall, the results indicate that clients showed significant and sustained improvements in three areas of their lives following counselling. The first involved reductions in stress among five out of ten men and six out of ten women.

420 Lynch and McLaughlin, 1995

421 Kiley, 1996

422 McCarthy, Walker & Kain, 1998:21

423 Miller, Duncan and Hubble, 1997:Ch.4; Sprenkle, Blow and Dickey, 1999; Howe, 1999

424 Rogers, 1957

The second involved improvements in the quality of marital relationships by about four out of ten men and women. The third involved improvements in satisfaction with partner's share of housework and childcare among over a third of women and a quarter of men. Beyond this, there were also reductions in terms of criticising, insulting and not listening to one's partner among about a fifth of men and women. These improvements occurred following an average of about eight counselling sessions per couple and in the context of a very positive experience of both the counsellor and the counselling process. Some of the changes – such as the reduction in stress – exceed those achieved by other types of intervention⁴²⁵ while others – such as the improvement in marital quality – are lower than those reported in other studies⁴²⁶. Overall, however, the results are positive and indicate that significant and sustained improvements were experienced by more than a third of clients in the period following counselling with ACCORD. We now turn to an examination of how this improvement occurred.

11.10 How do Marriages Change after Counselling?

Finally, we analysed how the improvements in well-being following counselling in ACCORD were brought about, focusing on marital quality and stress levels. We outlined some of the typical pathways by which clients move towards greater well-being in their relationships, a finding which should prove useful in developing more effective strategies for counselling. Using Structural Equation Modelling we carried out a separate analysis of the influences associated with changes in marital quality (as measured by the Dyadic Adjustment Scale – DAS) and changes in stress levels (as measured by the General Health Questionnaire – GHQ) and compared clients at pre-counselling, end of counselling and six months after counselling (which we refer to as post-counselling). We will now summarise our findings on how counselling works, beginning with the factors which influence change in marital quality and proceeding then to the factors which influence change in stress levels.

Our analysis found that the two main factors which promoted change in marital quality were perceptions of the partner's negative behaviours and dissatisfaction with the partner's sharing of housework and childcare; the other two factors are age and the personal qualities of the counsellor. Our analysis used perceptions of the partner rather than perceptions of oneself since, as revealed through the regression analysis in Chapter Six and through an inspection of correlation coefficients, these are more closely associated with marital quality and are therefore likely to offer a more robust explanation of changes in marital quality. The significance of this from a counselling perspective is that individuals in these relationships seem, either implicitly or explicitly, to attribute more blame to their partners than to themselves for their marital difficulties; conversely, each may be less aware of the consequences which their own, rather than their partner's, behaviour is having on the relationship. We now briefly summarise how each of these factors exercise their influence on marital quality.

We use the term negative behaviours to refer to criticism, insults and not listening because other research suggests that these behaviours, and the negative emotions associated with them, are key risk factors which threaten marriages⁴²⁷. Our analysis found that these negative behaviours influenced marital quality prior to counselling and continued to constrain the possibility of change during counselling and during the six months following counselling. However, to the extent that there were improvements in perceptions of negative behaviours, marital quality also improved. These behaviours are highly inter-related, which means that they rarely occur in isolation; criticism and insulting usually go together and both are often associated with not wanting to listen to what the partner has to say. Change occurs when the partner's actual behaviour changes or when there is a change in how the partner's behaviour is perceived. This suggests that both cognitive and behavioural processes are at work and the balance of these processes is likely to vary from one relationship to another. This, in turn, suggests that the role of counselling may be to trigger and support these cognitive and behavioural processes.

We found that improvements in marital quality during counselling were influenced by the pre-existing level of satisfaction with the partner's sharing of childcare; thus, the more dissatisfied clients were with their partner's sharing of childcare at the beginning of counselling, the less scope there was for change in marital quality during counselling. Moreover, changes in marital quality were influenced by the extent to which satisfaction with the partner's share of housework and childcare increased over the course of counselling. As with changes in negative

425 McKeown, Haase and Pratschke, 2001:64; Moukaddem, Fitzgerald and Barry, 1998

426 Alexander, Holtzworth-Munroe and Jameson, 1994:613; Jacobson and Addis, 1993:86

427 Gottman, 1997; Markman, Stanley and Blumberg, 1994

behaviours, therefore, changes in satisfaction with the partner's sharing of housework and childcare have the potential to boost the quality of the marital relationship. We also found a statistically significant correlation between dissatisfaction with partner's sharing of housework and childcare, on the one hand, and perceptions of the partner as criticising, insulting or not listening, on the other. This suggests that a two-way process is probably at work here: partners who are experienced as criticising, insulting or not listening are also judged negatively in terms of their contribution to housework and childcare; conversely, dissatisfaction with the partner's sharing of housework and childcare opens the door to negative appraisals of the partner's other behaviours. The systemic interlinking of negative behaviour and dissatisfaction with task-sharing suggests that change in one set of variables may encourage change in the other. From a counselling perspective, this suggests that the appropriate starting point will depend on the issues that are most pertinent to the individual client, since improvements in one or other of these areas will encourage improvements in marital quality.

The experience of having financial difficulties had a negative effect on marital quality at pre-counselling, but financial difficulties do not influence subsequent processes of change.

The personal qualities of the counsellor, such as being attentive, responsive, warm, consistent, interested, helpful, etc., had a small but statistically significant influence on the change in marital quality during counselling and six months after counselling. This result is consistent with other research which shows that therapeutic outcomes are strongly influenced by the therapeutic relationship. In particular, it is consistent with a growing number of studies which have found that client's ratings of the therapeutic alliance, rather than therapists' perceptions of that relationship, are more highly correlated with outcome⁴²⁸. By contrast, our analysis revealed that the counsellor's professional characteristics, notably the length of experience and the extent of additional training, had no statistically significant influence on the outcome of counselling, a finding which, while counter-intuitive, is not without precedent. For example, one review of a number of studies on the impact of training concluded that there was "little more than small differences in effectiveness between experienced, well-trained practitioners and less experienced non-professional therapists. ... Rather than professional training or experience, it looks as though differences in personal qualities make some therapists more helpful"⁴²⁹. It appears then that the effectiveness of counselling in ACCORD is more affected by the personal qualities of counsellors than by their professional training or experience. We also found that the gender of counsellors had no effect on outcomes.

In global terms, we found that the number of counselling sessions had no influence on changes in marital quality. However, on closer inspection we found that mean DAS scores improved consistently for each group of clients who received up to eight counselling sessions while clients who received more than eight counselling sessions showed a much smaller improvement and clients who received 23-55 sessions showed almost no additional improvement for those additional sessions. This is an important result, because it suggests that, in the generality of cases coming to ACCORD, eight counselling sessions is a maximum upper limit on effectiveness; smaller numbers of sessions are also appropriate but, in the generality of cases, larger numbers of sessions are not. This result is broadly in line with other research⁴³⁰.

Our analysis also found that a number of variables had no statistical influence on marital quality after counselling, including gender, length of relationship, working hours, social class, drinking, unfaithfulness, use of force, and style of conflict resolution. Globally speaking, these results mean that counselling is an effective response to marital difficulties across a wide range of circumstances. It also means that these variables are not part of the engine which changes relationships towards greater marital satisfaction; as such, they should not be a major focus of attention in counselling for the generality of cases coming for counselling to ACCORD.

We now turn to the results of our analysis of changes in stress as measured by the General Health Questionnaire (GHQ). Unlike marital quality, the symptoms of stress are often quite transitory and can change fairly easily and quickly, itself a reflection of the volatile nature of stress. As a result, our analysis could explain only 10% of the changes which occurred in stress levels. In the absence of any firm evidence to explain why the stress levels of clients fell so dramatically after coming to counselling, we suggest that the act of coming to counselling itself may be an important variable which reduces stress. We cannot prove this since we cannot compare those who went for counselling with those who did not. However there is considerable evidence to suggest that many interventions –

428 Horvath and Luborsky, 1993; Orlinsky, Graw, and Parks, 1994

429 Tallman and Bohart, 1999:96-9; see also McLennan, 1999

430 Kopta, Howard, Lowry, & Beutler, 1992; McCarthy, Walker & Kain, 1998

therapeutic but also medical and even religious – have a beneficial effect simply by virtue of the client's belief that they are beneficial⁴³¹. The reasons for this lie essentially in the hope of improvement which these “rituals” engender since people may come to counselling precisely when hopelessness takes hold and they feel there is nothing they can do to improve their situation⁴³². In other words, couples may seek help not when they develop problems but when they become demoralised with their own problem-solving abilities. As if to confirm this, it is remarkable how often people improve after they decide to seek help; indeed this may account for the fact – often cited by Hans Eysenck against the effectiveness of therapy – that clients can even improve simply by being on a waiting list!⁴³³. In short, the dramatic reductions in stress experienced by clients who came to ACCORD for counselling may have been strongly influenced by the restoration of hopefulness.

The findings contained in this section draw attention to some of the typical pathways by which clients move towards greater well-being in their relationships, a finding which should prove useful in developing more effective strategies for counselling. By virtue of the statistical nature of the analysis, these results apply to the generality of cases coming to ACCORD. Naturally there are exceptions to the general patterns described here and this suggests that the practical implications of the results should be interpreted flexibly and sensitively. At the same time, the results offer a basis for developing counselling practices which are solidly evidence-based and this is a unique opportunity to facilitate the development of counselling services in Ireland.

11.11 Conclusion

“A good marriage is that in which each appoints the other guardian of his [or her] solitude. ... Once the realization is accepted that even between the closest human beings infinite distances continue to exist, a wonderful living side by side can grow up if they succeed in loving the distance between them which makes it possible to see the other whole and against a wide sky!”

RAINER MARIA RILKE⁴³⁴, (1875-1926), AUSTRIAN WRITER OF PROSE AND POETRY.

This study has tried to answer three core questions which are central to the work of ACCORD and to other marriage and couple counselling services. The three questions are: (i) what contributes to unhappiness in marriage? (ii) does counselling help unhappy marriages? and, if so, (iii) how does counselling help unhappy marriages? In order to answer these questions, we undertook extensive research involving approximately 1,000 couples and 1,500 individuals who came to ACCORD for counselling between 2000 and 2002. We also reviewed an extensive body of research on these questions. Due to the statistical nature of our analysis, our answers apply to the generality of cases coming to ACCORD and, as such, need to be interpreted flexibly and sensitively. Beyond ACCORD, our answers may have relevance for understanding the type of difficulties which arise in different types of intimate relationships, both marital and non-marital, while also contributing to the development of more effective, evidence-based strategies for counselling couples with relationship difficulties. With this in mind, we now present our answers in simple, non-technical terms.

11.11.1 What contributes to unhappiness in marriage?

The road to unhappiness in marriage is generally paved with a series of negative behaviours and associated emotions involving criticism, insulting, not listening and sometimes using force. All unhappy couples engage in some of these behaviours and men and women engage in them equally. However it is the partner's behaviour rather than one's own which is seen and experienced as the main source of distress in marriage. This, in itself, is an indication of how men and women who come for counselling feel powerless and hurt while apparently unaware of how their own

431 Snyder, Michael and Cheavens, 1999; Miller, Duncan and Hubble, 1997:Ch. 5

432 Tallman and Bohart, 1999:100

433 Eysenck, 1952

434 Rilke, 1975:28

behaviour is also affecting their partner. These couples seem passionately connected to each other as both cause and cure of their unhappiness, confirming the observation that “the opposite of love is not hate but indifference. Love and hate both passionately bind the subject to the object”⁴³⁵.

Men and women take different and complementary sides of the road on the way to unhappiness in marriage. For women, the main source of distress is that their partner does not listen while for men the distress comes from being criticised by their partner. This process can quickly escalate when the warmth, affection and togetherness in a relationship wane and women’s need to talk things out is frustrated by men who experience this as yet another opportunity to be criticised. Gradually, a negative cycle takes shape where criticism is met with criticism, insult with insult and, in some instances, force with force. Negative perceptions of the partner spread to other areas of the relationship including dissatisfaction with the partner’s share in housework and childcare, with women feeling particularly dissatisfied even if this is not connected to the actual distribution of these tasks. Both partners end up in a stalemate of distress and unhappiness, having lost faith and hope in their ability to resolve their difficulties as a couple. Since women typically end up more unhappy and distressed than men, they are more likely to “mend or end”⁴³⁶ the relationship and it is often at this point that individuals and couples come to ACCORD, and similar services, for counselling.

11.11.2 Does counselling help unhappy marriages?

Counselling helps people in unhappy marriages because about half of all clients in this study moved from being stressed to being stress-free. More significantly, counselling helped about four in ten clients to improve their relationship, with the result that a third of men and a fifth of women moved from being dissatisfied with their marriage to being satisfied; the slower movement of women towards a more satisfactory marriage is due mainly to the fact that women were much more dissatisfied than men at the start of counselling and therefore may take longer to reach a satisfactory relationship.

The fact that counselling works equally well for men and women is extremely encouraging and is probably a reflection on the quality of counselling offered by ACCORD through the creation of a safe empathic space where each hears, and is heard by, the other and where the counsellor regards both partners with respect and unconditional positive regard. It is encouraging also that counselling works equally well for all social classes. Counselling is slightly less effective with older people but its effectiveness is not affected by length of the relationship, excessive drinking, unfaithfulness, or the use of force. In other words, counselling seems to work in a generic way by restoring faith and hope in people’s natural ability to solve their problems and can help them in widely different relationships and circumstances.

11.11.3 How does counselling help unhappy marriages?

Counselling helps by changing the partner’s negative behaviours of criticising, insulting and not listening and by helping clients to become more satisfied with the partner’s share in housework and childcare. Both of these sets of changes bring about an improvement in the relationship. In turn, each of these elements are linked so that a change in one can bring about change in the other: less criticism and insulting can lead to more listening and more satisfaction with the sharing of housework and childcare as the partner comes to be seen in a more positive light.

It may come as a relief to learn that changing one’s partner is all that is involved in improving a marriage but, since everyone is a partner, it also involves changing one’s self. These changes come about in two ways: changing the partner’s actual behaviour and changing how the partner’s behaviour is perceived. Both elements are important – although the relative importance of each may vary from one relationship to another – and both sets of changes seem to be triggered by the counselling process.

The precise way in which counselling triggers these changes seems to lie in the provision of a safe, accepting space where emotions generated in distressed relationships – including disappointment, loneliness, anger, sadness, hate, etc. – can be given expression and one sees and experiences the partner in a different light. It is possible that the setting

435 Mann, 2002:45

436 Kiecolt-Glaser and Newton, 2001:25

and atmosphere of counselling itself may generate an attentiveness to how one relates to self and other, including attentiveness to the assumptions, expectations and judgements that influence how the relationship is experienced, which may lead one to a freer and more authentic sense of self and other.

The changes which follow from counselling can occur fairly quickly with 7-8 sessions being the optimum. The effectiveness of these sessions seems to be shaped more by the personal qualities of the counsellor – such as warmth, attentiveness, helpfulness, etc. - rather than by their professional experience, additional training, or gender. It would also seem that the very act of going to counselling has a stress-reducing effect by virtue of restoring hope that maybe the relationship difficulties can be overcome if one seeks help.

One of the powerful images of counselling and psychotherapy is listening and some have even described listening as the centre of gravity of love itself: “Simply put, there is nothing, nothing in the world, that can take the place of one person intentionally listening or speaking to another. The act of conscious attending to another person ... can become the center of gravity of the work of love”⁴³⁷. Mindful listening and speaking can make it easier to see oneself and one’s partner in a clearer and more honest light and to realise that each has strengths as well as weaknesses. This self-knowledge can help to ignite greater tolerance, compassion and love. Perhaps the space of counselling itself can model the possibilities of intimacy through the simple acts of attentive listening, speaking and looking. In this intimate space, hope can be restored, healing can begin and love can grow again.



Bibliography

- Alexander, JF., Holtzworth-Munroe, A. and Jameson, P., 1994.** "The Process and Outcome of Marital and Family Therapy: Research Review and Evaluation". In A.E. Bergin and S.L. Garfield (Editors), *Handbook of Psychotherapy and Behavioural Change*, New York: John Wiley, pp. 595-630.
- Amato, PR., 1999.** "The Postdivorce Society: How Divorce is Shaping the Family and Other Forms of Social Organisation", in Thompson, RA., and Amato, PR., (Editors), *The Postdivorce Family: Children, Parenting and Society*, London: Sage Publications, pp.161-190.
- Amato, P., and Booth, A., 1997.** *A Generation at Risk: Growing up in an Era of Family Upheaval*, Cambridge MA: Harvard University Press.
- Amato and Keith, 1991.** "Parental Divorce and the Well Being of Children: A Meta-Analysis", *Psychological Bulletin*, Volume 110, pp.26-46.
- An Action Programme for the Millennium, 1997.** Programme of Fianna Fáil and the Progressive Democrats, July, Dublin: Government Information Services.
- An Action Programme for the Millennium, 1999.** As Reviewed by Fianna Fáil and the Progressive Democrats in Government, November, Dublin: Government Information Services.
- Asay, T.P. and Lambert, M.J., 1999.** "The Empirical Case for the Common Factors in Therapy: Quantitative Findings". In M.A. Hubble, B.L. Duncan and S.D. Miller, (Editors), *The Heart and Soul of Change: What Works in Therapy*, Washington DC: American Psychological Association, pp.33-56.
- Baucom, D., and Mehlman, S.K., 1984.** "Predicting Marital Status following Behavioural Marital Therapy: A Comparison of Models of Marital Relationships". In K. Hahlweg and NS. Jacobson (Editors), *Marital Interactions: Analysis and Modification* (p89-104). New York: Guilford Press.
- Baucom, D., Notarius, C., Burnett, C. and Haefner, P., 1990.** "Sex-Role Identity in Marriage". In F.D. Fincham and T.N. Bradbury (Editors), *The Psychology of Marriage*, New York: Guilford.
- Baucom, D., Shoham, V., Mueser, K., Daiuto, A. and Stickle, T., 1998.** "Empirically Supported Couple and Family Interventions for Marital Distress and Adult Mental Health Problems", *Journal of Consulting and Clinical Psychology*, Volume 66, pp.53-88.
- Behaviour and Attitudes, 1999,** A Survey of 18-30 Year Olds, July, Dublin: Wilson Hartnell Public Relations.
- Bennun, I., 1985.** "Behavioural Marital Therapy: An Outcome Evaluation of Conjoint, Group and One-Spouse Treatment". *Scandinavian Journal of Behaviour Therapy*, Volume 14, pp. 157-168.
- Bennun, I., 1985b.** "Prediction and Responsiveness in Behavioural Marital Therapy", *Behavioural Psychotherapy*, Volume 13, pp. 186-201.
- Bennun, I. 1997.** "Relationship Interventions with One Partner". In W.K. Halford and H.J. Markman (Editors), *Clinical Handbook of Marriage and Couples Intervention*, Chichester, UK: John Wiley & Sons Ltd.
- Bergin, A.E., and Garfield, S.L., (Editors) 1994.** *Handbook of Psychotherapy and Behaviour Change*. (4th Edition) New York: John Wiley & Sons.
- Bergamn, LR., and Syme, SL., 1979.** "Social Networks, Host Resistance and Mortality: A Nine Year Follow-up Study of Alameda County Residents", *American Journal of Epidemiology*, 109, pp.186-204.
- Bird, C. E., 1999.** "Gender, Household Labour, and Psychological Distress: The Impact of the Amount and Division of Housework", *Journal of Health and Social Behaviour*, Volume 4, pp. 32-45.
- Bland, R. and Orn, H., 1986.** "Family Violence and Psychiatric Disorder", *Canadian Journal of Psychiatry*, Volume 31 (March), pp. 129-137.

Bohan, H. and Kennedy, G., (Editors), 1999. Are We Forgetting Something? Our Society in the New Millennium, Dublin:Veritas.

Bohan, H. and Kennedy, G., (Editors), 2000. Working Towards Balance, Dublin:Veritas.

Booth, A., 1999. "Causes and Consequences of Divorce: Reflections on Recent Research", in Thompson, R.A., and Amato, P.R., (Editors), The Postdivorce Family: Children, Parenting and Society, London: Sage Publications, pp.29-48.

Bouchard, G., Lussier, Y. and Sabourin, S., 1999. "Personality and Marital Adjustment: Utility of the Five-factor Model of Personality", Journal of Marriage and the Family, Aug; Volume 61(3), pp. 651-660.

Bray, J.H. and Jouriles, E.N., 1995. "Treatment of Marital Conflict and Prevention of Divorce", Journal of Marital and Family Therapy, October; Volume 21(4), pp. 461-473.

Brinkerhoff, M.B. and Lupri, E., 1988. "Interspousal Violence", Canadian Journal of Sociology, Volume 12(4), pp. 407-434.

Brush, L.D., 1990. "Violent Acts and Injurious Outcomes in Married Couples: Methodological Issues in the National Survey of Families and Households", Gender & Society, Volume 4(1)(March), pp. 56-67.

Burger, A.L., and Jacobson, N.S., 1979. "The Relationship Between Sex Role Characteristics, Couple Satisfaction and Problem-Solving Skills", American Journal of Family Therapy, Volume 7, pp. 52-61.

Cade, B. and O'Hanlon, W.H., 1993. A Brief Guide to Brief Therapy, London: Norton Publishers.

Callan, T., Layte, R., Nolan, B., Watson, D., Whelan, C.T. Williams, J. and Maitre, B., 1999. Monitoring Poverty Trends: Data from the 1997 Living in Ireland Survey, June, Dublin: Stationery Office and Combat Poverty Agency.

Canadian Centre For Justice Statistics, 2000. Family Violence in Canada: A Statistical Profile 2000, The Daily: Statistics Canada.

Cantillon, S. and Nolan, B., 1998. "Are Married Women More Deprived than their Husbands?", Journal of Social Policy, Volume 27(2), pp.151-171.

Cantillon, S. Gannon, B., and Nolan, B., 2002. The Allocation of Resources Within Households: Learning from Non-Monetary Indicators, Unpublished Report, April, Dublin: Combat Poverty Agency.

Carr, A., 1999. The Handbook of Child and Adolescent Clinical Psychology: A Contextual Approach, London: Routledge.

Carrado, M., George, M.J., Loxam, E., Jones, L. and Templar, D., 1996. "Aggression in British Heterosexual Relationships: A Descriptive Analysis", Aggressive Behaviour, Volume 22, pp. 401-415.

Central Statistics Office, 1999, Population and Labour Force Projections, 2001-2031, July, Dublin: Central Statistics Office.

Chase Lansdale, P.L., Cherlin, A., and Kiernan, K.E., 1995. "The Long-term Effects of Parental Divorce on the Mental Health of Young Adults: A Developmental Perspective", Child Development, Volume 66, pp. 1614-1634.

Christensen, A., 1987. "Detection of Conflict Patterns in Couples". In K. Hahlweg & M. Goldstein (Editors.), Understanding Major Mental Disorder (pp. 250-265). New York: Family Process.

Christensen, A.C., and Heavey, C.L., 1990. "Gender and Social Structure in the Demand/Withdraw Pattern of Marital Conflict", Journal of Personality and Social Psychology, Volume 59, pp. 73-81.

Clarke, L. and Berrington, A., 1999. "Socio-Demographic Predictors of Divorce". In J. Simons, (Editor) High Divorce Rates: The State of the Evidence on Reasons and Remedies, London: Lord Chancellor's Department, Research Programme, Research Series Number 2/99, Volume 1, pp. 1-37.

Clements, Stanley and Markman, 1997. Predicting Divorce: A Discriminant Analysis. Manuscript. Cited at the following website: <http://www.smartmarriages.com/hope.html>.

Cline, V., Mejca, J., Coles, J., Klein, N. and Cline, R., 1984. "The Relationship Between Therapist Behaviours and Outcome for Middle and Lower Class Couples in Marital Therapy", *Journal of Clinical Psychology*, Volume 40(3), pp. 691-704.

Clulow, C., 1998. "Gender, Attachment and Communication in Marriage", *Sexual and Marital Therapy*, Volume, 13(4), pp. 449-460.

Coleman, J.S., 1988. "Social Capital in the Creation of Human Capital", *American Journal of Sociology*, Volume 94, Supplement, pp. 95-120.

Commission on the Family, 1996. Strengthening Families for Life, Interim Report, November, Dublin: Stationery Office.

Commission on the Family, 1998. Strengthening Families for Life, Final Report, July, Dublin: Stationery Office.

Constitution Review Group, 1996. Report of the Constitution Review Group, Dublin: Stationery Office.

Council for Research and Development, 2001. Surveys of Weekly or More Mass Attendance Rates, 1973-1998, Unpublished, Maynooth: Council for Research and Development.

Cowen, E., Pedro-Carroll, J., and Alpert-Gillis, L., 1990. "Relationships between Support and Adjustment Among Children of Divorce", *Journal of Child Psychology and Psychiatry*, Volume 31, pp.727-735.

Davis, H. and Hester, P., 1998. An Independent Evaluation of Parent-Link: A Parenting Education Programme, London: Parent Network.

Davidson, B., 1984. "A Test of Equity Theory for Marital Adjustment", *Social Psychology Quarterly*, Volume 47(1), pp. 36-42

Dunn, R.L. and Schwebel, A.I., 1995. "Meta-Analytic Review of Marital Therapy Outcome Research", *Journal of Family Psychology*, Volume 9(1), pp. 58-68.

Eurobarometer, 1993. Les Européens et la famille. Eurobarometre, 39. Luxembourg: Office for Official Publications of the European Communities.

Eurostat, 2000. Living Conditions in Europe. Statistical Pocketbook. Theme 3: Population and Social Conditions, Luxembourg: Office for Official Publications of the European Communities.

Eysenck, H.J., 1952. "The Effects of Psychotherapy: An Evaluation", *Journal of Consulting Psychology*, Volume 16, pp. 319-324.

Fahey, T. and Lyons, M., 1995. Marital Breakdown and Family Law in Ireland, Dublin: Oak Tree Press.

Fahey, T. and Russell, H., 2002. Family Formation in Ireland: Trends, Data Needs and Implications, Report to the Department of Social, Community and Family Affairs. Dublin: Economic and Social Research Institute.

Fincham, F.D. and Bradbury, T.N., (Editors) 1990. The Psychology of Marriage, New York: Guilford.

Fincham, F. D., Beach, S. R. H., Harold, G. T. and Osborne, L. N., 1997. "Marital Satisfaction and Depression: Different Causal Relationships for Men and Women?" *Psychological Science*, Volume 8, pp. 351-357.

FitzGerald, G., 1999. "Marriage in Ireland Today", in D. Lane, ed., New Century, New Society. Christian Perspectives. Dublin: Columba Press.

Floyd, F. J. and Markman, H. J., 1983. "Observational Biases in Spousal Observations: Toward a Cognitive Behavioral Model of Marriage", *Journal of Consulting and Clinical Psychology*, Volume 51, pp. 450-457.

Frankel, B.R. and Piercy, F.P., 1990. "The Relationship among Selected Supervisor, Therapist and Client Behaviours", *Journal of Marital and Family Therapy*, Volume 16, pps. 407-421.

Freud, S., 1958. "On the Beginning of Treatment: Further Recommendations on the Technique of Psychoanalysis". In J. Strachey, (Editor and Translator), *Standard Edition of the Complete Psychological Works of Sigmund Freud*, Volume 12, London: Hogarth Press, pp.122-144. (First published in 1912).

Freud, S., 1966. "The Dynamics of Transference". In J. Strachey, (Editor and Translator), *Standard Edition of the Complete Psychological Works of Sigmund Freud*, Volume 12, London: Hogarth Press, pp. 97-108. (First published in 1913).

Freud, S., 1985. *Civilization and Its Discontents*, (First published in 1930). London: Penguin Books.

Friedlander, M.L., Wildman, J., Heatherington, L., and Skowron, E.A., 1994. "What We Do and Don't Know about the Process of Family Therapy", *Journal of Family Psychology*, Volume 8, pp. 390-416.

Friel, S., Nic Gabhainn, S., and Kelleher, C., 1999. *The National Health and Lifestyle Surveys: Survey of Lifestyle, Attitudes and Nutrition (SLÁN) and The Irish Health Behaviour in School-Aged Children Survey (HBSC)*, Dublin: Health Promotion Unit, Department of Health and Children and Galway: Centre for Health Promotion Studies, National University of Ireland, Galway.

Fromm, E., 1956. *The Art of Loving*, New York: Harper & Row, Inc.

Gaelick, L., Bodenhausen, G.V. and Wyer, R. S. J., 1985. "Emotional Communication in Close Relationships", *Journal of Personality and Social Psychology*, Volume 49, pp. 1246-1265.

Garfield, S.L., 1994. "Research on Client Variables in Psychotherapy". In A.E. Bergin and S.L. Garfield, (Editors), *Handbook of Psychotherapy and Behaviour Change*, Fourth Edition, New York: Wiley.

George, E., Iveson, C. and Ratner, H., 1997. *Problem to Solution*, London: Brief Therapy Press.

Giddens, A., 1992. *The Transformation of Intimacy: Sexuality, Love and Eroticism in Modern Societies*, Cambridge UK: Polity Press.

Glass, J. and Fujimoto, T., 1994. "Housework, Paid Work, and Depression among Husbands and Wives", *Journal of Health and Social Behaviour*, Volume 35, pp. 179-191.

Glass, S.P. and Wright, T.L., 1997. "Reconstruction after Infidelity". In W.K. Halford, and H.J. Markman, (Editors), *The Clinical Handbook of Marital and Couples Interventions*, London: John Wiley and Sons.

Goldberg, D.P., 1972. *The Detection of Psychiatric Illness by Questionnaire*, London: Oxford University Press.

Goldberg, D.P. and Williams, P., 1988. *A Users Guide to the General Health Questionnaire*, Nfer-Nelson.

Goleman, D., 1996. *Emotional Intelligence: Why it can matter more than IQ*. London: Bloomsbury Publishing.

Gotlieb, S., 2002. "The Capacity for Love", in Mann, D., (Editor), *Love and Hate: Psychoanalytic Perspectives*, East Sussex: Brunner-Routledge, pp.68-85.

Gottman, J.M., 1994. *What Predicts Divorce?*, Hillsdale, NJ: Lawrence Erlbaum Assoc.

Gottman, J., 1997. *Why Marriages Succeed or Fail ... And How You Can Make Yours Last*, New York: A Fireside Book.

Gurman, A., Kniskern, D. and Pinsof, W., 1986. "Research on the Process and Outcome of Marital and Family Therapy". In S. Garfield and A. Bergin (Editors), *Handbook of Psychotherapy and Behaviour change*. Chichester: Wiley.

- Hahlweg, K. and Markman, H.J., 1988.** "Effectiveness of Behavioural Marital Therapy: Empirical Status of Behavioural Techniques in Preventing and Alleviating Marital Distress", *Journal of Consulting and Clinical Psychology*, Volume 56, pp. 440-447.
- Halford, W.K., and Behrens, B.C. 1996.** "Prevention of Marital Difficulties", in Cotton, P., and Jackson, H., (Editors), *Early Intervention and Prevention in Mental Health*, Australia: The Australian Psychological Society Limited.
- Halford, W.K. and Markman, H.J., (Editors), 1996.** *The Clinical Handbook of Marital and Couples Interventions*, London: John Wiley and Sons.
- Hannan, D. and O'Riain, S., 1993.** *Pathways to Adulthood in Ireland: Causes and Consequences of Success and Failure in Transitions Amongst Irish Youth*, General Research Series Paper Number 161, December, Dublin: Economic and Social Research Institute.
- Hawkins, A., Christiansen, S.L., Pond Sargent, K. and Hill, E.J., 1995.** "Rethinking Fathers Involvement in Child Care: A Developmental Perspective". In W. Marsiglio, (Editor), *Fatherhood: Contemporary Theory, Research, and Social Policy*, London: Sage.
- Heavey, C. L., Layne, C. and Christensen, A.A. , 1993.** "Gender and Conflict Structure in Marital Interaction: A Replication and Extension", *Journal of Consulting and Clinical Psychology*, Volume 61, pp. 16-27.
- Hederman, M.P., 2000.** *Manikon Eros: Mad, Crazy Love*, Dublin: Veritas.
- Headey, B., Funder, K., Scott, D., Kelley, J. & Evans, M.D.R., 1996.** "Family Interaction Module" in J. Kelley and M.D.R. Evans (eds.) *IssA: International Social Science Survey/Australia 1996/97: Questionnaire*. Canberra and Melbourne: Australian National University and University of Melbourne.
- Headey, B., Scott, D. & Devaus, D., 1999.** "Domestic Violence in Australia: Are Women and Men Equally Violent?" *Australian Monitor*, 2(3), July.
- Hetherington, E.M., Law, T.C., and O'Connor, T.G., 1993.** "Divorce: Challenges, Changes and New Chances, in Walsh, F., (Editor), *Normal Family Processes*, Second Edition, New York: Guilford Press, pp.208-234.
- Hetherington, M., and Kelly, J., 2002.** *For Better or For Worse: Divorce Reconsidered*, New York and London: Norton and Company.
- Hillman, J. and Ventura, M., 1993.** *We've Had a Hundred Years of Psychotherapy – And the World's Getting Worse*, San Francisco: Harper San Francisco.
- Hirst, J.F. and Watson, J.P., 1997.** "Therapy for Sexual and Relationship Problems: The Effects on Outcome of Attending as an Individual or as a Couple", *Sexual and Marital Therapy*, Volume 12(4), pp. 321-337.
- Horvath, A.O. and Luborsky, L., 1993.** "The Role of the Alliance in Psychotherapy", *Journal of Consulting and Clinical Psychology*, Volume 61, pp.561-573.
- Horwitz, A.V., McLaughlin, J. and Raskin White, H., 1998.** "How the Negative and Positive Aspects of Partner Relationships Affect the Mental Health of Young Married People", *Journal of Health and Social Behaviour*, Volume 39 (June), pp. 124-136.
- Horwitz, A. V. and White, H. R., 1991.** "Becoming Married, Depression, and Alcohol Problems among Young Adults", *Journal of Health and Social Behaviour*, Volume 32, pp. 221-237.
- Howe, D., 1999.** "The Main Change Agent in Psychotherapy is the Relationship Between Therapist and Client". In C. Feltham, (Editor), *Controversies in Psychotherapy and Counselling*, London: Sage Publications, pp. 95-103.
- Hunsley, J. and Lee, C.M., 1995.** "The Marital Effects of Individually Oriented Psychotherapy: Is there Evidence for the Deterioration Hypothesis?", *Clinical Psychology Review*, Volume 15(1), pp. 1-22.
- Hunt, P., 1985.** *Clients' Responses to Marriage Counselling*, Research Report Number 3, Rugby, England: National Marriage Guidance Council [Relate].

Huppe, M. and Cyr, M., 1997. "Repartition des Taches Familiales et Satisfaction Conjugale de Couples a Double Revenu selon les Cycles Familiaux", Canadian Journal of Counselling, Volume 31(2), pp. 145-162.

Industrial Earnings and Hours Worked, 2001. December 2001 (Final) and March 2002 (Preliminary), Dublin: Central Statistics Office. www.cso.ie

Jacobs, M., 1996. "Suitable Clients for Counselling and Psychotherapy", Self and Society, Volume 24(5), pp. 3-7.

Jacobson, N.S. and Addis, M.E., 1993. "Research on Couples and Couple Therapy: What do we Know? Where are we Going?", Journal of Consulting and Clinical Psychology, Volume 61, pp. 85-93.

Jacobson, N.S., and Christensen, A. 1996. Integrative Couple Therapy, New York: Norton.

Johnson, Z., Howell, F. and Molloy, B., 1993. "Community Mothers Programme: Randomised Controlled Trial of Non-Professional Intervention in Parenting", British Medical Journal, Volume 306, pp. 1449-1452.

Johnson, S.M. and Talitman, E., 1997. "Predictors of Success in Emotionally Focused Marital Therapy", Journal of Marital and Family Therapy, April, Volume 23(2), pp. 135-152.

Johnstone, M., 1993. "Counselling". In K. McLeish (Editor), Guide to Human Thought, London: Bloomsbury Publishing Ltd.

Julien, D., Arellano, C. and Turgeon, L., 1997, "Gender Issues in Heterosexual, Gay and Lesbian Couples". In W.K. Halford, and H.J. Markman, (Editors), The Clinical Handbook of Marital and Couples Interventions, London: John Wiley and Sons.

Kaplan, D., 2000. Structural Equation Modelling: Advanced Methods and Applications, London: Sage Publications.

Kaufmann, F.X., Kuijsten, A., Schulze, H.J. and Strohmeir, KP., 1997. Family Life and Family Policies in Europe, Volume 1, Structures and Trends in the 1980s, Oxford: Clarendon Press.

Kelly, A.B. and Halford, W.K., 1997. "Couples in Therapy: Assessing the Heart of the Matter", Sexual and Marital Therapy, Volume 12(1), pp. 5-21.

Kennedy, F., 2001. Cottage to Crèche: Family Change in Ireland, Dublin: Institute of Public Administration.

Kiecolt-Glaser, J.K. and Newton, T.L., 2001. "Marriage and Health: His and Hers", Psychological Bulletin, *forthcoming*.

Kiely, G., 1996. "Fathers in Families". In I., Colgan McCarthy, (Editor), Irish Family Studies: Selected Papers, University College Dublin, pp. 147-158.

Kiley, 1998. "Marriage and Relationship Counselling in a Changing Society", in Final Report of the Commission on the Family, Strengthening Families for Life, Dublin: Stationery Office, pp. 193-195.

Kopta, SM., Howard, KI., Lowry, JL. & Beutler, LE., 1992. "The Psychotherapy Dosage Model and Clinical Significance: Estimating How Much is Enough for Psychological Symptoms". June. Paper presented at the Society for Psychotherapy, Berkeley, CA.

Krokoff, L.J., 1987. The Correlates of Negative Affect in Marriage: An Exploratory Study of Gender Differences, Journal of Family Issues, Volume 8, pp. 111-135.

Kwong, MI., Bartholomew, K., and Dutton, DG., 1999. "Gender Differences in Patterns of Relationship Violence in Alberta", Canadian Journal of Behavioural Science, 31:3, pp. 150-160.

Labour Force Survey, 1997, Dublin: Central Statistics Office.

- Lambert, M.J., 1992.** "Implications of Outcome Research for Psychotherapy Integration". In J.C. Norcross and M.R. Goldstein, (Editors), *Handbook of Psychotherapy Integration*, New York: Basic, pp. 94-129.
- Lambert, M.J., and Bergin, A.E., 1994.** "The Effectiveness of Psychotherapy". In A.E. Bergin and S.L. Garfield, (Editors), *Handbook of Psychotherapy and Behaviour Change*, Fourth Edition, New York: Wiley, pp. 143-189.
- Laplanche, J., and Popntalis, J.B., 1988.** *The Language of Psychoanalysis*, London: Karnac Books.
- Larson, R.W. and Almeida, D. M., 1999.** "Emotional Transmission in the Daily Lives of Families: A New Paradigm for Studying Family Process", *Journal of Marriage and the Family*, 61:5-20.
- Lawson, A., 1988.** *Adultery*. New York: Basic Books.
- Leonard, P.E., 1999.** *Like Ministering to Like: The Origins and Growth of ACCORD, The Catholic Marriage Counselling Service in the Catholic Church in Ireland*, Dublin: Columba Press.
- Levenson, R. W., Carstensen, L. L. and Gottman, J. M., 1994.** The Influence of Age and Gender on Affect, Physiology, and their Interrelations: A Study of Long-term Marriages", *Journal of Personality and Social Psychology*, Volume 45, pp. 587-597.
- Levenson, R.W. and Gottman, J.M., 1985.** "Physiological and Affective Predictors of Change in Relationship Satisfaction", *Journal of Personality and Social Psychology*, Volume 49, pp. 587-597.
- The Lord Chancellor's Advisory Group on Marriage and Relationship Support, 2002.** *Moving Forward Together: A Proposed Strategy for Marriage and Relationship Support for 2002 and Beyond*, February, London: The Lord Chancellor's Department.
- Lynch, K., and McLaughlin, E., 1995.** "Caring Labour and Love Labour", in Clancy, P., (Editor), *Irish Society: Sociological Perspectives*, Dublin: Institute of Public Administration.
- Lynch, K., 1996.** "Defining the Family and Protecting the Caring Functions of Both Traditional and Non-Traditional Families". In Report of the Constitution Review Group, Dublin: Stationery Office, pp. 627-629.
- McAllister, F., (Editor), 1995.** *Marital Breakdown and the Health of the Nation*, Second Edition, London: OnePlusOne.
- McAllister, F., 1999.** "Effects of Changing Material Circumstances on the Incidence of Marital Breakdown". In J. Simons, (Editor) *High Divorce Rates: The State of the Evidence on Reasons and Remedies*, London: Lord Chancellor's Department, Research Programme, Research Series Number 2/99, Volume 1.
- McCarthy, P., Walker, J. and Kain, J., 1998.** *Telling It As It Is: The Client Experience of Relate Counselling*, University of Newcastle: Newcastle Centre for Family Studies.
- McFarland Solomon, H., 2002.** "Love: Paradox of Self and Other", in Mann, D., (Editor), *Love and Hate: Psychoanalytic Perspectives*, East Sussex: Brunner-Routledge, pp.53-67.
- McKeown, K., 2000.** *Supporting Families: A Guide to What Works in Family Support Services for Vulnerable Families*, October, Dublin: Stationery Office.
- McKeown, K., 2001.** *Fathers and Families: Research and Reflection on Key Questions*, December, Dublin: Department of Health and Children.
- McKeown, K., and Sweeney, J., 2001.** *Family Well-Being and Family Policy: A Review of Research on Benefits and Costs*, June, Dublin: Department of Health and Children.
- McKeown, K., Haase, T. and Pratschke, T., 2001.** *Springboard: Promoting Family Well-Being Through Family Support Services*, Final Evaluation of Springboard, December, Dublin: Department of Health and Children.

McKeown, K. and Kidd, P., 2001. Men and Domestic Violence: What Research Tells Us, Unpublished Report, Dublin: Department of Health and Children.

McLennan, J., 1999. "Becoming an Effective Psychotherapist or Counsellor: Are Training and Supervision Necessary?". In C. Feltham, (Editor), *Controversies in Psychotherapy and Counselling*, London: Sage Publications, pp. 164-173.

Magdol, L, Moffit, T.E., Caspi, A., Newman, D.L., Fagan, J. and Silva, P.A., 1997. "Gender Differences in Partner Violence in a Birth Cohort of 21-year-olds: Bridging the Gap between Clinical and Epidemiological Approaches", *Journal of Consulting and Clinical Psychology*, 65(1):68-78.

Mann, D., 2002. "The Desire for Love and Hate (By way of a poetic polemic)", in Mann, D., (Editor), *Love and Hate: Psychoanalytic Perspectives*, East Sussex: Brunner-Routledge, pp. 1-27.

Mann, D., 2002. "In Search of Love and Hate", in Mann, D., (Editor), *Love and Hate: Psychoanalytic Perspectives*, East Sussex: Brunner-Routledge, pp.31-52.

Margolin, G. and Wampold, B.E., 1981. "Sequential Analysis of Conflict and Accord in Distressed and Non-distressed Marital Partners", *Journal of Consulting and Clinical Psychology*, Volume 49, pp. 554-567.

Markman, H.J., 1991. "Constructive Marital Conflict is not an Oxymoron", *Behavioural Assessment*, Volume 13, pp. 3-96.

Markman, H.J., 1994. "Men and Women in Relationships: Implications from a Prevention Perspective". In V.M. Follette (Chair), *Gender Issues in Couples' Research*. Symposium conducted at the 28th Annual Convention of the Association for the Advancement of Behaviour Therapy, San Diego, CA, November.

Markman, HJ., Stanley, S. and Blumberg, S., 1994. *Fighting for Your Marriage*. San Francisco: Jossey-Bass.

Marsiglio, W., 1995. "Fathers' Diverse Life Course Patterns and Roles". In W. Marsiglio (Editor), *Fatherhood: Contemporary Theory, Research, and Social Policy*, London: Sage.

Miller, S.D., Duncan, B.L. and Hubble, M.A., 1997. *Escape from Babel: Towards a Unifying Language for Psychotherapy Practice*, London: WW Norton and Company.

Minister for Social Community and Family Affairs, 2001a. "Foreword", to Ryan, AB., *How Was It for You? Learning from Couples' Experiences of their First Year of Marriage*, Maynooth NUI: Centre for Adult and Community Education.

Minister for Social Community and Family Affairs, 2001b. "Foreword", to Lundstrom, F., *Grandparenthood in Modern Ireland*, Dublin: Age Action Ireland Limited.

Mirlees-Black, C., 1999. *Domestic Violence: Findings from a New British Crime Survey Self-Completion Questionnaire*, Home Office Research report 191, London :The Home Office HMSO.

Morse, B.J., 1995. "Beyond the Conflict Tactics Scale: Assessing Gender Differences in Partner Violence", *Violence and Victims*, Volume 10(4), pp. 251-272.

Moukaddem, S., Fitzgerald, M. and Barry, M., 1998. "Evaluation of a Child and Family Centre", *Child Psychology and Psychiatry Review*, Volume 3(4), pp. 161-168.

Mullin, E., Oulton, K. and James, T., 1995. "Skills Training with Parents of Physically Disabled Persons", *International Journal of Rehabilitation Research*, Volume 18, pp. 142-145.

Mullin, E., Proudfoot, R. and Glanville, B., 1990. "Group Parent Training in the Eastern Health Board: Programme Description and Evaluation", *Irish Journal of Psychology*, Volume 11(4), pp. 342-353.

Mullin, E., Quigley, K. and Glanville, B., 1994. "A Controlled Evaluation of the Impact of a Parent Training Programme on Child Behaviour and Mothers' General Well-Being", *Counselling Psychology Quarterly*, Volume 7(2), pp. 167-179.

Murray, D., 2000, "Bishop Donal Murray's Address to Conference", IN *ACCORD: Newsletter of ACCORD Catholic Marriage Counselling Service*, Summer, Dublin:ACCORD.

Murray, S.L., Holmes, J.G. and Griffin, D.W., 1996. The Benefits of Positive Illusions: Idealisation and the Construction of Satisfaction in Close Relationships. *Journal of Personality and Social Psychology*, Volume 70, pp. 79-98.

Najman, J.M., Behrens, B.C., Andersen, M., Bor, W, O'Callaghan, M. and Williams, GM., 1997. "Impact of Family Type and Family Quality on Child Behaviour Problems: A Longitudinal Study", *Journal of the American Academy of Child and Adolescent Psychiatry*, Volume 36(10), pp. 1357-1365.

Needleman, J., 1996. *On Love: Is the Meaning of Life to be Found in Love?*, London:Arkana Penguin Books.

Nolan, B., 1991. The Utilisation and Financing of Health Services in Ireland, General Research Series, Paper 155, December, Dublin: Economic and Social Research Institute.

Nolan, B. and Watson, D., 1999. *Women and Poverty in Ireland*, Dublin: Oak Tree Press and the Combat Poverty Agency.

Noller, P. and Fitzpatrick, M. A., 1990. "Marital Communication in the Eighties", *Journal of Marriage and the Family*, Volume 52, pp. 832-843.

Notarius, C., Benson, S., Sloane, D., Vanzetti, N. and Hornyak, L., 1989. "Exploring the Interface between Perception and Behaviour: An Analysis of Marital Interaction in Distressed and Nondistressed Couples", *Behavioral Assessment*, Volume 11, pp. 39-64.

Notarius, C. and Markman, H., 1989. "Coding Marital Interaction: A Sampling and Discussion of Current Issues", *Behavioural Assessment*, Volume 11, pp. 1-11.

Notarius, C. I. and Johnson, J. S., 1982. "Emotional Expression in Husbands and Wives", *Journal of Marriage and the Family*, Volume 44, pp. 483-489.

O'Farrell, T., Hooley, J., Fals-Stewart, W. and Cutter, H. S. G., 1998. "Expressed Emotion and Relapse in Alcoholic Patients", *Journal of Consulting and Clinical Psychology*, Volume 66, pp. 744-752.

Ogles, B.M., Anderson, T. and Lunnen, K.M., 1999. "The Contribution of Models and Techniques to Therapeutic Efficacy: Contradictions Between Professional Trends and Clinical Research". In M.A. Hubble, B.L. Duncan and S.D. Miller, (Editors), *The Heart and Soul of Change: What Works in Therapy*, Washington DC: American Psychological Association, pp. 201-226.

O'Leary, K. D., Christian, J. L. and Mendell, N. R., 1994. "A Closer Look at the Link between Marital Discord and Depressive Symptomatology" *Journal of Social and Clinical Psychology*, Volume 13, pp. 33-41.

O'Halloran, M. and Carr, A., 1999. "Adjustment to Parental Separation and Divorce". In A. Carr, (Editor), *What Works for Whom with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families*, London: Routledge, pp. 259-277.

O'Leary, K.D. and Arias, I., 1988. "Assessing Agreement of Reports of Spouse Abuse". In G.T. Hotaling, D. Finkelhor, J.T. Kirkpatrick and M.A. Straus (Editors.), *Family Abuse and Its Consequences*, London: Sage Publications.

O'Leary, K.D. and Vivian, D., 1990. "Physical Aggression in Marriage". In Fincham, F.D., and Bradbury, T.N., (Editors), *The Psychology of Marriage: Basic Issues and Applications*, London: The Guilford Press, Chapter 11, pp. 323-348.

One Plus One, 1999. "Focus on ... Marital Quality and Parenting" in Bulletin Plus: The News Magazine of One Plus One Marriage and Partnership Research, November, Volume 3, Number 4.

Orlinksy, D.E., Graw, K. and Parks, B.K., 1994. "Process and Outcome in Psychotherapy – Noneinmal". In A.E. Bergin and S.L. Garfield (Editors), Handbook of Psychotherapy and Behaviour Change (4th Edition). New York: Wiley.

Oswald, A.J. and Blanchflower, D., 1999. "Well-Being Over Time in Britain and the USA", Unpublished Paper, November, Warrick: University of Warwick.

Ouspensky, P.D., 1920. Tertium Organum, Massachusetts, USA: Kessinger Publishing.

Plato, 1951. The Symposium, London: Penguin Classics, pp. 10- 27. [Original date 360 BC].

Quarterly National Household Survey, 2000. Third Quarter, 28 November, Dublin: Central Statistics Office.

Rabin, C, 1996. Equal Partners - Good Friends: Empowering Couples Through Therapy, London and New York: Routledge.

Reynolds, J. and Mansfield, P., 1999. "The Effect of Changing Attitudes to Marriage and its Stability". In J. Simons, (Editor) High Divorce Rates: The State of the Evidence on Reasons and Remedies, London: Lord Chancellor's Department, Research Programme, Research Series Number 2/99, Volume 1.

Rilke, R.M., 1975. Rilke on Love and Other Difficulties, Translations and Considerations by John J.L Mood, New York and London: WW Norton.

Rilke, R.M., 2000. Sonnets to Orpheus with Letters to a Young Poet, Translated by Stephen Cohn, Manchester: Carcanet Press.

Roberts, L.J. and Krokoff, L.J., 1990. "A Time-Series Analysis of Withdrawal, Hostility, and Displeasure in Satisfied and Dissatisfied Marriages" Journal of Marriage and the Family, Volume 52, pp. 95-105.

Rogers, C.R., 1957. "The Necessary and Sufficient Conditions of Therapeutic Personality Change", Journal of Consulting Psychology, Volume 21, pp. 95-103.

Rogers, 1961, On Becoming a Person, London, Constable & Co.

Ross, C.E., Mirowsky, J. and Goldsteen, K., 1990. "The Impact of the Family on Health: The Decade in Review", Journal of Marriage and the Family, Volume 55, pp. 1059-1078.

Rottman, 1994. "Allocating Money Within Households: Better Off Poorer?". In T. Nolan, and Callan, (Editors), Poverty and Policy in Ireland, Dublin: Gill and Macmillan, Chapter 13, pp.193-213.

Rumi, 1995. The Essential Rumi, Translated by Coleman Barks with John Moyne, San Francisco: Harper San Francisco.

Runyan, D., Hunter, W., Socolar, R., Amaya-Jackson, D., English, D., Landsverk, J., Dubowitz, H., Browne, D., Bangdiwala, S. and Matthew, R., 1998. "Children who Prosper in Unfavourable Environments: The Relationship to Social Capital", Pediatrics, Volume 101(1), pp. 12-18.

Saleeby, D., 1992, (Editor), The Strengths Perspective in Social Work Practice, New York: Longman.

Saleeby, D., 1996, "The Strengths Perspective in Social Work Practice: Extensions and Cautions", Social Work, Volume 41, Number 3, May, pp.296-305.

Saleeby, D., 2000, "Behind the Label: Discovering the Promise in Individuals and Families 'At Risk'", Irish Social Worker, Volume 18, Number 1, Summer, pp.4-10.

Sayers, S.I., Baucom, D.H., Sher, T.G., Weiss, R.L. and Heyman, R.E., 1991. "Constructive Engagement, Behavioural Marital Therapy and Changes in Marital Satisfaction", Behavioural Assessment, Volume 13, pp. 25-49.

Scanzoni J. and Godwin, DD., 1990. "Negotiation Effectiveness and Acceptable Outcomes", *Social Psychology Quarterly*, Volume 53(3), pp. 239-251.

Schwartz, SE., 1999. "Archetypal Influences in Contemporary Society: Marriage and Divorce, Lecture to the Irish Analytical Psychology Association, Dublin, 11 June.

Scovern, A.W., 1999. "From Placebo to Alliance: the Role of Common Factors in Medicine". In M.A. Hubble, B.L. Duncan and S.D. Miller, (Editors), *The Heart and Soul of Change: What Works in Therapy*, Washington: American Psychological Association, pp. 259-295.

Shadish, W.R., Montgomery, L.M., Wilson, P., Wilson, M.R., Bright, I. and Okwumabua, T., 1993. "Effects of Family and Marital Psychotherapies: A Meta-analysis", *Journal of Consulting and Clinical Psychology*, Volume 61, pp. 992-1002.

Shadish, W.R., Ragsdale, K., Glaser, R.R. and Montgomery, L., 1995. "The Efficacy and Effectiveness of Marital and Family Therapy: A Perspective from Meta-Analysis", *Journal of Marital and Family Therapy*, Volume 21(4), pp. 345-360.

Shapiro, D., and Barkham, M., Undated, *RELATE Clients: Who They Are and What They Tell Us*, London: Department of Social Security.

Shields, CG. and McDaniel, SH., 1992. "Process Differences Between Male and Female Therapists in a First Family Interview", *Journal of Marital and Family Therapy*, 18, pp. 143-151.

Smith, M., and Glass, C., 1977. "Meta-analysis of Psychotherapy Outcome Studies", *American Psychologist*, Volume 32, pp. 752-760.

Snyder, D.K., Wills, R.M. and Grady-Fletcher, A., 1991. Long-Term Effectiveness of Behavioural Versus Insight-Oriented Marital Therapy: A 4-Year Follow-Up Study. *Journal of consulting and Clinical Psychology*, Volume 59(1), pp. 146-149.

Snyder, C.R., Michael, S.T. and Cheavens, JS., 1999. "Hope as a Psychotherapeutic Foundation of Common Factors, Placebos, and Expectancies". In M.A. Hubble, B.L. Duncan and S.D. Miller, (Editors), *The Heart and Soul of Change: What Works in Therapy*, Washington DC: American Psychological Association, pp. 179-200.

Spanier, G.B., 1976. "Measuring Dyadic Adjustment: New Scales for Assessing the Quality of Marriage and Similar Dyads", *Journal of Marriage and the Family*, February, Volume 38, pp. 15-28.

Spanier, G.B. and Filsinger, EE., 1983. "The Dyadic Adjustment Scale". In E.E. Filsinger, (Editor), *Marriage and Family Assessment: A Sourcebook of Family Therapy*, Beverly Hills: Sage Publications.

Sprecher, S. 1986. "The Relation Between Inequity and Emotions in Close Relationships", *Social Psychology Quarterly*, Volume 49(4), pp. 309-321.

Sprenkle, D.H., Blow, A.J. and Dickey, M.H., 1999. "Common Factors and Other Non-technique Variables in Marriage and Family Therapy". In M.A. Hubble, B.L. Duncan and S.D. Miller, (Editors), *The Heart and Soul of Change: What Works in Therapy*, Washington: American Psychological Association, pp. 329-359.

Stack, S., and Eshleman, J.R., 1998. "Marital Status and Happiness: A 17-Nation Study", *Journal of Marriage and the Family*, Volume 60, May, pp. 527-536.

Stets, J.E. and Straus, M.A., 1989. "The Marriage License as a Hitting License: A Comparison of Assaults in Dating, Cohabiting, and Married Couples", *Journal of Family Violence*, 4(2), pp. 161-180 (For a revised and expanded version of this paper, see Stets & Straus, 1990b).

Stets, J.E. and Straus, M.A., 1990a. "Gender Differences in Reporting Marital Violence and Its Medical and Psychological Consequences". In M.A. Straus & R.J. Gelles (Editors.) *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*, London: Transaction Publishers.

Stets, J.E. and Straus, M.A., 1990b. "The Marriage License as a Hitting License: A Comparison of Assaults in Dating, Cohabiting, and Married Couples". In M.A. Straus & R.J. Gelles (Editors) *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*, London: Transaction Publishers.

Straus, M.A., 1993. "Physical Assaults by Wives: A Major Social Problem". In R.J. Gelles & D. R. Loseke (Editors) *Current Controversies on Family Violence*, London: Sage Publications, pp. 67-87.

Straus, M.A. and Gelles, R.J., 1986. "Societal Change and Family Violence from 1975 to 1985 as Revealed by Two National Surveys", *Journal of Marriage and the Family*, Volume 48, pp. 465-479.

Straus, M.A. and Gelles, R.J., 1988. "How Violent Are American Families? Estimates from the National Family Violence Resurvey and Other Studies". In G.T. Hotaling, D. Finkelhor, J.T. Kirkpatrick & M.A. Straus (Editors), *Family Abuse and Its Consequences*, London: Sage Publications

Straus, M.A. and Gelles, R.J., (Editors), 1990. *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*, London: Transaction Publishers.

Straus, M.A. and Gelles, R.J., 1990. "How Violent Are American Families? Estimates from the National Family Violence Resurvey and Other Studies". In M.A. Straus & R.J. Gelles (Editors.) *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*, London: Transaction Publishers.

Straus, M.A., Gelles, R.J. and Steinmetz, S., 1980. *Behind Closed Doors: Violence in the American Family*, New York: Doubleday.

Straus, M.A. and Kantor, G.K., 1994. "Changes in Spouse Assault Rates from 1975 to 1992: A Comparison of Three National Surveys in the US", Paper presented to the 13th World Congress of Sociology, Bielfeld, Germany, 19th July.

Sweeney, J., 1998. *Why Hold a Job? The Labour Market Choice of the Low Skilled*, Ph.D. Thesis, Number 123, Katholieke Universiteit Leuven.

Tallman, K. and Bohart, A.C., 1999. "The Client as a Common Factor". In M.A. Hubble, B.L. Duncan and S.D. Miller, (Editors), *The Heart and Soul of Change: What Works in Therapy*, Washington DC: American Psychological Association, pp. 91-132.

Task Force on Violence Against Women, 1997. Report, April, Dublin: Stationery Office.

Theodossiou, I., 1998. "The Effects of Low-Pay and Unemployment on Psychological Well-Being: A Logistic Regression Approach", *Journal of Health Economics*, p. 17.

Thorne, B., 1999. "Psychotherapy and Counselling are Indistinguishable". In C. Feltham, (Editor), *Controversies in Psychotherapy and Counselling*, London: Sage Publications, Chapter 24.

Tjaden, P. & Thoennes, N., 2000a. "Prevalence and Consequences of Male-to-Female and Female-to-Male Intimate Partner Violence as Measured by the National Violence Against Women Survey", *Violence Against Women*, 6(2):142-161.

Tjaden, P. & Thoennes, N., 2000b. "Full Report of the Prevalence and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey", US Dept. of Justice, Office of Justice Programmes: <http://www.ojp.usdoj.gov>

Tjaden, P. & Thoennes, N., 2000c. *Extent, Nature and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey*. Washington, DC: U.S. Department of Justice, National Institute of Justice, 2000, NCJ 18867.

Tolstoy, L., 1978. Anna Karenin, first published in 1878, London: Penguin Books.

Touliatos, J., Perlmutter, B.F. and Straus, M.A., (Editors), 1990. Handbook of Family Measurement Techniques, London: Sage Publications.

Tracy, E.M. and Whittaker, J.K., 1990. "The Social Network Map: Assessing Social Support in Clinical Practice", The Journal of Contemporary Human Services, October, pp. 461-470.

Valerio, P., 2002. "Love and Hate: A Fusion of Opposites – a Window to the Soul", in Mann, D., (Editor), Love and Hate: Psychoanalytic Perspectives, East Sussex: Brunner-Routledge, pp.253-26.

Van Widenfelt, B., Hosman, C., Schaap, C., and Van der Staak, C., 1996. "The Prevention of Relationship Distress for Couples at Risk: A Controlled Evaluation with Nine-Month and Two-Year Follow-Ups", Family Relations, Volume 56, pp.156-165.

Vital Statistics, 1996, Dublin: Stationery Office.

Waite, L.J., 1995. "Does Marriage Matter?", Demography, Volume 32(4) November, pp. 483-507.

Walker, J., 1995. The Cost of Communication Breakdown, Newcastle upon Tyne: Relate Centre for Family Studies.

Walker, L., (Editor), 1999, International Perspectives on Domestic Violence, American Psychologist, Special Edition, Volume 54, pp.21-65.

Wallerstein, J.S. and Blakeslee, S., 1996. The Good Marriage: How and Why Love Lasts, London: Bantam Press.

Wampold, B.E., Mondin, G.W., Moody, M., Stick, F., Benson, K. and Ahn, H., 1997. "A Meta-Analysis of Outcome Studies Comparing Bona-Fide Psychotherapies: Empirically "All Must Have Prizes"", Psychological Bulletin, Volume 122(3), pp. 203-215.

Ward, P., 1990. Financial Consequences of Marital Breakdown, Dublin: Combat Poverty Agency.

Weinberg, J., 1995. "Common Factors Aren't So Common: The Common Factors Dilemma", Clinical Psychology, Volume 2, pp. 45-69.

Weissman, M. M., 1987. "Advances in Psychiatric Epidemiology: Rates and Risks for Major Depression", American Journal of Public Health, Volume 77, pp. 445-451.

Weisz, J. and Weiss, B., 1993. Effects of Psychotherapy with Children and Adolescents, London: Sage.

Welwood, J., 2002. Toward a Psychology of Awakening: Buddhism, Psychotherapy and the Path of Personal and Spiritual Transformation, Boston and London: Shambhala.

Wesley, S. and Waring, E.M., 1996. "A Critical Review of Marital Therapy Outcome Research", Canadian Journal of Psychiatry, Sep; Volume 10(3), pp. 292-303.

Whelan, C., Hannan, D., Creighton, S., 1991. Unemployment, Poverty and Psychological Distress, January, Dublin: Economic and Social Research Institute.

Whisman, M.A. Dixon, A.E., and Johnson, B., 1995. "Therapists Perspectives of Couple Problems and Treatment Issues in the Practice of Couple Therapy", Cited in Whisman, M.A. and Snyder, D.K., 1997. "Evaluating and Improving the Efficacy of Conjoint Couple Therapy". In W.K. Halford and H.J. Markman, (Editors), Clinical Handbook of Marriage and Couples Interventions, New York: John Wiley and Sons, pp. 679-693.

Whisman, M.A. and Snyder, D.K., 1997. "Evaluating and Improving the Efficacy of Conjoint Couple Therapy". In W.K. Halford and H.J. Markman, (Editors), *Clinical Handbook of Marriage and Couples Interventions*, New York: John Wiley and Sons, pp. 679-693.

Wilkinson, R. G., 1996. *Unhealthy Societies: The Afflictions of Inequality*. Routledge: London and New York.

Winkelmann, L. and Winkelmann, R., 1998. "Why are the Unemployed so Unhappy? Evidence from Panel Data", *Economica*, 65, February.