

Distressed Relationships: Does Counselling Help?

Final Report

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Chapter One

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.

¹ Mann, 2002:15

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

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.

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

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 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
N 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 suggest 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.

¹² FitzGerald, 1999:83

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

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

Year	1986	1991	1996
N 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 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 Kiely 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,

14 Fahey and Lyons, 1995:110

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

16 Kiely, 1998:194

17 Constitution Review Group, 1996:332

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 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

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

23 Theodossiou, 1998

24 Winkelmann and Winkelmann, 1998

25 Sweeney, 1998

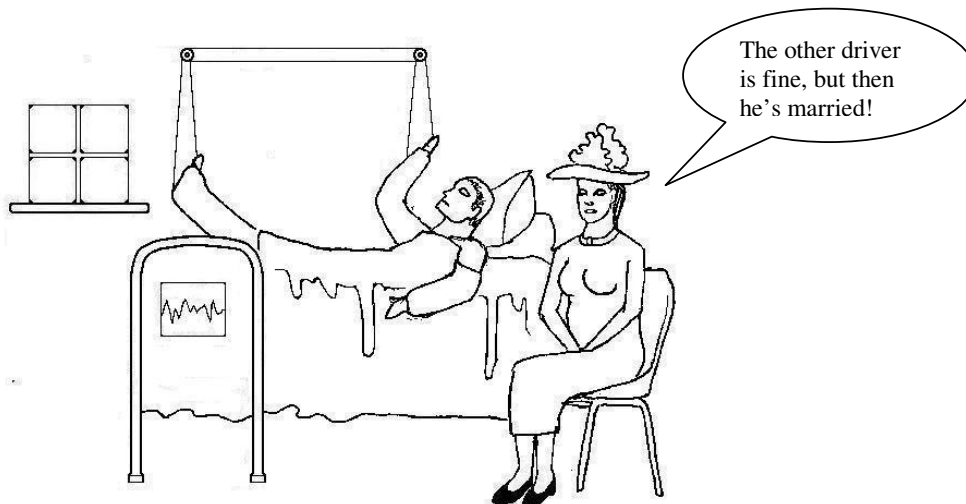
26 *ibid*

27 Oswald and Blanchflower, 1999:14

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 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 raise 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 does not provide definitive answers about whether marriage makes people healthier and happier, whether healthier and happier people are more likely to

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

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

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

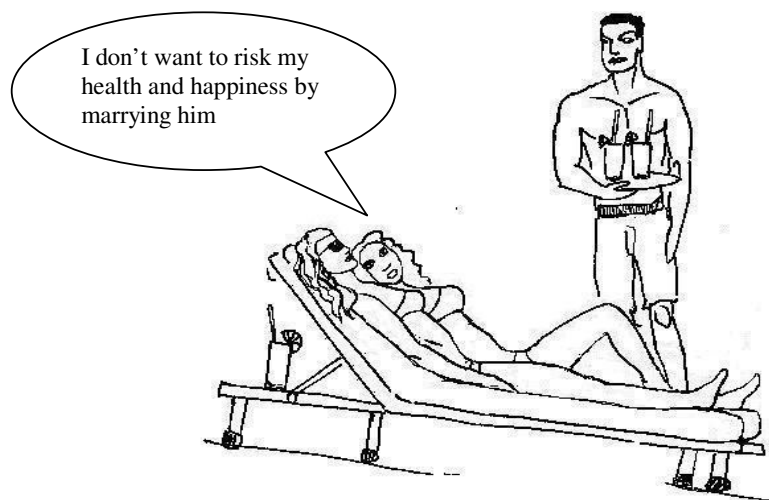
43 Booth, 1999:40

44 *ibid*:41

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

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 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

46 Kiecolt-Glaser and Newton, 2001

47 See Kelly and Halford, 1997

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

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.

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.

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

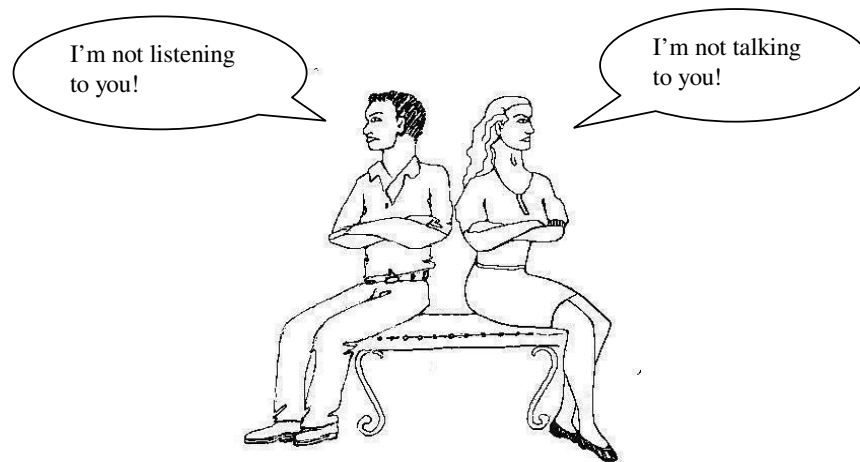
60 Bouchard, Lussier and Sabourin, 1999:657

61 Fincham and Bradbury, 1990

62 Goleman, 1996

63 Kiecolt-Glaser and Newton, 2001

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



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-construct 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 marriages"⁶⁶, 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.

1.4 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 of marital breakdown than in Ireland⁷⁵. Even among young people in

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

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 their 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.

regulatory measures (such as the constitution and family law) and distributive measures (eg. income support and various benefits in kind).

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 Two

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 credentialled 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.

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

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

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.

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

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 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 treatment”¹⁰⁹.

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.

¹⁰¹ Jacobson and Addis, 1993:86

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

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 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

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

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.

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.

¹²¹ See Bergin and Garfield, 1994

¹²² Alexander et al., 1994:606

¹²³ Bray and Jouriles, 1995:467

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



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 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

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

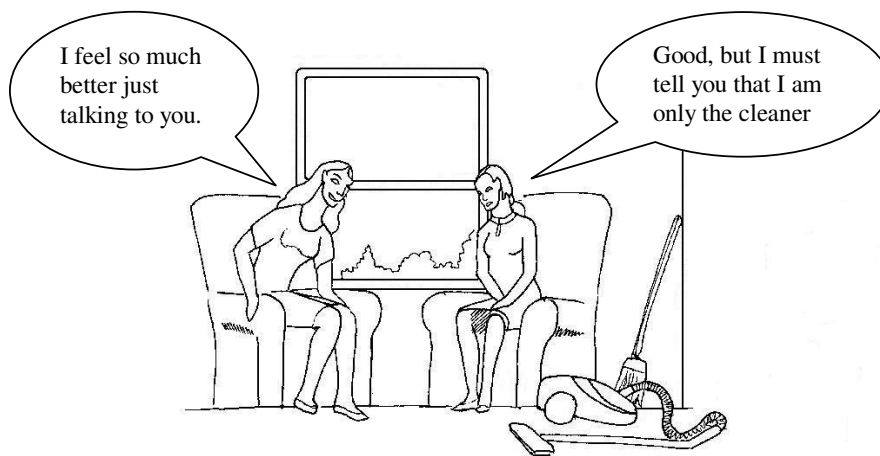
¹³⁴ Scovern, 1999:272-273; Sprenkle, Blow and Dickey, 1999:334, respectively review the evidence

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

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

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 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,

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

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

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.

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.

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

¹⁵⁹ Friedlander, Wildman, Heatherington and Skowron, 1994

¹⁶⁰ Shields & McDaniel, 1992

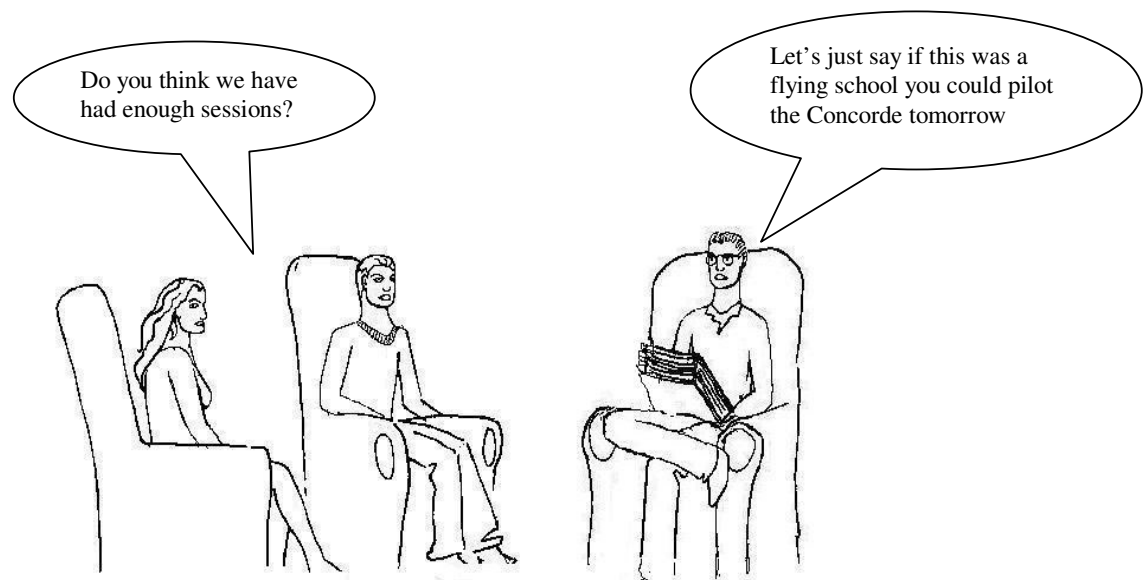
¹⁶¹ Frankel and Piercy, 1990

¹⁶² Bray and Jouriles, 1995

¹⁶³ Kopta, Howard, Lowry, & Beutler, 1992

¹⁶⁴ McCarthy, Walker & Kain, 1998:72

¹⁶⁵ *ibid*:99



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

“Love is possible only if two persons communicate with each other from the centre of their existence, hence if each one of them experiences himself from the centre of his existence.”

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, 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.

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 Fromm, 1956:95

Chapter Three

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 MRCS 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 MRCS 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 involves collecting key information from clients, using self-completion questionnaires, at three points in time: (1) before counselling begins (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

MRCS 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 629 Pre-Counselling questionnaires, 167 End of Counselling questionnaires and 68 Post-Counselling questionnaires. From this it can be inferred that 27% completed the End of Counselling questionnaire and 11% completed the Post-Counselling questionnaire. Despite the relatively high attrition rates over the three stages, this is nevertheless a

¹⁷¹ Welwood, 2002:233-234

valuable data base 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 66/44 at the Post-Counselling stages.

Table 3.1 Questionnaires Completed by MRCS Clients, 2000-2002

Pre-Counselling Questionnaires						
Gender	Couples		Individuals		Total	
	N	%	N	%	N	%
Men	160	50.0	99	32.0	259	41.2
Women	160	50.0	210	68.0	370	58.8
Total	320	100.0	309	100.0	629	100.0
End of Counselling Questionnaires						
Men	40	50.0	25	28.7	65	38.9
Women	40	50.0	62	71.3	102	61.1
Total	80	100.0	87	100.0	167	100.0
Post-Counselling Questionnaires						
Men	13	50.0	10	23.8	23	33.8
Women	13	50.0	32	76.2	45	66.2
Total	26	100.0	42	100.0	68	100.0

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 is 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.

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

¹⁷² Spanier, 1976

¹⁷³ Toulaitos, 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

¹⁷⁶ Goldberg, 1972

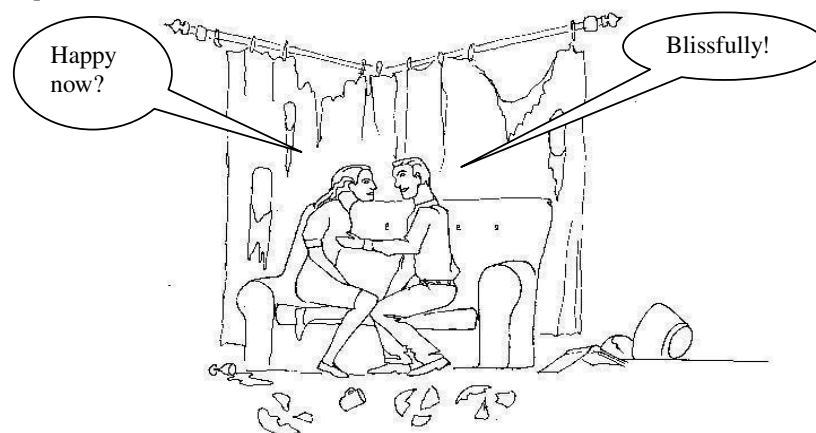
¹⁷⁷ Goldberg and Williams, 1988, Ch. Three

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.

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	Dou 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 – are 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 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 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 MRCS 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 MRCS, 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.

¹⁹⁰ Fitzgerald, 1999:92

Chapter Four

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 600 new clients who were seen by MRCS 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 MRCS 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), and subjective financial well-being (Section 4.11). 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 (59%) of MRCS clients are women (Table A4.1). The average age is 37 for women and 38 for men (Table A4.2).

4.3 Relationship and Marital Status

The vast majority of MRCS clients (92%) were in a relationship when they came for counselling (Table A4.3). Three quarters were married to (73%), and living with (84%) their partners (Tables A4.4 and A4.5). A very small minority (7%) were married previously (Table A4.6).

4.4 Length of Relationship

The majority of MRCS clients (62%) have been married for 15 years or less (Table A4.7). Close to one quarter (23%) were married for less than five years and a similar proportion were married for 5-10 years. The average length of relationship is 13.3 years.

4.5 Children

A majority of MRCS clients (73%) are known to have children (Table A4.8) and over half of these (55%) are living with them (Table A4.9); these figures should be treated with some caution however since there was a relatively poor response to this question. Where children are present, the majority (68%) are under the age of 11 years; a smaller proportion (46%) have children in the 11-20 age bracket and less than a fifth (20%) have children over the age of 20 (Tables A4.10, A4.11 and A4.12). There were no clients who had children from a previous relationship (Table A4.13).

¹⁹¹ Commission on the Family, 1998:182

4.6 Social Class Characteristics

The social class composition of MRCS clients, as Table 4.1 below reveals, is quite different from that of the Irish population in general. MRCS clients are much more likely to be professionals and much less likely to be manual workers than the Irish population generally. In essence the MRCS client group is predominantly “middle class”.

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

Social Class	Ireland*	MRCS**
Higher professional	22	16
Lower professional	12	39
Other non-manual	23	21
Skilled manual	19	14
Semi-skilled manual	13	5
Unskilled manual	11	5
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 MRCS clients have a higher level of participation in the labour force than the population in general (83% 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 (80%); men are much more likely than women to be in full-time employment, women are much more likely than men to be in part-time employment. The unemployment rate for men (3%) and women (4%) is similar to the national average (4%) over the period 2000-2002.

Table 4.2 Employment Characteristics of MRCS Clients, 2000-2002

Employment	Ireland*			MRCS**		
Characteristics	Men	Women	Total	Men	Women	Total
% of employed in full-time employment	89	68	80	92	60	75
% of employed in part-time employment	7	28	15	5	36	21
% unemployed	4	4	4	3	4	4
% of adults (18-65) in labour force (1)	73	49	61	95	75	83

*See Quarterly National Household Survey, 2000. **See Table A4.15; percentages were calculated after the “other” category was excluded.

(1) Persons in the labour force 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 MRCS couples (68%) come from two-earner households, more than twice the proportion in Ireland as a whole (30%). Correspondingly, the proportion of MRCS 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 MRCS 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*	MRCS**
Two Earners	30	68
One Earner	48	25
No Earner	22	7
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 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 MRCS clients, the gap between the hours worked by men and women is considerable greater: the average hours worked by men is 45 hours, compared to 33 hours by women (Table A4.17). It is noteworthy that four in ten men (40%) work 46 hours per week or more; by contrast, a quarter of women (25%) 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 a minority of MRCS clients (20%) work unsocial hours with men more likely to do so than women (Table A4.18). 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 men¹⁹³.

4.10 Home Ownership

The pattern of home ownership among MRCS clients is quite similar to the rest of Ireland, as Table 4.3 reveals. However there are three differences. The first is that a relatively small proportion of MRCS 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 MRCS 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 last collected. Third, the proportion of MRCS clients who rent from a local authority is only half that in Ireland as a whole.

¹⁹² Industrial Earnings and Hours Worked, December 2001 (Final) and March 2002 (Preliminary)

¹⁹³ See McKeown, 2001:4-5

Table 4.3 Housing Tenure Among MRCS Clients, 2000 / 2001

Housing Tenure	Ireland*	MRCS**
Home owned outright	39	10
Home owned with mortgage	43	69
Home rented from local authority	10	5
Home rented from private landlord	8	16
Total	100	100

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

It may be symptomatic of the relationship difficulties experienced by MRCS clients that less than four in ten (39%) 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' households¹⁹⁴ have "extreme difficulty" making ends meet compared to 15% of non-poor households¹⁹⁵, which simultaneously proves how enormously resilient many poor households are while also showing that some people who are not poor also have difficulties coping financially. Among MRCS clients, only 4% 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 categories¹⁹⁶.

4.12 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 Kelly¹⁹⁷, US researchers on marriage and divorce.

This chapter described the characteristics of over 600 new clients seen by MRCS for counselling between 2000 and 2002. The majority (59%) of these clients were women. The average age was 38 for men and 37 for women.

The vast majority of MRCS clients (92%) were in a relationship when they came for counselling. Three quarters were married (73%) and most were living with their partners (84%). The average length of relationship was 13.3 years. A majority of MRCS clients (73%) are known to have children.

¹⁹⁴ 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).

¹⁹⁵ See Callan, Layte, Nolan, Watson, Whelan, Williams and Maitre, 1999:47-48

¹⁹⁶ See Nolan and Watson, 1999, Ch6; Cantillon and Nolan, 1998; Rottman, 1994; Cantillon, Gannon and Nolan, 2002

¹⁹⁷ Hetherington and Kelly, 2002:276

By and large, MRCS clients tend to be middle class. Possibly due to their age, they have a higher level of participation in the labour force than the population generally – both for men and for women – while the unemployment rate (4%) is identical to the national average. The majority of MRCS couples (68%) come from two-earner households, more than twice the proportion in Ireland as a whole (30%). Only 4% have “serious difficulty” making ends meet.

Male clients work slightly longer hours than Irish men in general (an MRCS average of 45 hours, compared to an Irish average of 43 hours) while women clients work slightly less than Irish women (an MRCS average of 33 hours, compared to an Irish average of 36 hours). Men are more likely to work unsocial hours than women.

Overall, these findings suggest that the clients who attend MRCS for counselling are predominantly middle class and, as such, are not a typical cross-section of Irish couples generally. However their class characteristics are similar to clients who attend for counselling in the US. According to one large US study, clients of counselling tend 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”¹⁹⁸. Clearly, MRCS clients tend to be older and to have been in relationship for longer than the typical US client.

In order to gain greater understanding of the reasons why clients come to MRCS 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.

¹⁹⁸ Hahlweg and Markman, 1988

Chapter Five

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 Needleman¹⁹⁹, professor of philosophy at San Francisco State University.

This chapter describes various aspects of the couple relationship which lead people to seek counselling in MRCS. 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 benchmark²⁰⁰, to couples who are already divorced.

The quality of marital relationships among MRCS 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. Over a third of women (34%) and more than a tenth of men (14%) are “very dissatisfied” with their relationship which implies that their marriage may be close to, or even beyond, breaking point. The fact that women are more than 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 men²⁰¹ 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 habits²⁰². The greater distress experienced by women in

¹⁹⁹ Needleman, 1996:44

²⁰⁰ Spanier and Filsinger, 1983:164; see also Spanier, 1976; Burger and Jacobson, 1979

²⁰¹ Gottman, 1994

²⁰² Kiecolt-Glaser and Newton, 2001

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”²⁰³ marriages.

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

Sub-Scales	Very Dissatisfied (1)		Dissatisfied (2)		Satisfied (3)		Very Satisfied (4)	
	Men	Women	Men	Women	Men	Women	Men	Women
	%	%	%	%	%	%	%	%
Cohesion	60	79	31	14	6	4	3	3
Affection	52	65	27	19	16	11	5	5
Satisfaction	21	44	55	37	18	13	6	6
Consensus	11	18	55	59	24	13	10	10
Total	14	34	61	49	22	11	3	6

(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 (61%) 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.

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 ago²⁰⁴, 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”²⁰⁵. 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”²⁰⁶. 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.

²⁰³ Ibid

²⁰⁴ Goldberg, 1972

²⁰⁵ Goldberg and Williams, 1988, Chapter Three

²⁰⁶ ibid:5

Table 5.2 Stress Levels of MRCS Clients, 2000-2002

GHQ	Not Stressed (1)	Stressed (2)	Very Stressed (3)	Total
	%	%	%	
Men	15	33	52	100
Women	11	26	63	100
Total	13	29	58	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 (87%) are stressed or very stressed. This implies 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 as the comparative data in Table 5.3 reveals. Indeed poverty, demonstrably a source of stress in 48% of poor households in Ireland²⁰⁷, is nothing near as stressful as an unhappy marriage. The data in Table 5.2 also reveals that women who come to MRCS 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 MRCS clients²⁰⁸; this study also recorded women as experiencing more severe relationship problems than men.

Table 5.3 Scores on the General Health Questionnaire

Category	Men Above GHQ Threshold*	Women Above GHQ Threshold*
	%	%
(1) MRCS clients	85	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.

²⁰⁷ Callan et al, 1999:49

²⁰⁸ See Shapiro and Barkham, Undated:12

5.4 Ways of Resolving Conflict

Our approach to the measurement of conflict resolution styles is informed by the work of John 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)²⁰⁹. A summary of how MRCS 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 six out of ten women (62%) see themselves as having a validating style, less than four out of ten men (35%) experience them as such. Similarly, although about one in ten women (13%) see themselves as volatile, nearly three times as many men (31%) experience them as volatile. Leaving aside the issues about which these couples are in conflict, these findings already suggest considerable scope for disagreement in the manner in which each partner perceives, and is perceived by, the other. In other words, around 50% 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	Diff-erence	Her on Herself	Him on Her	Diff-erence
Validating	46	19	27	62	35	27
Volatile	10	22	12	13	31	18
Avoidance	44	59	15	25	34	9
Total	100	100	54	100	100	54

Sources: Tables A5.9 and A5.10.

Further analysis of conflict resolution styles, based on the self-perceptions of men and women, reveals that there are two main types of couples. The first, comprising nearly half the total (45%), involves one partner (usually the women) who sees herself as validating and the other (usually the man) who sees himself as avoidant. The second, comprising nearly three in ten couples (29%), involves both partners seeing themselves as validating.

²⁰⁹ Gottman, 1997:28; see also Markman, Stanley and Blumberg, 1994



The pattern whereby women tend to be more validating and men more avoidant 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 demands²¹⁰, possibly because her “demands” are experienced as criticism rather than invitation and his “withdrawal” is experienced as avoidance rather than difficulty. As the data just 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 relationship²¹¹. It is the risk of negative emotions which threaten all marriages – irrespective of style – and these risks come from criticism, contempt, defensiveness and stonewalling²¹². That is the rationale for measuring these aspects of relationships between couples.

The vast majority (93%) of relationships, based on self-reports, involve criticism, either ‘sometimes’ or ‘usually’, of one partner by the other; for seven out of ten couples (70%), 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 (81%) of relationships involve insulting, either ‘sometimes’ or ‘usually’; for half of these couples (50%), 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 two thirds of couples (67%), 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 for each to find “one person intentionally listening or speaking to another”²¹³.

²¹⁰ Christensen, 1987; Heavey, Layne and Christensen, 1993; Krokoff, 1987; Margolin and Wampold, 1981; Notarius and Markman, 1989; Roberts and Krokoff, 1990

²¹¹ Gottman, 1997, p. 29

²¹² *ibid*:72

²¹³ Needleman, 1996:44

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 underestimate the true extent of drinking and this needs to be borne in mind when reading the answers to this question. Our findings suggest that about a third, involving 38% of men and 33% of women, ‘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 in stating that about a third of men and women in distressed relationships may be drinking excessively (Table A5.24 and A5.25). 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”²¹⁴.

These findings are consistent with other studies which suggest that marital conflict may be both a precursor and a consequence of alcohol and drug abuse²¹⁵. One longitudinal study found that serious conflict in marriage was associated with problem drinking for men but not women²¹⁶. Another study among middle-age couples found that unhappy husbands consumed more alcohol than happy husbands with no differences for wives²¹⁷. 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 therapy²¹⁸.

5.7 Unfaithfulness

Unfaithfulness is not only difficult to treat in therapy; it also increases the likelihood of the subsequent break-up of the relationship²¹⁹. For example one study of 200 couples in marital therapy found that 25% ended their relationship after therapy compared to 10% of other couples²²⁰. Among MRCS couples, unfaithfulness occurred at least once over the lifetime of the relationship in a third (35%) of cases (Table A5.26). In half of these relationships (53%), the unfaithfulness is caused by men only, in just over a quarter it is caused by women only (28%) while the remainder (19%) involves both partners. Of its nature, unfaithfulness is often kept secret but among these couples, most of the unfaithfulness is known to the partner (Tables A5.27 and A5.28). Unfaithfulness within the past year took place in only a minority (20%) 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”²²¹. In view of this, we asked each client the following question, taken

²¹⁴ Friel, Nic Gabhainn, and Kelleher, 1999:6

²¹⁵ O’Farrell, Hooley, Fals-Stewart and Cuter, 1998

²¹⁶ Horwitz and White, 1991

²¹⁷ Levenson, Carstensen and Gottman, 1993

²¹⁸ Whisman, Dixon and Johnson, 1995

²¹⁹ Glass and Wright, 1997

²²⁰ *ibid*

²²¹ Christensen and Heavey, 1999:173; Walker, 1999

from a British Home Office study of domestic violence²²²: “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 MRCS between 2000 and 2002 indicate that domestic violence occurred at least once in the lifetime of the relationship for about half (47%) of all couples (Table A5.30). Where it occurred, domestic violence was mutual in more than a third of these cases (37%), female-perpetrated only in over a third of cases (37%) and male-perpetrated only in a quarter of cases (26%). 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 a third (34%) 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 (33%) was slightly higher than the proportion involving perpetration by men only (33%).

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 exception²²³, 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 studies²²⁴ 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 study²²⁵ shows the reverse. The biggest difference between men and women in the area of domestic violence seems to be 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.

²²² Mirrlees-Black, 1999:103

²²³ Tjaden and Thoennes, 2000a, 2000b and 2000c

²²⁴ Tjaden and Thoennes, 2000a, 2000b and 2000c; Mirrlees-Black, 1999

²²⁵ 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, 1975/6 ²²⁶	11.6	12.1	
2.1 US National Family Violence Re-Survey, 1985: Cohabiting ²²⁷	9.3	7.2	18.1
2.2 US National Family Violence Re-Survey, 1985: Married ²²⁸	4.2	3.4	7.1
3. US National Survey of Families & Households, 1987-88 ²²⁹	3.4	2.9	
4 US National Youth Survey, 1992 ²³⁰	37.7p	13.9p	48.5p
5. US National Violence Against Women Survey, 1995/96 ²³¹	0.6v	1.1v	
6. British MORI Survey, 1994 ²³²	11.2v	4.5v	
7. British Crime Survey, 1996 ²³³	4.2v	4.2v	
8 Canada Calgary Survey, 1981 ²³⁴	13.2p	10.3p	14.3p
9. Canada, Alberta Survey 1987 ²³⁵	12.5p	12.9p	
10. Canada, General Social Survey on Victimization, 1999 ²³⁶	2.0v	2.0v	
11. Australia, International Social Science Survey 1996/97 ²³⁷	5.7v	3.7v	
12. New Zealand, Dunedin Survey, 1972/73 ²³⁸	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 dissatisfied with the sharing of childcare and housework²³⁹. 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 differently²⁴⁰. 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 (78%) and more housework (82%) than men; men and women do the same amount of childcare in a fifth of couples (21%) and the same amount of housework in more than a tenth of cases (14%); rarely do men do more than women in either housework (4%) or childcare (1%) (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.

²²⁶ Straus, Gelles & Steinmetz, 1980

²²⁷ Straus & Gelles 1986; 1988; 1990; Straus, 1993; Stets & Straus, 1989; 1990a; 1990b

²²⁸ Straus & Gelles 1986; 1988; 1990; Straus, 1993; Stets & Straus, 1989; 1990a; 1990b

²²⁹ Brush, 1990

²³⁰ Morse, 1995

²³¹ Tjaden and Thoennes, 2000a, 2000b and 2000c

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

²³³ Mirrlees-Black, 1999

²³⁴ Brinkerhoff & Lupri, 1988

²³⁵ Kwong, Bartholomew and Dutton, 1999

²³⁶ Canadian Centre for Justice Statistics, 2000

²³⁷ Headey, Scott and de Vaus, 1999; Heady, Funder, Scott, Kelley and Evans, 1996

²³⁸ Magdol, et al., 1997

²³⁹ Davidson, 1984; Sprecher, 1986

²⁴⁰ 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 5.5 shows, that about half the couples (55%) are satisfied with their partner's sharing of childcare but this falls to four in ten (44%) when it comes to the partner's sharing of housework. In other words, there is substantial dissatisfaction with the partner's sharing of either housework or 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 arrangement²⁴¹.



Table 5.5 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	55	34	6	5	100
Housework	44	36	12	8	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 Fromm²⁴², (1900-1980), US psychologist and social philosopher, born in Germany.

²⁴¹ Kiley, 1996

²⁴² Fromm, 1956:95

This chapter has described various aspects of the couple relationship as experienced by MRCS 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. More than a third of women (34%) and more than a tenth of men (14%) 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”²⁴³ marriages. A majority of men (61%) 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 (93%) 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)²⁴⁴. 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 six out of ten women (62%) see themselves as having a validating style, less than four out of ten men (35%) experience them as such. Similarly, although about one in ten women (13%) see themselves as volatile, nearly three times as many men (31%) experience them as volatile. Leaving aside the issues about which these couples are in conflict, these findings already suggest considerable scope for disagreement in the manner in which each partner perceives, and is perceived by, the other. In other words, around 50% of men and women see themselves quite differently from the way their partner sees them – at least in terms of how they resolve conflicts. Nevertheless the pattern whereby women tend to be more validating and men more avoidant 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 demands²⁴⁵, possibly because her “demands” are experienced as threat rather than invitation and his “withdrawal” is experienced as denial rather than difficulty. As the data just described indicate, 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 about a third of men and women ‘sometimes’ or ‘often’ drink too much. Other studies have found an association between marital unhappiness and excessive drinking with unhappy marriages leading to excessive drinking as well as vice versa²⁴⁶. 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 therapy²⁴⁷.

²⁴³ *ibid*

²⁴⁴ See Gottman, 1997; see also Markman, Stanley and Blumberg, 1994

²⁴⁵ Christensen, 1987; Heavey, Layne and Christensen, 1993; Krokoff, 1987; Margolin and Wampold, 1981; Notarius and Markman, 1989; Roberts and Krokoff, 1990

²⁴⁶ Horwitz and White, 1991; Levenson, Carstensen and Gottman, 1993; O’Farrell, Hooley, Fals-Stewart and Cuter, 1998;

²⁴⁷ Whisman, Dixon and Johnson, 1995

Unfaithfulness is not only difficult to treat in therapy²⁴⁸, it also increases the likelihood of subsequent breakdown in the relationship²⁴⁹. Unfaithfulness occurred at least once in the lifetime of these relationships in about a third (35%) of cases, half of it caused by men only, three tenths by women only and the remainder involving both partners being unfaithful. Of its nature, unfaithfulness is often kept secret but, among MRCS couples, it tends to be known to the partner.

We measured the prevalence of domestic violence by asking each client the following question, taken from a British Home Office study of domestic violence²⁵⁰: “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 nearly half (47%) of all couples and was mutual in over a third of these cases (37%), female-perpetrated only in over a third of cases (37%) and male-perpetrated only in a quarter of cases (26%). 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 a third of cases (33%) while the proportion involving perpetration by women only (33%) was similar to the proportion involving perpetration by men only (31%). 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 housework (82%) and more childcare (78%) 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 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. In view of this, it is significant that about half the couples (55%) are satisfied with their partner’s sharing of childcare but this falls to four in ten (44%) when it comes to the partner’s sharing of housework. In other words, there is substantial dissatisfaction with the partner’s sharing of either housework or 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 arrangement²⁵¹.

These descriptive statistics throw a good deal of light on the type of relationship issues which are dealt with by MRCS through counselling. These relationships are very stressful and unsatisfactory for those involved, entailing 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 an unsatisfactory 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.

²⁴⁸ Whisman, Dixon and Johnson, 1995

²⁴⁹ Glass and Wright, 1997

²⁵⁰ Mirrlees-Black, 1999:103

²⁵¹ Kiley, 1996

Chapter Six

Factors Promoting Unhappiness in Relationships

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 Freud²⁵², (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 MRCS 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 set of influences on marital adjustment are dissatisfaction with the partner's sharing of housework and childcare (section 6.4). The third set comprise socio-economic variables, the main one being subjective financial well-being (section 6.5). The fourth and final set of factors refer to women's excessive drinking (section 6.6) and men's stress (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 7 statistically-significant effects for men and 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.

²⁵² Freud, S., 1985:270-1

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

Name of Variable	Men		Women	
	Regression Coefficients		Regression Coefficients	
	Unstandardised Coefficients B*	Standardised Coefficients Beta**	Unstandardised Coefficients B*	Standardised Coefficients Beta**
1.1 Behaviours: Negative				
Not listened to by partner	-9.8	-0.26	-10.1	-0.27
Criticised by partner	-6.7	-0.17	-7.7	-0.19
1.2 Behaviours: Conflict Style				
Avoidant partner ("conflict avoiding")			-5.6	-0.13
2. Dissatisfaction with Task Sharing				
With partner's sharing housework	-5.2	-0.20		
With partner's sharing childcare			-6.6	-0.25
3. Socio-Demographic				
Subjective financial well-being			-4.3	-0.17
Length of relationship	-0.32	-0.15	-0.34	-0.15
4.1 Women's Excessive Drinking	-4.7	-0.16		
4.2 Men's Stress	-0.94	-0.18	-1.1	-0.19

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 6.7 DAS points lower than a man who is "never" criticised while a man who is "usually" criticised has a DAS score which is 13.4 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 10.1 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 20.2 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.

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. One of the socio-economic variables, subjective financial well-being, is also important. It is worth noting 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 insulting, use of physical force, unfaithfulness and the actual sharing of housework had no impact on marital adjustment, while in the socio-economic area we found that no significant influence was exercised by age or the age difference between partners, the number of children or the amount of working hours, including unsocial hours (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 notably not wanting to listen and criticism. The second cluster involves styles of conflict resolution, particularly where the partner is experienced as ‘avoidant’ (because they like to avoid arguments)²⁵³. We now reflect on how each of these behavioural clusters influences marital adjustment. Collectively, these behavioural variables are the most important determinants of the marital relationship.

6.3.1 Negative Behaviours

We find in Table 6.1 that not wanting to listen and criticism 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 MRCS 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 satisfaction²⁵⁴.

A 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 projection²⁵⁵ 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”²⁵⁶.

The impact on the relationship of having a partner who does not want to listen and who criticises is similar for men and women and both these behaviours contribute more to marital unhappiness than any other variable. A particularly interesting finding is that the use of force by a partner has no statistically significant effect on the marital adjustment of either men or women.

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)²⁵⁷. 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.

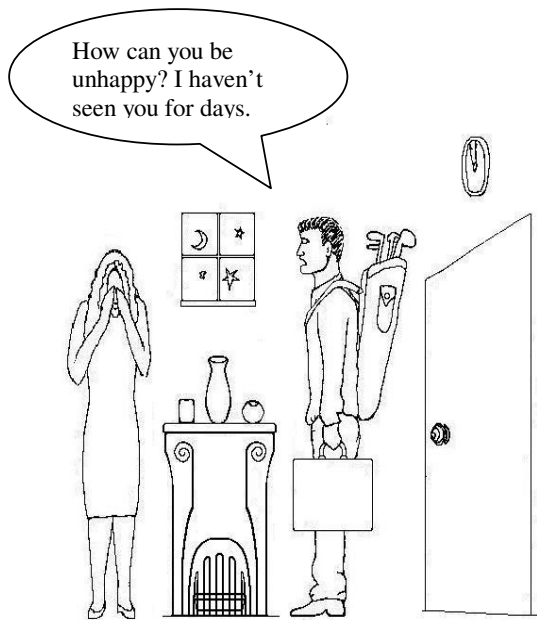
²⁵³ Gottman, 1997:28; see also Markman, Stanley and Blumberg, 1994

²⁵⁴ Gottman, 1997:72

²⁵⁵ 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)

²⁵⁶ Mann, 2002:45

²⁵⁷ See Gottman, 1997; see also Markman, Stanley and Blumberg, 1994



The only statistically significant result to emerge from the analysis of these variables is that women's marital distress is significantly increased by having a partner who avoids conflict. This finding is consistent with women's negative experience of not being listened to and men's negative experience of being criticised, as just described. The finding is also significant in showing that women's perception of how they resolve conflict – and indeed men's perception of how women resolve conflict – has no influence on marital adjustment.

Taken together, these findings have a consistency with other findings reported in Chapter Five in showing 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 demands²⁵⁸, possibly because her “demands” are experienced as criticism rather than invitation and his “withdrawal” is experienced as avoidance rather than difficulty. As the data just described indicate, there is a thin line between what is real and what is imagined in these – and indeed all – intimate relationships.

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 relationships²⁵⁹. 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). Women are dissatisfied with the way their partner shares childcare but men are nearly equally dissatisfied with the way their partner shares housework. 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 elsewhere²⁶⁰, implies that dissatisfaction with housework and childcare may be more reflective of 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

²⁵⁸ Christensen, 1987; Heavey, Layne and Christensen, 1993; Krokoff, 1987; Margolin and Wampold, 1981; Notarius and Markman, 1989; Roberts and Krokoff, 1990

²⁵⁹ See for example Bird, 1999; Glass and Fujimoto, 1994

²⁶⁰ Hetherington and Kelly, 2002:249-250

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 these²⁶¹.

Sociologists sometimes use the term “love labour” to refer to the unpaid labour of housework and childcare²⁶². 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 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 men. 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 the marital adjustment of women only, 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 4.3 units (see Figures A6.6a and A6.6b).

The only other socio-economic variable to influence marital adjustment is the length of the relationship with both men and women becoming similarly and slightly more unhappy with each additional year of the relationship.

6.6 Excessive Drinking and Marital Adjustment

We saw in Chapter Five that about a third of men and women ‘sometimes’ or ‘often’ drink too much. Other research indicates that alcohol and drug use may be a cause as well as a consequence of marital difficulties²⁶³. Our analysis, as summarised in table 6.1, indicates that the marital quality of men is adversely affected when their partner drinks excessively but not vice versa.

6.7 Stress and Marital Adjustment

We know from our analysis in Chapter Five that the vast majority of men and women who come to MRCS 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 small 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 wives²⁶⁴.

²⁶¹ See Rabin, 1996

²⁶² Lynch and McLaughlin, 1995

²⁶³ Horwitz and White, 1991

²⁶⁴ See Whelan, Hannan and Creighton, 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 Kelly²⁶⁵, US researchers on marriage and divorce.

This chapter has examined why, among the men and women who come to MRCS 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 not wanting to listen, criticism and avoiding conflict; (ii) dissatisfaction with partner's task-sharing in the home, notably housework and childcare; (iii) selected socio-demographic variables, particularly subjective financial well-being; and finally (iv) women's excessive drinking and men's stress. We now summarise the results for each of these variables in more detail.

Beginning with the partner's negative behaviours, we found that not wanting to listen and criticism are particularly damaging to relationships. A 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 projection²⁶⁶ 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”²⁶⁷.

The impact on the relationship of having a partner who does not want to listen and who criticises is similar for men and women and both these behaviours contribute more to marital unhappiness than any other variable. A particularly interesting finding is that the use of physical force by a partner has no statistically significant effect on the marital adjustment of either men or women.

Marital quality is also affected by the partner's style of resolving conflict 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)²⁶⁸. The results of the regression analysis indicate that women's marital distress is significantly increased by having a partner who avoids conflict. This finding is consistent with women's negative experience of not being listened to and of men's negative experience of being criticised. The finding is also significant in showing that women's perception of how they resolve conflict – and indeed men's perception of how women resolve conflict – has no influence on marital adjustment.

Taken together, these findings have a consistency with other findings from the study in showing a pattern of “demand-withdrawal” within unhappy marriages whereby women's demands for change in a

²⁶⁵ Hetherington and Kelly, 2002:276

²⁶⁶ 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)

²⁶⁷ Mann, 2002:45

²⁶⁸ See Gottman, 1997; see also Markman, Stanley and Blumberg, 1994

relationship are met by their partner's withdrawal in the face of those demands²⁶⁹, possibly because her "demands" are experienced as criticism rather than invitation and his "withdrawal" is experienced as avoidance rather than difficulty.

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 relationships²⁷⁰. Our analysis 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. Women are dissatisfied with the way their partner shares childcare but men are nearly equally dissatisfied with the way their partner shares housework. 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 elsewhere²⁷¹, implies that dissatisfaction with housework and childcare may be more reflective of 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 these²⁷². 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 arrangement²⁷³, possibly because, unlike the population of couples coming to MRCS, they were more satisfied with their marital relationship.

Sociologists sometimes use the term "love labour" to refer to the unpaid labour of housework and childcare²⁷⁴. 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 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.

Socio-economic variables have a relatively weak influence on marital adjustment, especially in the case of men. 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 the marital adjustment of women only. The only other socio-economic variable to influence marital adjustment is the length of the relationship with both men and women becoming similarly and slightly more unhappy with each additional year of the relationship.

We have seen that about a third of men and women 'sometimes' or 'often' drink too much. However the regression analysis indicates that only the marital quality of men is adversely affected when their partner drinks excessively but not vice versa.

²⁶⁹ Christensen, 1987; Heavey, Layne and Christensen, 1993; Krokoff, 1987; Margolin and Wampold, 1981; Notarius and Markman, 1989; Roberts and Krokoff, 1990

²⁷⁰ See for example Bird, 1999; Glass and Fujimoto, 1994

²⁷¹ Hetherington and Kelly, 2002:249-250

²⁷² See Rabin, 1996

²⁷³ Kiley, 1996

²⁷⁴ Lynch and McLaughlin, 1995

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. The effect of men's stress is to reduce the marital adjustment of both men and women by similarly small 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 wives²⁷⁵.

Overall, 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 more a 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 MRCS (Chapter Eight).

²⁷⁵ See Whelan, Hannan and Creighton, 1991

Chapter Seven

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.”

Plato²⁷⁶, (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). We also examine the reasons which men and women give for coming to counselling (Section 7.3). We conclude by summarising the key findings to emerge in the chapter (Section 7.4).

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 life²⁷⁷, while the effectiveness of therapeutic interventions is strongly affected by the quality of a person’s support network²⁷⁸. 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 (86%) 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 a minority of clients (14%) 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, or perhaps a combination of both. Third, women – whether in the form of women friends or sisters – are more likely to be sources of support in relationship distress than men. However the most significant source of support for more than half the men (55%) was men friends. Third, extended family in the form of parents, brothers and sisters are an important source of support but so too are people at work; clergy are the least likely to be consulted as a source of support. Fourth, a substantial minority of clients (26%) have already been for counselling in the past year before coming to MRCS; we do not know if these are former clients of MRCS or of another service. Other data indicates that nearly a third of respondents have been to counselling or psychotherapy before, either for personal or relationship problems (see Tables A7.12 to A7.14).

²⁷⁶ Plato, 1951:10- 27

²⁷⁷ Tracy and Whittaker, 1990

²⁷⁸ Sprenkle, Blow and Dickey, 1999:332; Scovern, 1999:272-273; Sprenkle, Blow and Dickey, 1999:334

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

Category of Person	Men	Women	Total
Partner	87	85	86
Woman friend	34	79	60
Sisters	28	49	40
Parents	26	36	32
Men friend	55	29	40
Brothers	24	20	22
Someone at work	22	26	25
Therapist / counsellor	24	27	26
Clergy	5	4	4
Other	6	5	5

Source: Tables A7.1 to A7.10.

7.3 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 7.2 summarises the reasons which men and women see as important in going to counselling. The three most reasons on which both men and women agree most are: to understand our relationship better (91%), to decide on the future of our relationship (89%), and to understand my partner (85%). Beyond these, there are slight 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 (92%), feeling less troubled (87%), understanding myself better (81%), and becoming aware of feelings (79%). Men are more likely to give more importance to goals such as improving (90%) and preserving (79%) the relationship. Interestingly, women are significantly more likely than men to want to end the relationship (13% of women compared to 8% of men). This pattern is consistent 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”²⁷⁹.

²⁷⁹ McCarthy, Walker & Kain, 1998:21

Table 7.2 Important Reasons Which Bring Clients to Counselling in MRCS (%)

Important Reasons	Men	Women	Total
Find ways of coping	81	92	88
Decide on future of relationship	89	89	89
Understand our relationship better	92	90	91
Understand my partner	87	84	85
Feel less troubled	67	87	79
Improve our relationship	90	83	86
Become aware of feelings	68	79	75
Understand myself better	68	81	76
Preserve relationship	79	69	73
End our relationship	8	13	11

Source: Tables A7.16 to A7.22.

7.4 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 Needleman²⁸⁰, 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 (14%) 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; however we also found that more than half the men had discussed their relationship difficulties with a man friend. 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 third of both men and women (33%) have been to counselling or psychotherapy before, to address relationship problems.

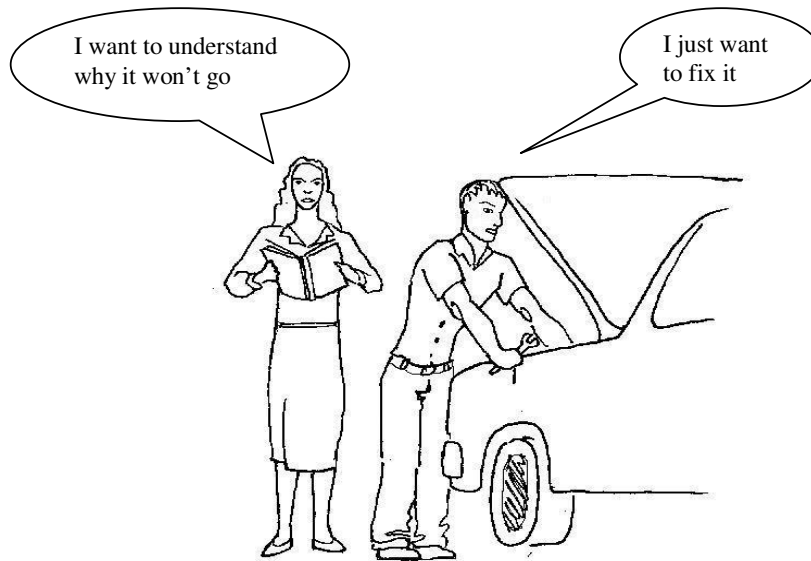
We know from other research that women are more likely than men to initiate counselling²⁸¹; as one review of the evidence observed, they are more likely to “mend or end marriages”²⁸². Although both men and women emphasise certain goals of counselling as important – understanding our relationship better (91%), deciding on the future of the relationship (89%), understanding my partner better (85%) –

²⁸⁰ Needleman, 1996:58-59

²⁸¹ *ibid*

²⁸² Kiecolt-Glaser and Newton, 2001:25

there are also slight differences. Women give more importance to goals such as finding ways of coping (92%), feeling less troubled (87%), understanding myself better (81%), becoming aware of feelings (79%) while men give more importance to goals such as improving (90%) and preserving (79%) 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 Britain²⁸³.



²⁸³ ibid

Chapter Eight

Counselling in MRCS

8.1 Introduction

“Our expectation that satisfying intimate relationships should, ideally, provide happiness and that, if they do not, there must be something wrong with those relationships, seems to be exaggerated. ... If we did not look to marriage as the principal source of happiness, fewer marriages would end in tears”

Anthony Storr²⁸⁴, British psychiatrist.

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 MRCS in order to have some insight into the nature of the interventions involved. We begin therefore with a brief description of MRCS (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 MRCS?

MRCS is a voluntary organisation which was founded in June 1962 by a group of concerned individuals, including Canon Maurice Handy (uncle of the well-known writer and broadcaster Charles Handy). Originally a service for couples in the Church of Ireland, MRCS has been a non-denominational service for many years. From the beginning, its counsellors were trained by the RELATE organisation in Britain and its training in couple counselling is still accredited by RELATE. The main office of MRCS is in Upper Fitzwilliam Street, Dublin but it also delivers services in Mountjoy Street, Ballyfermot, Dun Laoghaire, Bray, Tallaght, Longford, Athlone, New Ross, Waterford and Cork.

MRCS services are delivered by around 50 professionally trained counsellors, mostly female. In 2001 MRCS offered approximately 6,800 counselling sessions to 1000 clients, equivalent to about seven hours per client. As in this study, clients come to MRCS as couples (about 60%) and individuals (25% females, 15% males). After ACCORD, MRCS is one of the largest providers of services to adults with relationship problems in Ireland. In addition to marital and couple counselling, MRCS also provides marriage preparation sessions, psychosexual therapy, mediation, and a service called "Teen Between" for 12-18 year olds whose parents are separating. MRCS also has a training unit called the Institute of Couple Counselling which is currently developing its own couple counselling training course to replace the Relate certificate.

The main sources of income for MRCS include an annual grant from the Department of Social and Family Affairs, fees for training programmes and contributions from clients and counsellors. In 2001 the income and expenditure of MRCS was in the region of €600,000.

²⁸⁴ Storr, 1997:xiii

8.3 Approach to Counselling

As already indicated, the approach to counselling in MRCS is the “RELATE Approach” which has been developed over a period of 50 years by one of the leading providers of couple counselling in Britain if not the world²⁸⁵. At its simplest, the RELATE approach is a three-stage model of counselling, articulated by writers such as Carkhuff, Nelson-Jones and Egan, which comprises: (1) exploration (2) understanding and (3) action²⁸⁶.

As the terms suggest, the first stage of counselling explores various ways of describing the relationship and the difficulties which have emerged. The second involves gaining an understanding of factors – be they internal or external, conscious or unconscious – which have shaped each partner and the resulting relationship. The third stage identifies the options which emerge in the light of this understanding and the possible courses of action which individuals and couples may take to improve the relationship.

The RELATE approach is pragmatic and richly eclectic. It draws insights from “the fields of psychoanalytic psychotherapy, child psychiatry, systemic family therapy and from social and developmental psychology”²⁸⁷. This means that counsellors trained in the RELATE approach will be exposed to writers as diverse as Freud, Klein, Fairbairn, Winnicott, Bowlby and Erikson.

8.4 Selection, Training and Supervision

The quality of MRCS’s counselling services depends heavily on the selection of suitable counsellors, the provision of in-depth training as well as in-service training and supervision of counsellors. Counsellors are selected after a group discussion and two individual interviews. Following selection, counsellors are provided with a three-year training programme leading to RELATE’s Certificate in Couple Counselling. In addition to the formal tuition, trainees are also required to see a minimum of three clients per week building up to 400 client hours before qualifying for accreditation. As part of this work, each trainee receives 1.5 hours of supervision for each 20 hours of counselling undertaken; these sessions focus on work with clients, understanding of theoretical frameworks and the integration of theory and practice.

8.5 Summary and Conclusion

We have seen that MRCS is the second largest provider of couple counselling services in Ireland, after ACCORD. It has about 50 professionally trained counsellors, mostly female, delivering services at its main centre in Dublin as well as other outlets in Dublin (Mountjoy Street, Ballyfermot) and elsewhere (Dun Laoghaire, Bray, Tallaght, Longford, Athlone, New Ross, Waterford and Cork). In 1999 it provided about 5,000 counselling sessions to 400 clients, equivalent to approximately eight sessions per client. Its main sources of income include an annual grant from the Department of Social and Family Affairs, fees for training programmes, and contributions from clients and counsellors which amounted to about €600,000 in 2001.

MRCS follows the “RELATE Approach” to counselling which, at its simplest, is a three-stage model of counselling involving (1) exploration (2) understanding and (3) action. This approach draws insights from the fields of psychoanalytic psychotherapy, child psychiatry, systemic family therapy as well as social and developmental psychology. This pragmatic and richly eclectic approach brings

²⁸⁵ Butler and Joyce, 1998:ix

²⁸⁶ Butler and Joyce, 1998

²⁸⁷ Butler and Joyce, 1998:17

counsellors in contact with writers as diverse as Freud, Klein, Fairbairn, Winnicott, Bowlby and Erikson.

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

The commitment of MRCS 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 three chapters of the report.

Chapter Nine

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 Valerio²⁸⁸, 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. For that reason, it seems appropriate to compare pre-counselling with end-of-counselling experiences in order to assess the changes that follow from counselling. Due to the relatively small number of questionnaires completed at the post-counselling stage in the subsequent six months (68 questionnaires comprising 23 by men and 45 by women) – and the even smaller number of cases for which there was a complete set of matching pre-counselling and post-counselling data – our analysis is confined mainly to a comparison of pre-counselling and end of counselling questionnaires.

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 (167) was only a quarter (27%) of those who completed the pre-counselling questionnaire (629) and the number who completed the post-counselling questionnaire six months later (68) was only a tenth (11%) 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 MRCS 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. This result is both convenient and valuable 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,

²⁸⁸ Valerio, 2002:264

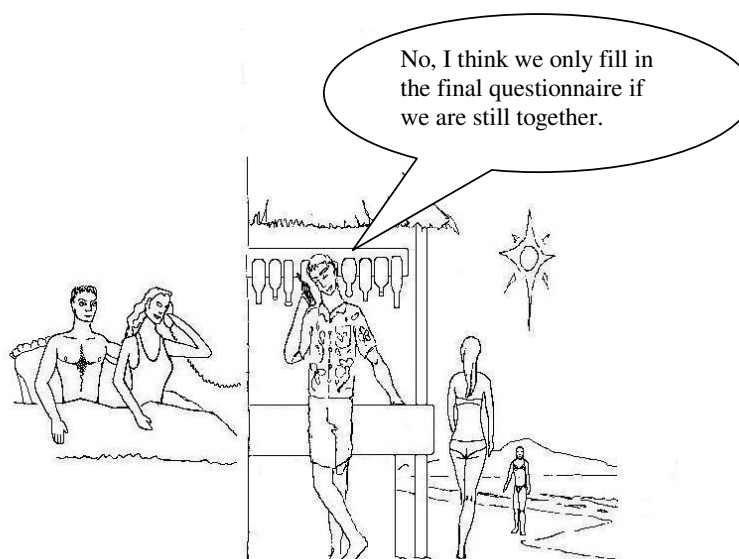
subjective financial well-being or length of relationship. Against this background, we now document the observed changes following counselling.

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

Name of	Men (Mean Scores)			Women (Mean Scores)		
Variable	Pre-Counselling	End of Counselling	Post-Counselling	Pre-Counselling	End of Counselling	Post-Counselling
Age	37.6	39.5	39.7	37.3	38.9	38.0
Social class	2.5	2.8	2.8	2.7	2.8	2.7
Financial well-being	2.7	2.6	2.4	2.8	2.8	3.0
Length of relationship	13.0	13.9	11.2	13.5	15.3	15.9

*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.



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. 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 for both men (+4.9) and women (+6.5). In practice this means that a third of men (33%) and women (35%) improved over the course of counselling. Thus, men and women tend to benefit similarly from counselling. At the same time, it is also significant that over half of all clients showed no change and around a tenth showed a disimprovement indicating that while counselling works, it does not work for everyone.

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

Direction of Change	Men (%)			Women (%)		
	Pre-Counselling	End of Counselling	Post-Counselling	Pre-Counselling	End of Counselling	Post-Counselling
Improved	-	33	32	-	35	30
No change	-	56	52	-	54	53
Disimproved	-	11	16	-	11	17
Total	100	100	100	100	100	100
% satisfied with relationship*	35 42**	59 -	- 63	19 31**	37 -	- 33
% change in total DAS	-	4.9	4.9	-	6.5	5.5

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

Source: Tables A9.1 and A9.2.

**Note that clients who completed post-counselling questionnaires tended to be more satisfied with their relationship at pre-counselling than clients who completed the end of counselling questionnaires. for this reason also, it is safer to confine the analysis to a comparison of pre-counselling and end of counselling questionnaires.

The key question is whether, as a result of counselling, 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 at the end of counselling increased dramatically: the proportion of women doubled while the proportion of men nearly doubled. At pre-counselling, one third of men (35%) were satisfied with their relationship and this rose to nearly six in ten (59%) by the end of counselling. For women, the improvement took a similar trajectory with less than two in ten (19%) satisfied at pre-counselling, rising to nearly four in ten (37%) at the end of counselling. In other words, about a quarter of men (24%) and a fifth of women (18%) moved from marital dissatisfaction to marital satisfaction following their experience of counselling. Thus, although both men and women experienced substantial improvement 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 MRCS is 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”²⁸⁹; an earlier review of clinical outcome studies found that “most tested treatments report no better than 50% success”²⁹⁰. The results of these studies, most of which come from the US, may not be directly comparable to the results in MRCS however 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

²⁸⁹ Alexander, Holtzworth-Munroe and Jameson, 1994:613

²⁹⁰ Jacobson and Addis, 1993:86

years of marriage; 70% of the couples had at least one child²⁹¹; this contrasts with the profile of MRCS clients who tend to be older (37-38 years), 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. This reveals that the two areas in which men and women experienced most improvement in their relationship was consensus and cohesion. In the context of DAS, ‘consensus’ refers agreement on spending time together, household tasks, handling family finances, making major decisions, etc., while ‘cohesion’ refers to things like having a stimulating chat or discussion, laughing together, calmly discussing something, working together on a project. In our analysis of relationship quality at the pre-counselling stage in Chapter Five we also found that cohesion was the most unsatisfactory aspects of clients’ relationships.

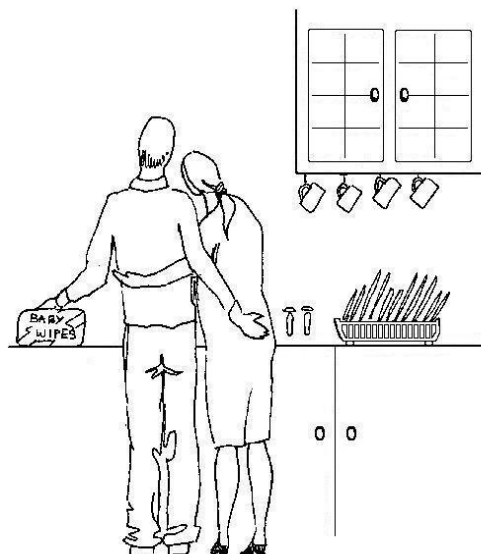


Table 9.3 Improvements in Relationship Quality of Men and Women At Pre-Counselling, End of Counselling and Post-Counselling in MRCS, 2000-2002

Mean Change in DAS Scores and Components	Men		Women	
	End of Counselling	Post- Counselling	End of Counselling	Post- Counselling
Mean change in cohesion	1.5	1.4	1.6	1.7
Mean change in affection	.8	0.0	1.0	1.0
Mean change satisfaction	.6	3.2	1.7	1.0
Mean change in consensus	2.0	.3	2.2	1.8
Mean change in total DAS	4.9	4.9	6.5	5.5

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%).

²⁹¹ Hahlweg and Markman, 1988

9.4 Changes in Stress Levels

We saw in Chapter Five that the vast majority of clients (87%) 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 reductions in stress for both men and women, but particularly for women. By the end of counselling, three quarters (76%) of women and two thirds of men (67%) showed improvements in terms of reduced stress levels. 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 disappeared at the end of counselling. The scale of improvement in GHQ scores is significantly above that achieved by other family support interventions in Ireland²⁹², although neither the client groups nor the interventions involved are strictly comparable.

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

Direction of Change	Men (%)			Women (%)		
	Pre-Counselling	End of Counselling	Post-Counselling	Pre-Counselling	End of Counselling	Post-Counselling
Improved	-	67	68	-	76	75
No change	-	31	16	-	20	22
Disimproved	-	2	16	-	4	3
Total	100	100	100	100	100	100
% stressed	89	33	31	90	31	25

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)²⁹³. 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 resolution²⁹⁴; we speculated that this may be because the woman’s “demands” are experienced as a criticism rather than an invitation and the man’s “withdrawal” is experienced as avoidance rather than a difficulty or even a fear in knowing how to respond.

Our analysis in Chapter Six revealed that ways resolving conflict have a significant influence on marital quality, especially for women, and its influence is mediated 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 that men and women experienced their partners as more validating at the end of counselling. The results also show that men experienced their partners as a good deal less avoidant at the end of counselling; however, given that women are more adversely affected by this variable than

²⁹² McKeown, Haase and Pratschke, 2001:64; Moukaddem, Fitzgerald and Barry, 1998

²⁹³ See Gottman, 1997; see also Markman, Stanley and Blumberg, 1994

²⁹⁴ Christensen, 1987; Heavey, Layne and Christensen, 1993; Krokoff, 1987; Margolin and Wampold, 1981; Notarious and Markman, 1989; Roberts and Krokoff, 1990

men, it is significant that men perceived greater changes in their partners than vice versa. In reading these results it is important to remember that the changes observed may be may reflect changes in how the partner is perceived as much as changes in the partner's actual behaviour.

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 MRCS, 2000-2002

Style of Conflict Resolution	Men on their Partners		Women on their Partners	
	Changes in Percentage Points		Changes in Percentage Points	
	End of Counselling	Post-Counselling	End of Counselling	Post-Counselling
Validating	+15.6	0	+11.8	+12.5
Volatile	-3.1	-6.2	-5.9	-8.4
Avoidant	-12.5	+6.2	-5.9	4.2

Source: Tables A9.7 and A9.8.

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 MRCS 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.

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 women perceived their partners as having changed compared to men's perceptions of their partners; about a quarter of men were experienced as improving compared to just over a tenth (14%) of women. At the same time, between two thirds and three quarters showed no signs of change and a tenth disimproved. Despite the improvements, these changes are 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.

Table 9.6 Changes in Criticism by Partners by End of Counselling and Post-Counselling in MRCS, 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	-	14	19	-	25	17
No change	-	74	62	-	65	73
Disimproved	-	12	19	-	10	10
Total	100	100	100	100	100	100
% usually criticised by partner	20	20	19	25	10	17

Source: Tables A9.9 and A9.10.

Turning to the negative behaviour of insulting, Table 9.7 shows again that women experienced a much greater improvement in their partners (30%) than men experienced in their partners (11%). In fact a quarter of the men (23%) experienced their partners as disimproving compared to a tenth (10%) of women who perceived their partners as disimproving. About six in ten clients showed no change on this variable at the end of counselling.

Table 9.7 Changes in Insulting by Partners by End of Counselling and Post-Counselling in MRCS, 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	-	11	19	-	30	27
No change	-	66	75	-	60	59
Disimproved	-	23	6	-	10	14
Total	100	100	100	100	100	100
% usually insulted by partner	6	11	0	7	3	7

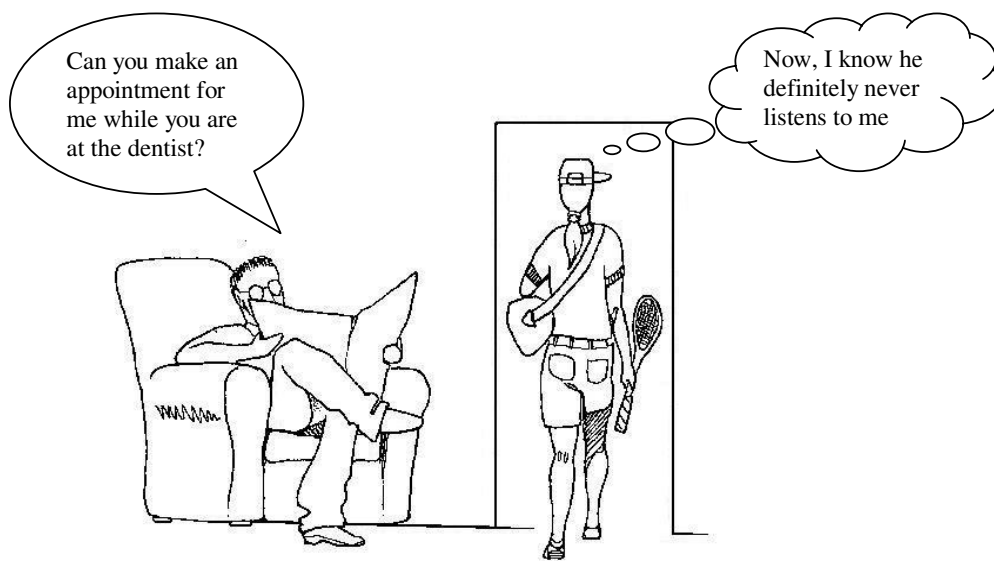
Source: Tables A9.11 and A9.12.

Table 9.8 shows that a third of women (32%) experienced an improvement in their partner's willingness to listen, nearly double the proportion of men (17%) who found changes in their partner on this variable. No change was experienced in how the partner listens by six out of ten women and seven out of ten men.

Table 9.8 Changes in Not Listening by Partners by End of Counselling and Post-Counselling in MRCS, 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	-	17	25	-	32	38
No change	-	71	69	-	59	48
Disimproved	-	12	6	-	9	14
Total	100	100	100	100	100	100
% usually not listened to by partner	31	23	25	43	23	24

Source: Tables A9.13 and A9.14.



The final negative behaviour is drinking too much. We have seen that about a third of men and women may drink excessively (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 there was very little change on this variable; about a tenth of men (11%) and one twentieth of women (5%) improved.

Table 9.9 Changes in Drinking Too Much by Men and Women At Pre-Counselling, End of Counselling and Post-Counselling in MRCS, 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	-	11	24	-	5	4
No change	-	84	76	-	91	96
Disimproved	-	5	0	-	4	0
Total	100	100	100	100	100	100
% who do not drink too much*	58	58	71	72	72	92

*This refers to those who “never” drink too much.
Source: Tables A9.15 and A9.16.

Taken together these results indicate that 25% to 30% of women perceived their partners to have improved in terms criticising, insulting and not listening but a much smaller proportion of men perceived their partners to have improved. 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 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 rather than 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"²⁹⁵ 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 childcare, particularly among women, at the end of counselling. This is clearly indicated in Table 9.10, which shows that women's satisfaction with the sharing of childcare increased by over a third (36%), twice the improvement recorded for men (17%) (see Tables A9.19). However, as Table 9.11 reveals, the improvement in satisfaction with the sharing of housework was much more modest; women's satisfaction improved by less than a fifth (16%), below that recorded for men (20%). In this, as in other aspects of the couple relationship, there are elements of both stability and change. The stability is evident in that a half or more showed no change in satisfaction with their partner's sharing childcare and housework while a substantial minority experienced a disimprovement.

In line with the association between marital satisfaction and satisfaction with the partner's sharing of childcare, it is significant to observe that, comparing pre-counselling and end of counselling scores, the change in the actual share of childcare was much more modest (see Tables A9.21 and A9.22) than the improvement in satisfaction with the partner's sharing of these tasks suggesting that the improvement in satisfaction was only partly related to the actual sharing of these tasks. 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 arrangement²⁹⁶, possibly because, unlike the population of couples coming to MRCS, they were more satisfied with their marital relationship.

²⁹⁵ Lynch and McLaughlin, 1995

²⁹⁶ Kiley, 1996



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

Direction of Change	Men (%)			Women (%)		
	Pre-Counselling	End of Counselling	Post-Counselling	Pre-Counselling	End of Counselling	Post-Counselling
Improved	-	17	18	-	36	28
No change	-	63	82	-	49	50
Disimproved	-	20	0	-	15	22
Total	100	100	100	100	100	100
% satisfied with partner's sharing of childcare tasks*	87	77	91	53	64	56

*This refers to those who are "satisfied" or "very satisfied" with their partner's sharing of childcare tasks.
Source: Table A9.17 and A9.18.

Table 9.11 Changes Satisfaction with Partner's Sharing of Housework by Men and Women At End of Counselling and Post-Counselling in MRCS, 2000-2002

Direction of Change	Men (%)			Women (%)		
	Pre-Counselling	End of Counselling	Post-Counselling	Pre-Counselling	End of Counselling	Post-Counselling
Improved	-	20	7	-	16	11
No change	-	56	86	-	48	59
Disimproved	-	24	7	-	36	30
Total	100	100	100	100	100	100
% satisfied with partner's sharing of childcare tasks*	71	74	80	52	69	59

*This refers to those who are "satisfied" or "very satisfied" with their partner's sharing of childcare tasks.
Source: Table A9.19 and A9.20.

9.8 Counselling Sessions

Clients who come to MRCS 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 9.12 reveals that the “average couple” coming to MRCS received 9.8 couple sessions as well as 2.2 individual sessions for the woman and 1.5 individual session for the man. This is equivalent to 13.5 sessions in all. A noteworthy feature of the service offered by MRCS is that some clients received 40 couple sessions while others received as many as 46 individual sessions.

Table 9.12 Counselling Sessions Received by Couple Clients Attending MRCS, 2000-2002

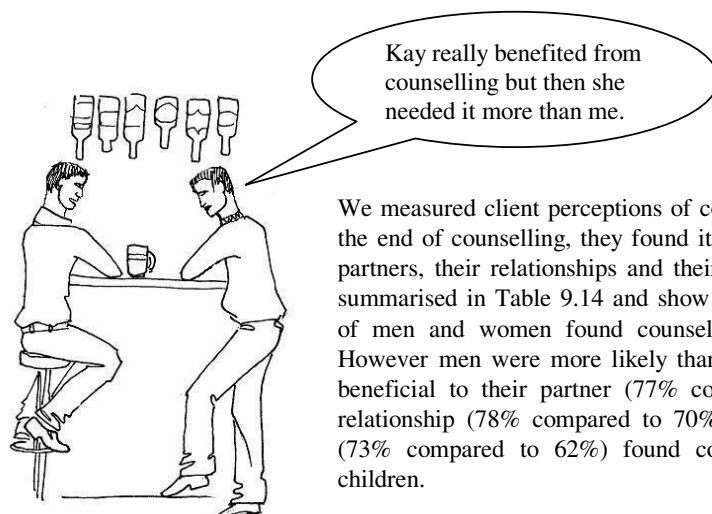
Couple Clients	N	Mean	Minimum	Maximum
Couple sessions	79	9.8	0	40
Individual sessions for the woman	79	2.2	0	46
Individual sessions for the man	79	1.5	0	43

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 9.13 reveals, women receive an average of 7.1 sessions from MRCS while men receive an average of 8.3 sessions. As in the counselling of couples, there is significant variation in the number of sessions offered with some men receiving up to 52 individual sessions and some women receiving up to 20 individual sessions.

Table 9.13 Counselling Sessions Received by Individual Clients Attending MRCS, 2000-2002

Individual Clients	N	Mean	Minimum	Maximum
Individual sessions for the woman	36	7.1	0	20
Individual sessions for the man	12	8.3	0	52

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 9.14 and show that more than nine out of ten of men and women found counselling beneficial to themselves. However men were more likely than women to see counselling as beneficial to their partner (77% compared to 65%) and to their relationship (78% compared to 70%) but more women than men (73% compared to 62%) found counselling beneficial for their children.

Table 9.14 Perceptions of the Outcome of Counselling by Men and Women At End of Counselling and Post-Counselling in MRCS, 2000-2002

Percent Perceiving Counselling As Beneficial to:	Men		Women	
	End of Counselling	Post- Counselling	End of Counselling	Post- Counselling
Self	89	91	82	77
Partner	77	71	65	59
Relationship	78	90	70	59
Children	62	69	73	69

Source: Tables A9.25 to A9.32.

We also asked clients if counselling had been helpful in terms of the reasons which first led them to seek counselling in MRCS. We saw in Chapter Seven that both men and women emphasise certain goals of counselling as important – understanding our relationship better (91%), deciding on the future of the relationship (89%), understanding my partner better (85%). However we also found slight gender differences: women give more importance to goals such as finding ways of coping (92%), feeling less troubled (87%), understanding myself better (81%), becoming aware of feelings (79%) while men give more importance to goals such as improving (90%) and preserving (79%) the relationship.

The results, as summarised in Table 9.15, 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 becoming aware of feelings, understanding myself better, feeling less troubled and finding ways of coping whereas men found it more helpful in terms of 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 becoming aware of feelings and finding ways of coping are 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 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”²⁹⁷.

There can be little doubt that clients’ perceptions of counselling are affected 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”²⁹⁸.

²⁹⁷ McCarthy, Walker & Kain, 1998:21

²⁹⁸ Sprenkle, Blow and Dickey, 1999:334

Table 9.15 Areas Where Counselling “Helped A Lot” According to Men and Women At End of Counselling and Post-Counselling in MRCS, 2000-2002

Areas Where Counselling “Helped a Lot”	Men (%)		Women (%)	
	End of Counselling	Post- Counselling	End of Counselling	Post- Counselling
Find ways of coping	39	39	56	58
Decide on future of relationship	53	55	59	56
Understand our relationship better	66	52	65	53
Understand my partner	68	46	55	46
Feel less troubled	48	27	56	48
Improve our relationship	49	46	56	42
Become aware of feelings	55	57	74	67
Understand myself better	57	44	70	58
Preserve relationship	54	46	52	39
End our relationship	11	13	15	17

Source: Tables A9.33 to A9.52.

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 (96%) clients experienced their counsellor as good or very good (Table 9.16). This is indicative of a strong “therapeutic alliance”²⁹⁹ 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 openness³⁰⁰.

Table 9.16 Perceptions of Counsellors by Men and Women Clients at End of Counselling in MRCS, 2000-2002

Scale	Men (%)	Women (%)
Very good	78	85
Good	18	11
Fair	0	4
Poor	4	0
Very poor	0	0
Total	100	100

Source: Table A9.53.

²⁹⁹ Miller, Duncan and Hubble, 1997:Ch.4; Sprenkle, Blow and Dickey, 1999; Howe, 1999

³⁰⁰ Rogers, 1957

9.10 Summary and Conclusion

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

Piotr Demianovich Ouspensky³⁰¹, (1878-1947), Russian mathematician and philosopher.

This chapter examined the changes following counselling by comparing clients at the beginning and at the end of counselling; due to the relatively small numbers who completed post-counselling questionnaires (68) – and the even smaller number of for which there was a complete set of matching pre-counselling and post-counselling data - we have not placed much reliance upon this data in our assessment of the changes. Before making our comparisons, we established that the population of clients who completed the end of 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 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 for both men and women. In practice this means that a third of men (33%) and women (35%) improved over the course of counselling. Thus, men and women tend to benefit similarly from counselling. At the same time, it is also significant that over half of all clients showed no change and around a tenth showed a disimprovement indicating that while counselling works, it does not work for everyone.

The key question is whether, as a result of counselling, individuals and couples have moved from being dissatisfied to being satisfied with their relationship. The answer is that about a quarter of men (24%) and a fifth of women (18%) moved from marital dissatisfaction to marital satisfaction following their experience of counselling; at the end of counselling therefore, 59% of men and 37% of women were satisfied with their relationship. 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 MRCS is encouraging even though it is less than that reported in other clinical studies of marital therapy³⁰², possibly because the studies are not strictly comparable.

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 most improvement in their relationship was consensus and cohesion. In the context of DAS, ‘consensus’ refers agreement on spending time together, household tasks, handling family finances, making major decisions, etc., while ‘cohesion’ refers to things like having a stimulating chat or discussion, laughing together, calmly discussing something, working together on a project.

³⁰¹ Ouspensky, 1920:168

³⁰² Alexander, Holtzworth-Munroe and Jameson, 1994:613; Jacobson and Addis, 1993:86

Given that the vast majority of clients (87%) were stressed or very stressed when they first came for counselling, the changes in stress levels following counselling are both dramatic and positive. They show significant reductions in stress for both men and women, but particularly for women. By the end of counselling, three quarters (76%) of women and two thirds of men (67%) showed improvements in terms of reduced stress levels. 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 disappeared at the end of counselling. The scale of improvement in GHQ scores is significantly above that achieved by other family support interventions in Ireland³⁰³, although neither the client groups nor the interventions involved are strictly comparable.

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)³⁰⁴. We found fairly modest changes following counselling with men and women experiencing their partners as more validating at the end of counselling.

We know that negative behaviours such as criticising and not listening are prevalent among most couples who come to MRCS for counselling and that these 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, we found that 25% to 30% of women perceived their partners to have improved in terms of criticising, insulting and not listening but a much smaller proportion of men perceived their partners to have improved. 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 the 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.

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 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 the dissatisfaction being expressed by women. In view of this, it is significant to observe that there were substantial improvements in the level of satisfaction with the partner's sharing of childcare, particularly among women, at the end of counselling; women's satisfaction with the partner's sharing of childcare increased by over a third (36%), twice the improvement recorded for men (17%). By contrast, the improvement in satisfaction with the sharing of housework was much more modest. In this, as in other aspects of the couple relationship, there are elements of both stability and change. The stability is evident in that a half or more of all men and women showed no change in satisfaction with their partner's sharing of childcare and housework while a substantial minority experienced a disimprovement.

³⁰³ McKeown, Haase and Pratschke, 2001:64; Moukaddem, Fitzgerald and Barry, 1998

³⁰⁴ See Gottman, 1997; see also Markman, Stanley and Blumberg, 1994

Clients who come to MRCS 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. The results indicate that the “average couple” coming to MRCS received 9.8 couple sessions as well as 2.2 individual sessions for the woman and 1.5 individual sessions for the man. This is equivalent to 13.5 sessions in all. A noteworthy feature of the service offered by MRCS is that some clients received 40 couple sessions while others received as many as 46 individual sessions.

Clients may also present as individuals and be offered individual sessions. When they present as individual clients, women receive an average of 7.1 sessions from MRCS while men receive an average of 8.3 sessions. As in the counselling of couples, there is significant variation in the number of sessions offered with some men receiving up to 52 individual sessions and some women receiving up to 20 individual sessions.

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. We found that more than nine out of ten of men and women experienced counselling as beneficial to themselves. However men were more likely than women to see counselling as beneficial to their partner (77% compared to 65%) and to their relationship (78% compared to 70%) but more women than men (73% compared to 62%) found counselling beneficial for their children.

We also asked clients if counselling had been helpful in terms of the reasons which first led them to seek counselling in MRCS. We saw in Chapter Seven that both men and women emphasise certain goals of counselling as important – understanding our relationship better (91%), deciding on the future of the relationship (89%), understanding my partner better (85%) but we also found slight gender differences: women give more importance to goals such as finding ways of coping (92%), feeling less troubled (87%), understanding myself better (81%), becoming aware of feelings (79%) while men give more importance to goals such as improving (90%) and preserving (79%) the relationship. The results show 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 becoming aware of feelings, understanding myself better, feeling less troubled and finding ways of coping whereas men found it more helpful in terms of 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 becoming aware of feelings and finding ways of coping are 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 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”³⁰⁵.

We also measured clients’ 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 (96%) clients experienced their counsellor as good or very good. This is indicative of a strong “therapeutic alliance”³⁰⁶ and suggests that counsellors show, and are experienced as showing, what Carl Rogers regarded as the three key

³⁰⁵ McCarthy, Walker & Kain, 1998:21

³⁰⁶ Miller, Duncan and Hubble, 1997:Ch.4; Sprenkle, Blow and Dickey, 1999; Howe, 1999

elements in therapeutic relationships: unconditional positive regard, accurate empathic understanding and openness³⁰⁷.

Overall, the results indicate that clients showed significant improvements in three areas of their lives following counselling. The first involved reductions in stress among nearly seven out of ten men and nearly eight out of ten women. The second involved improvements in the quality of marital relationships by about a third of men and women. The third involved improvements in satisfaction with partner's share of childcare among over a third of women and nearly a fifth of men. Beyond this, there were also reductions in terms of criticising, insulting and not listening to one's partner among a quarter of women, though less among men. These improvements occurred following an average of about 14 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 intervention³⁰⁸ while others – such as the improvement in marital quality – are lower than those reported in other studies³⁰⁹. Overall, however, the results are positive and indicate that significant improvements were experienced by more than a third of clients in the period following counselling with MRCS. We now turn to an examination of how this improvement occurred.

³⁰⁷ Rogers, 1957

³⁰⁸ McKeown, Haase and Pratschke, 2001:64; Moukaddem, Fitzgerald and Barry, 1998

³⁰⁹ Alexander, Holtzworth-Munroe and Jameson, 1994:613; Jacobson and Addis, 1993:86

Chapter Ten

How Do Relationships 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 Gottlieb³¹⁰, London-based psychoanalytic psychotherapist.

The improvements in well-being which followed counselling in MRCS, particularly the improvements in marital quality and stress levels described in Chapter Nine, raise 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 two points in time – pre-counselling and end of 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 Modelling³¹¹ to analyse the impact of counselling on the DAS and GHQ scores of clients who came to MRCS 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 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.

³¹⁰ Gottlieb, 2002:68-70

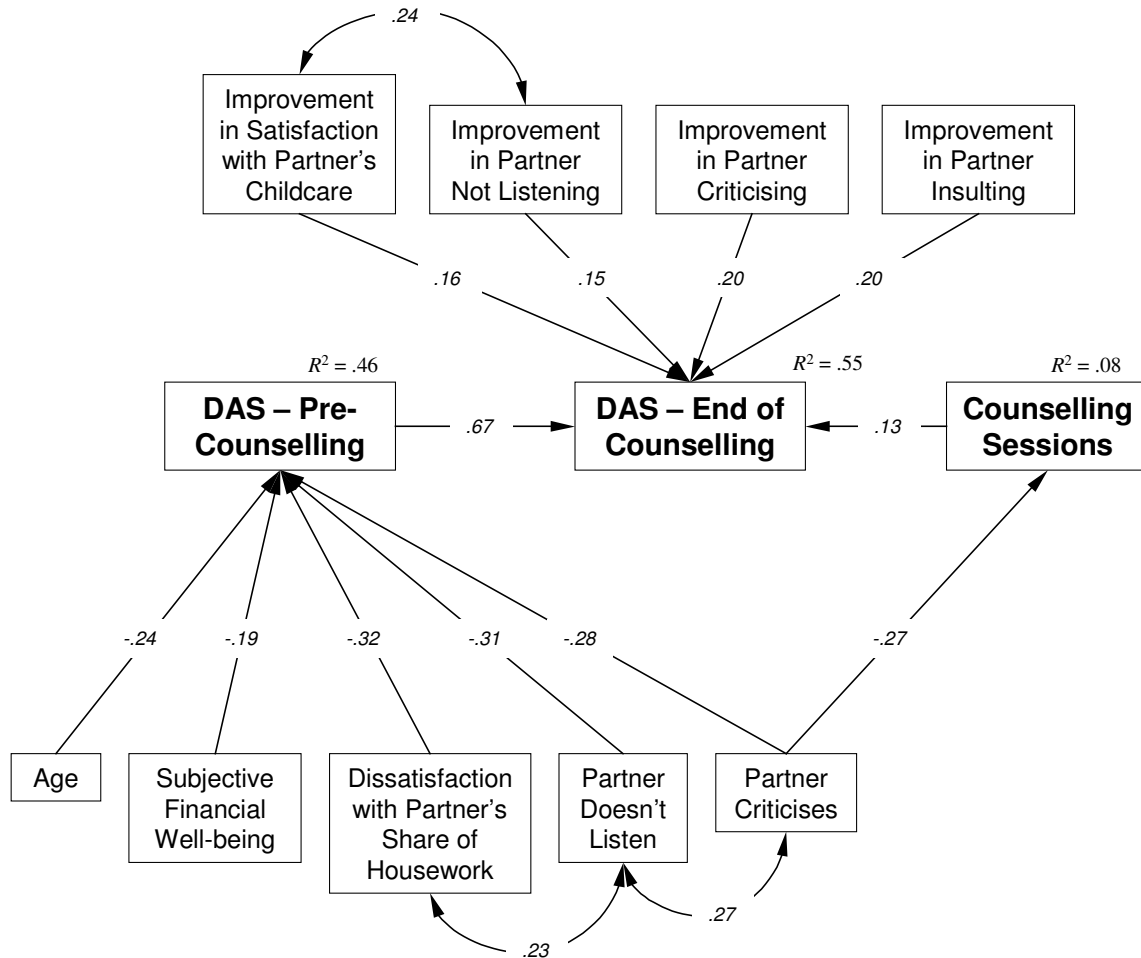
³¹¹ See Kaplan, 2000

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 Relationship Quality

The variables or factors that influence marital quality, both before counselling and at the end of counselling, are summarised graphically in Figure 10.1. This is based on a sample size of 100 individuals (61% women and 39% men). The sample size is determined entirely by the requirement of having a complete set of data on every client at these two points in time; the relatively small numbers who completed post-counselling questionnaires (six months after counselling) made it impossible to include these in the statistical analysis. In Figure 10.1, all of the variables have a statistically significant effect on DAS scores, with the exception of counselling sessions which is borderline. The fit of the models to the data is excellent (in CFI = 0.98 and SRMR = 0.10, these being close to their optimal values). This gives us confidence that important relationships between variables in the model have not been omitted. The model explains more than half (55%) the variance in marital quality ($R^2 = 0.55$ at end of counselling). 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.

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



The results indicate that the two main factors associated with changes in relationship quality following counselling are changes in the negative behaviours of partners and changes in satisfaction with the partner's task-sharing. 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 than self-perceptions since this offers 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 provide a detailed analysis of the factors which promoted change following counselling beginning with changes in the partner's negative behaviours (Section 10.3.1) followed by changes in satisfaction with the partner's sharing of childcare (Section 10.3.2). We also discuss the influence of counselling sessions (Section 10.3.6).

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 marriages³¹². 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 and women being similarly hurt by each. By contrast, the client's own use of these behaviours had little or no effect on how they perceived the quality of the relationship.

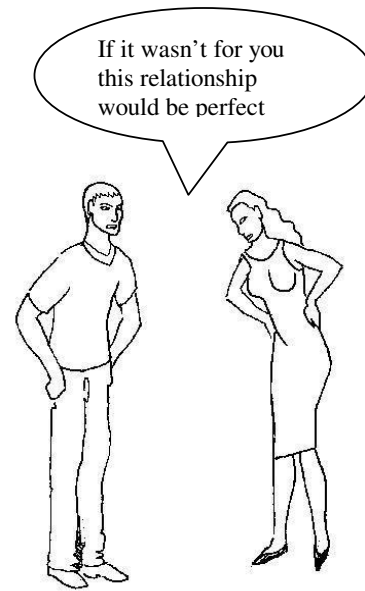


Figure 10.1 reveals that improvements in marital quality at the end of counselling were directly associated with improvements in the partner's behaviour in terms of criticising less (+0.20), insulting less (+0.20) and being more willing to listen (+0.15). In addition, the improvement in the partner's willingness to listen was directly associated with an improvement in satisfaction with the partner in sharing childcare, and vice versa (+0.24). Figure 10.1 also shows that, prior to counselling, dissatisfaction with the partner in sharing housework is directly associated with a partner who does not listen (+0.23) and this, in turn, is directly associated with a partner who criticises (+0.27). This suggests that all of these behaviours are close to the heart of the relationship in determining its overall quality.

A key question in this context is how the partner changes during and after counselling, since this is crucial to the improvement in relationship 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 those 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 the 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 childcare, particularly among women, at the end of counselling; women's satisfaction with the sharing of childcare increased by over a third (36%), twice the improvement recorded for men (17%). 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

³¹² Gottman, 1997; Markman, Stanley and Blumberg, 1994

distribution of these tasks. That finding is reinforced by Figure 10.1, which shows that changes in marital quality during counselling are influenced by satisfaction with the partner's sharing of housework prior to counselling (-0.18) and by improvements in satisfaction with the partner's sharing of childcare at the end of counselling (+0.16).

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 end of counselling scores, we found that changes in the actual sharing of childcare were considerably less than changes in satisfaction with the sharing of childcare. 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.

As already indicated, Figure 10.1 also show that there is a statistically significant correlation between dissatisfaction with the partner's sharing of childcare on the one hand, and not listening to the partner, on the other (these correlations vary around 0.23). This suggest that a two-way process is at work; when partners are more willing to listen this is likely to lead to more satisfaction with the sharing of childcare, and vice versa. Conversely, dissatisfaction with the partner's sharing of housework and childcare may open the door to a negative appraisal of the partner as not listening. The systemic inter-linking of not listening and dissatisfaction with task-sharing suggests that change in one variable 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 Counselling Sessions

Clients who come to MRCS can be seen as individuals or couples, depending on their needs and preferences. We saw in Chapter Nine that that the "average couple" coming to MRCS received 9.8 couple sessions as well as 2.2 individual sessions for the woman and 1.5 individual sessions for the man. This is equivalent to about 14 sessions in all.

The analysis in Figure 10.1 reveals that the influence of counselling sessions on changes in marital quality was borderline statistically significant. The reason for this can be seen from a more detailed inspection of the data on how the number of counselling sessions is related to changes in DAS scores. This data is summarised in Table 10.1 and shows that, for each group of clients, mean DAS scores improved after 1-2 sessions, showed no improvements after 3-6 sessions, but showed considerable improvement after 7-10 sessions, declining in effectiveness thereafter. This irregular pattern helps to explain why there is a weak statistical association between counselling sessions and changes in DAS scores but also shows that 10 sessions is probably the upper limit on the effectiveness of counselling in MRCS. More than a third of clients (37%) received in excess of 10 counselling sessions but these improved by less than clients who received considerably fewer sessions.

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

No. of Counselling Sessions	Changes in Mean DAS Scores	Number of Clients in this Category	Percent of Clients in this Category
1-2	+9.7	22	18
3-4	-0.6	13	11
5-6	+0.4	27	23
7-8	+9.1	8	7
9-10	+15.5	13	11
11-16	+4.6	17	14
17-22	+6.7	10	8
23-55	+6.8	10	8
Total	-	120	100

This is an important result, because it suggests that, in the generality of cases coming to MRCS, 10 counselling sessions is an upper limit on effectiveness; clients show much less change after 10 sessions and a decision to offer more than 10 sessions would seem to require exceptional circumstances to justify it. This result also implies that not every client requires 10 sessions and many achieved considerable change with less. In other words, 10 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 treatment³¹³. 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 increased³¹⁴. 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 service³¹⁵.

Returning to Figure 10.1, it is also noteworthy that the main factor influencing the number of counselling hours received by a client was whether the partner criticises: clients where the partner criticises received fewer counselling sessions than others.

10.3.4 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. From this analysis we found that a number of variables had no statistical influence on changes in relationship quality at the end of counselling. These include gender, length of relationship, working hours, social class, subjective financial well-being, drinking excessively, unfaithfulness, use of force, and style of conflict resolution. We also found that the professional characteristics of counsellors such as years of experience or additional training, had no impact on the outcome of counselling, 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

³¹³ Kopta, Howard, Lowry, & Beutler, 1992

³¹⁴ McCarthy, Walker & Kain, 1998:72

³¹⁵ *ibid*:99

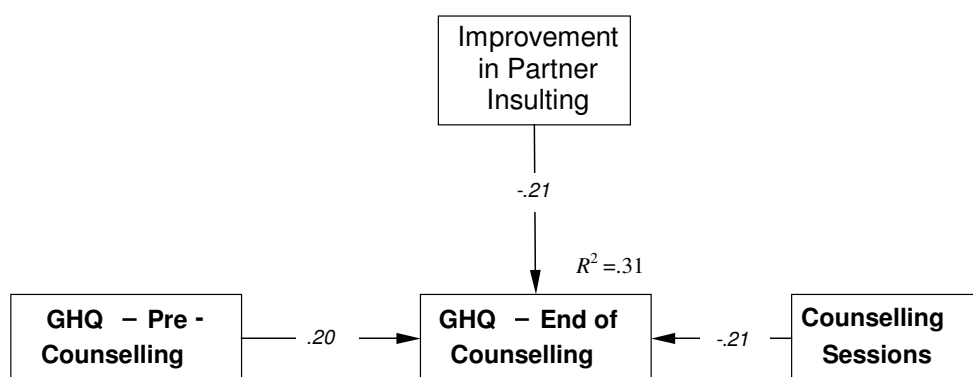
means that these variables are not part of the engine which changes relationships towards greater marital satisfaction; as such, they should not be a major focus of attention in developing counselling strategies for the generality of cases coming to MRCS.

Information on the personal qualities of counsellors, as perceived by clients, was collected six months after counselling and could not be included in this analysis since there were too few matching pre-counselling and post-counselling questionnaires. The question on personal qualities of counsellors asked clients 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. We found in Chapter Nine that more than nine out of ten (96%) clients experienced their counsellor as good or very good on the sum of all these qualities. In our evaluation of counselling services in ACCORD, where the same question was used, we found that the counsellor's personal qualities had a statistically significant influence in terms of improving the relationship³¹⁶.

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 Figure 10.2, which is based on a sample size of 100 individuals (69% women and 31% men). The fit of the model to the data is excellent (CFI = 0.98 and SRMR = 0.08, these being close to their optimal values). This gives us confidence that important relationships between variables in the model have not been omitted. All of the variables in Figure 10.2 have a statistically significant effect.

Figure 10.2 Influences on Stress Levels Prior to Counselling and on Changes in Stress Levels by End of Counselling in MRCS, 2000-2002



10.4.1 Factors Influencing Change in Stress Levels After Counselling

It is clear from Figure 10.2 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 ($R^2 = .13$ at end of 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

³¹⁶ See McKeown, Lehane, Rock, Haase and Pratschke, 2002: Chapter Ten

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 beneficial³¹⁷. 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”³¹⁸.

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!³¹⁹. In short, it is our suspicion that the dramatic reductions in stress experienced by clients who come to MRCS for counselling are strongly influenced by their renewed sense of hopefulness.

Returning to the model itself, we can see that the two factors which brought about change in stress levels were the number of counselling sessions and improvements in the partner's insulting behaviour. Both variables are inversely related to stress which means that stress levels reduce with each additional counselling session and with each additional improvement in the partner's insulting behaviour.

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

10.4.2 Factors Having No Influence on Changes in Stress Levels After Counselling

Our analysis of GHQ scores tested the same set of independent variables that we used in the analysis of DAS scores (Figure 10.1). 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: age, gender, length of relationship, employment status, social class, hours worked, subjective financial well-being, drinking excessively, criticism, not listening, use of physical force, style of conflict resolution, unfaithfulness, dissatisfaction with sharing housework and childcare, and the professional characteristics of counsellors.

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

³¹⁷ Snyder, Michael and Cheavens, 1999; Miller, Duncan and Hubble, 1997:Ch. 5

³¹⁸ Tallman and Bohart, 1999:100

³¹⁹ Eysenck, 1952

without supporting evidence from other research³²⁰, 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 Schwartz³²¹, US Jungian analyst and lecturer.

This chapter described how improvements in well-being following counselling in MRCS were brought about, focusing on marital or relationship 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) by comparing 100 clients at pre-counselling and end of 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.

The results indicate that the two main factors associated with changes in marital quality following counselling are changes in the partner's negative behaviours and changes in satisfaction with the partner's task-sharing. 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 marriages³²². Our analysis found that these negative behaviours influenced relationship quality prior to counselling while their improvement over the course of counselling resulted in corresponding improvements in the relationship. This suggests that all of these behaviours are close to the heart of the relationship in determining its overall quality.

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

³²⁰ Snyder, Michael and Cheavens, 1999; Miller, Duncan and Hubble, 1997:Ch. 5; Tallman and Bohart, 1999

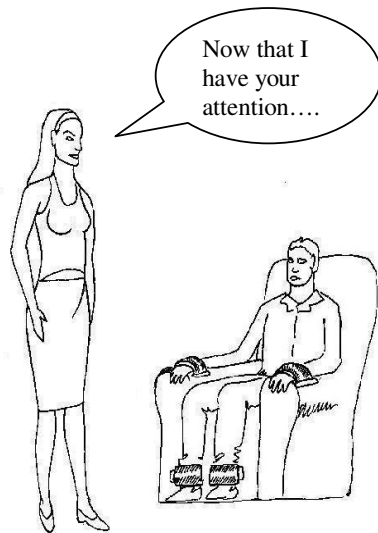
³²¹ Schwartz, 1999:5

³²² Gottman, 1997; Markman, Stanley and Blumberg, 1994

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.

We also found that improvements in satisfaction with the partner's sharing of childcare resulted in improvements in the relationship. This is not unexpected, given the earlier result in Chapter Six that dissatisfaction with the partner's sharing of childcare and housework was related more strongly to the overall quality of the marital relationship than to the actual distribution of these tasks. 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.

The analysis also shows that there is a statistically significant correlation between dissatisfaction with partner's sharing of childcare on the one hand, and not listening to the partner, on the other. This suggests that a two-way process is at work; when partners are more willing to listen this is likely to lead to more satisfaction with the sharing of childcare, and vice versa. Conversely, dissatisfaction with the partner's sharing of housework and childcare may open the door to negative appraisals of the partner as not listening. The systemic inter-linking of not listening and dissatisfaction with task-sharing suggests that change in one variable 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.



The results indicate that counselling sessions had a marginal effect on changes in relationship quality. The reason for this was revealed through closer inspection of the uneven relationship between counselling sessions and changes in mean DAS scores for each group of clients: mean DAS scores improved after 1-2 sessions, showed no improvement after 3-6 sessions, but showed considerable improvement after 7-10 sessions, declining in effectiveness thereafter. This irregular pattern helps to explain why there is a weak statistical association between counselling sessions and changes in DAS scores but also shows that 10 sessions is probably the upper limit on the effectiveness of counselling in MRCS. More than a third of clients (37%) received in excess of 10 counselling sessions but these improved by less than clients who received considerably fewer sessions.

Our analysis also found that a number of variables had no statistical influence on changes in marital quality after counselling, including gender, length of relationship, working hours, social class, subjective financial well-being, drinking, unfaithfulness, use of force or style of conflict resolution. We also found that the professional characteristics of counsellors such as years of experience or additional training, had no impact on the outcome of counselling, 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 MRCS.

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 beneficial³²³. 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 situation³²⁴. 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 list³²⁵. In short, the dramatic reductions in stress experienced by clients who came to MRCS for counselling may have been strongly influenced by the restoration of hopefulness.

Returning to the analysis itself, we found that the two factors which bring about change in stress levels are the number of counselling sessions and improvements in the partner's insulting behaviour. Both variables are inversely related to stress which means that stress levels reduce with each additional counselling session and with each additional improvement in the partner's insulting behaviour. As with changes in marital quality, the way in which changes in the partner's insulting behaviour reduces stress probably involves changes in both the partner's actual behaviour as well as changes in the way in which that behaviour is perceived. Thus, improvements may comprise both less stress-inducing behaviour by partners, alongside an improved capacity to tolerate such behaviour without experiencing stress. This clearly suggests that both cognitive and behavioural processes are at work in distressed relationships and that counselling may help to trigger these processes by providing opportunities for insight through both emotional catharsis and cognitive reframing.

Finally, our analysis found that the following variables had no statistically significant influence on stress levels at any stage of the counselling process: age, gender, length of relationship, employment status, social class, hours worked, subjective financial well-being, drinking excessively, criticism, not listening, use of force, style of conflict resolution, unfaithfulness, dissatisfaction with sharing housework and childcare, and the professional characteristics of counsellors. 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 suggested³²⁶.

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 in marital quality. By virtue of the statistical nature of the analysis, these results apply to the generality of cases coming to MRCS. 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.

³²³ Snyder, Michael and Cheavens, 1999; Miller, Duncan and Hubble, 1997:Ch. 5

³²⁴ Tallman and Bohart, 1999:100

³²⁵ Eysenck, 1952

³²⁶ Snyder, Michael and Cheavens, 1999; Miller, Duncan and Hubble, 1997:Ch. 5; Tallman and Bohart, 1999

Chapter Eleven

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 Needleman³²⁷, 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 MRCS clients, both socio-economic characteristics (Section 11.4) and relationship characteristics (Section 11.5). The factors which influence the marital quality of MRCS 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 MRCS (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 four 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 institution³²⁸ despite higher rates of marital breakdown than in Ireland³²⁹. Even among young people in Ireland, the level of support for marriage as an institution remains high³³⁰. 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

³²⁷ Needleman, 1996:50-52

³²⁸ 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).

³²⁹ Eurobarometer, 1993; Reynolds and Mansfield, 1999

³³⁰ Behaviour and Attitudes, 1999

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. Policy statements indicate the Government's "commitment to put the family at the centre of all its policies"³³¹. A similar approach was taken by the Commission on the Family (October 1995 – July 1998) whose report – entitled *Strengthening Families for Life*³³² – outlined six principles which should inform family policy although none of them refer to marriage³³³.

We reviewed a number of studies on the impact of marriage on well-being, all involving large data sets in countries such as the US³³⁴, Britain³³⁵, Germany³³⁶, Belgium³³⁷ and Ireland³³⁸. 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 habits³³⁹. 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 demands³⁴⁰. 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"³⁴¹.

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"³⁴².

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

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

332 Commission on the Family, 1996; 1998

333 *ibid*, 1996:13-14

334 See Oswald and Blanchflower, 1999

335 Theodossiou, 1998

336 Winkelmann and Winkelmann, 1998

337 Sweeney, 1998

338 *ibid*

339 Kiecolt-Glaser and Newton, 2001

340 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

341 Kiecolt-Glaser and Newton, 2001

³⁴² Thorne, 1999:227; see also Jacobs, 1996:5

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 studies³⁴³. 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 which examined the effectiveness of psychotherapy generally³⁴⁴, child psychotherapy³⁴⁵, marital therapy³⁴⁶, and combined marital and family therapy³⁴⁷.

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”³⁴⁸. Similarly, an earlier review of clinical outcome studies found that “most tested treatments report no better than 50% success”³⁴⁹. 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”³⁵⁰. 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”³⁵¹.

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 months³⁵². 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 therapies³⁵³. Given that over 250 different therapeutic models have been identified³⁵⁴ – 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”³⁵⁵. 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)”³⁵⁶.

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 effectiveness³⁵⁷. These common factors are: (1) client characteristics and social support, (2) therapist-client relationship, (3) client hopefulness, and (4) therapeutic technique.

³⁴³ Asay and Lambert, 1999

³⁴⁴ See for example, Smith and Glass, 1977

³⁴⁵ See for example, Weisz and Weiss, 1993

³⁴⁶ See for example, Dunn and Schwebel, 1995

³⁴⁷ See for example, Shadish, Ragsdale, Glaser and Montgomery, 1995; Baucom, Shoham, Mueser, Daiuto, and Stickle, 1998

³⁴⁸ Alexander, Holtzworth-Munroe and Jameson, 1994:613

³⁴⁹ Jacobson and Addis, 1993:86

³⁵⁰ Shadish, et al., 1995:348

³⁵¹ Bray and Jouriles, 1995:463; Jacobson and Addis, 1993:86; Jacobson and Christensen, 1996

³⁵² Asay and Lambert, 1999:24-27

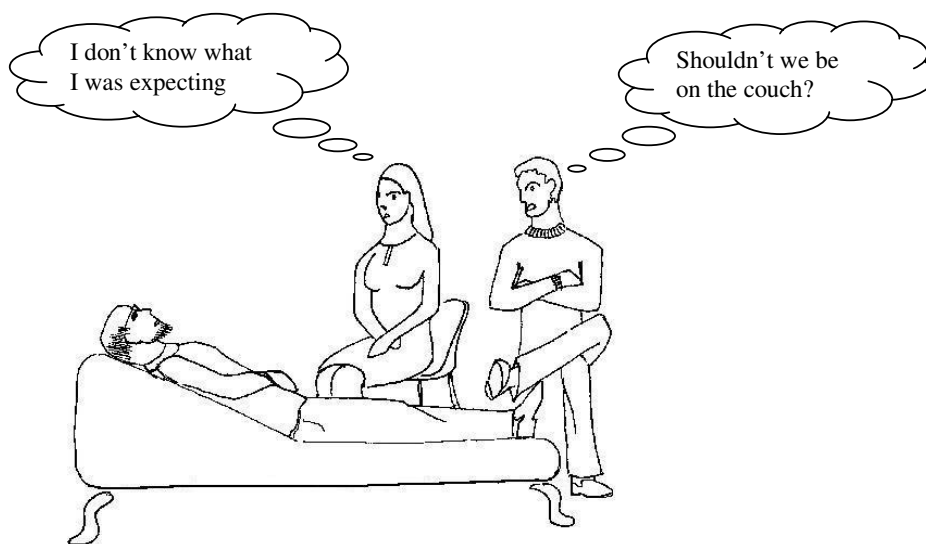
³⁵³ Asay and Lambert, 1999

³⁵⁴ See Miller, Duncan and Hubble, 1997:1

³⁵⁵ Weinberg, 1995:45; see also Christensen and Heavey, 1999:172-173

³⁵⁶ Wampold et al., 1997:210

³⁵⁷ Lambert, 1992; Miller, Duncan and Hubble, 1997, Ch. 2; Asay and Lambert, 1999



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 over 600 new clients seen by MRCS for counselling between 2000 and 2002. The majority (59%) of these clients were women. The average age was 38 for men and 37 for women.

The vast majority of MRCS clients (92%) were in a relationship when they came for counselling. Three quarters were married (73%) and most were living with their partners (84%). The average length of relationship was 13.3 years. A majority of MRCS clients (73%) are known to have children.

By and large, MRCS clients tend to be middle class. Possibly due to their age, they have a higher level of participation in the labour force than the population generally – both for men and for women – while the unemployment rate (4%) is identical to the national average. The majority of MRCS couples (68%) come from two-earner households, more than twice the proportion in Ireland as a whole (30%). Only 4% have "serious difficulty" making ends meet.

Male clients work slightly longer hours than Irish men in general (an MRCS average of 45 hours, compared to an Irish average of 43 hours) while women clients work slightly less than Irish women (an MRCS average of 33 hours, compared to an Irish average of 36 hours). Men are more likely to work unsocial hours than women.

Overall, these findings suggest that the clients who attend MRCS for counselling are predominantly middle class and, as such, are not a typical cross-section of Irish couples generally. However their class characteristics are similar to clients who attend for counselling in the US. According to one large US study, clients of counselling tend 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 child³⁵⁸. Clearly, MRCS clients tend to be older and to have been in relationship for longer than the typical US client.

11.5 Relationship Characteristics of Clients

We measured relationship quality of MRCS clients using the Dyadic Adjustment Scale (DAS) and found that the extent of extreme marital unhappiness is quite considerable, particularly among women. More than a third of women (34%) and more than a tenth of men (14%) 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”³⁵⁹ marriages. A majority of men (61%) 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 (93%) 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)³⁶⁰. 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 six out of ten women (62%) see themselves as having a validating style, less than four out of ten men (35%) experience them as such. Similarly, although about one in ten women (13%) see themselves as volatile, nearly three times as many men (31%) experience them as volatile. Leaving aside the issues about which these couples are in conflict, these findings already suggest considerable scope for disagreement in the manner in which each partner perceives, and is perceived by, the other. In other words, around 50% of men and women see themselves quite differently from the way their partner sees them – at least in terms of how they resolve conflicts. Nevertheless the pattern whereby women tend to be more validating and men more avoidant 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 demands³⁶¹, possibly because her “demands” are experienced as threat rather than invitation and his “withdrawal” is experienced as denial rather than difficulty. As the data just described indicate, 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 about a third of men and women ‘sometimes’ or ‘often’ drink too much. Other studies have found an association between marital unhappiness and excessive drinking with

³⁵⁸ Hahlweg and Markman, 1988

³⁵⁹ *ibid*

³⁶⁰ See Gottman, 1997; see also Markman, Stanley and Blumberg, 1994

³⁶¹ Christensen, 1987; Heavey, Layne and Christensen, 1993; Krokoff, 1987; Margolin and Wampold, 1981; Notarius and Markman, 1989; Roberts and Krokoff, 1990

unhappy marriages leading to excessive drinking as well as vice versa³⁶². 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 therapy³⁶³.

Unfaithfulness is not only difficult to treat in therapy³⁶⁴, it also increases the likelihood of subsequent breakdown in the relationship³⁶⁵. Unfaithfulness occurred at least once in the lifetime of these relationships in about a third (35%) of cases, half of it caused by men only, three tenths by women only and the remainder involving both partners being unfaithful. Of its nature, unfaithfulness is often kept secret but, among MRCS couples, it tends to be known to the partner.

We measured the prevalence of domestic violence by asking each client the following question, taken from a British Home Office study of domestic violence³⁶⁶: “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 nearly half (47%) of all couples and was mutual in over a third of these cases (37%), female-perpetrated only in over a third of cases (37%) and male-perpetrated only in a quarter of cases (26%). 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 a third of cases (33%) while the proportion involving perpetration by women only (33%) was similar to the proportion involving perpetration by men only (31%). 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 housework (82%) and more childcare (78%) 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 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. In view of this, it is significant that about half the couples (55%) are satisfied with their partner’s sharing of childcare but this falls to four in ten (44%) when it comes to the partner’s sharing of housework. In other words, there is substantial dissatisfaction with the partner’s sharing of either housework or 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 arrangement³⁶⁷.

These descriptive statistics throw a good deal of light on the type of relationship issues which are dealt with by MRCS through counselling. These relationships are very stressful and unsatisfactory for those involved, entailing 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 an unsatisfactory 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.

³⁶² Horwitz and White, 1991; Levenson, Carstensen and Gottman, 1993; O’Farrell, Hooley, Fals-Stewart and Cuter, 1998;

³⁶³ Whisman, Dixon and Johnson, 1995

³⁶⁴ Whisman, Dixon and Johnson, 1995

³⁶⁵ Glass and Wright, 1997

³⁶⁶ Mirrlees-Black, 1999:103

³⁶⁷ Kiely, 1996

11.6 What Contributes to Distressed Relationships?

We examined why, among the men and women who come to MRCS 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 not wanting to listen, criticism and avoiding conflict; (ii) dissatisfaction with partner's task-sharing in the home, notably housework and childcare; (iii) selected socio-demographic variables, particularly subjective financial well-being; and finally (iv) women's excessive drinking and men's stress. We now summarise the results for each of these variables in more detail.

Beginning with the partner's negative behaviours, we found that not wanting to listen and criticism are particularly damaging to relationships. A 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 projection³⁶⁸ 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”³⁶⁹.

The impact on the relationship of having a partner who does not want to listen and who criticises is similar for men and women and both these behaviours contribute more to marital unhappiness than any other variable. A particularly interesting finding is that the use of physical force by a partner has no statistically significant effect on the marital adjustment of either men or women.



Marital quality is also affected by the partner's style of resolving conflict 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)³⁷⁰. The results of the regression analysis indicate that women's marital distress is significantly increased by having a partner who avoids conflict. This finding is consistent with women's negative experience of not being listened to and of men's negative experience of being criticised. The finding is also significant in showing that women's perception of how they resolve conflict – and indeed men's perception of how women resolve conflict – has no influence on marital adjustment.

Taken together, these findings have a consistency with other findings from the study in showing a pattern of “demand-withdrawal” within unhappy marriages whereby women's demands for change in a

³⁶⁸ 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)

³⁶⁹ Mann, 2002:45

³⁷⁰ See Gottman, 1997; see also Markman, Stanley and Blumberg, 1994

relationship are met by their partner's withdrawal in the face of those demands³⁷¹, possibly because her "demands" are experienced as criticism rather than invitation and his "withdrawal" is experienced as avoidance rather than difficulty.



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 relationships³⁷². Our analysis 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. Women are dissatisfied with the way their partner shares childcare but men are nearly equally dissatisfied with the way their partner shares housework. 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 elsewhere³⁷³, implies that dissatisfaction with housework and childcare may be more reflective of 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 these³⁷⁴. 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 arrangement³⁷⁵, possibly because, unlike the population of couples coming to MRCS, they were more satisfied with their marital relationship.

Sociologists sometimes use the term "love labour" to refer to the unpaid labour of housework and childcare³⁷⁶. 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 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.

³⁷¹ Christensen, 1987; Heavey, Layne and Christensen, 1993; Krokoff, 1987; Margolin and Wampold, 1981; Notarius and Markman, 1989; Roberts and Krokoff, 1990

³⁷² See for example Bird, 1999; Glass and Fujimoto, 1994

³⁷³ Hetherington and Kelly, 2002:249-250

³⁷⁴ See Rabin, 1996

³⁷⁵ Kiley, 1996

³⁷⁶ Lynch and McLaughlin, 1995

Socio-economic variables have a relatively weak influence on marital adjustment, especially in the case of men. 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 the marital adjustment of women only. The only other socio-economic variable to influence marital adjustment is the length of the relationship with both men and women becoming similarly and slightly more unhappy with each additional year of the relationship.

We have seen that about a third of men and women ‘sometimes’ or ‘often’ drink too much. However the regression analysis indicates that only the marital quality of men is adversely affected when their partner drinks excessively but not vice versa.

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. The effect of men’s stress is to reduce the marital adjustment of both men and women by similarly small 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 wives³⁷⁷.

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 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 (14%) 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; however we also found that more than half the men had discussed their relationship difficulties with a man friend. 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 third of both men and women (33%) have been to counselling or psychotherapy before, to address relationship problems.

We know from other research that women are more likely than men to initiate counselling³⁷⁸; as one review of the evidence observed, they are more likely to “mend or end marriages”³⁷⁹. Although both men and women emphasise certain goals of counselling as important – understanding our relationship better (91%), deciding on the future of the relationship (89%), understanding my partner better (85%) – there are also slight differences. Women give more importance to goals such as finding ways of coping

³⁷⁷ See Whelan, Hannan and Creighton, 1991

³⁷⁸ *ibid*

³⁷⁹ Kiecolt-Glaser and Newton, 2001:25

(92%), feeling less troubled (87%), understanding myself better (81%), becoming aware of feelings (79%) while men give more importance to goals such as improving (90%) and preserving (79%) 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 Britain³⁸⁰.

11.8 Counselling in MRCS

MRCS is the second largest provider of couple counselling services in Ireland, after ACCORD. It has about 50 professionally trained counsellors, mostly female, delivering services at its main centre in Dublin as well as other outlets in Dublin (Mountjoy Street, Ballyfermot) and elsewhere (Dun Laoghaire, Bray, Tallaght, Longford, Athlone, New Ross, Waterford and Cork). In 2001 MRCS provided about 6,800 counselling sessions to 1,000 clients, equivalent to approximately seven sessions per client. Its main sources of income include an annual grant from the Department of Social and Family Affairs, fees for training programmes, and contributions from clients and counsellors which amounted to about €600,000 in 2001.

MRCS follows the “RELATE Approach” to counselling which, at its simplest, is a three-stage model of counselling involving (1) exploration (2) understanding and (3) action. This approach draws insights from the fields of psychoanalytic psychotherapy, child psychiatry, systemic family therapy as well as social and developmental psychology. This pragmatic and richly eclectic approach brings counsellors in contact with writers as diverse as Freud, Klein, Fairbairn, Winnicott, Bowlby and Erikson.

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

The commitment of MRCS 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.

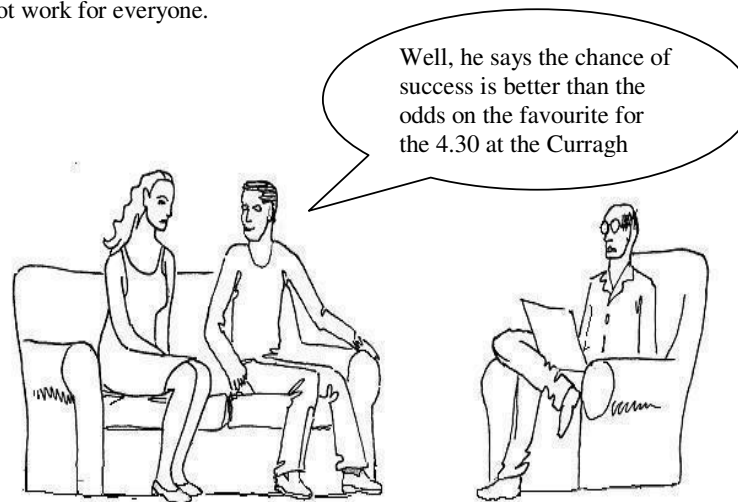
11.9 Changes After Counselling in MRCS

This chapter examined the changes following counselling by comparing clients at the beginning and at the end of counselling; due to the relatively small numbers who completed post-counselling questionnaires (68) – and the even smaller number of for which there was a complete set of matching pre-counselling and post-counselling data - we have not placed much reliance upon this data in our assessment of these changes. Before making our comparisons, we established that the population of clients who completed the end of 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 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 for both men and women. In practice this means that a third of men (33%) and women (35%) improved over the course of counselling. Thus, men and women tend to benefit similarly from counselling. At the same time, it is also significant that over half of all clients

³⁸⁰ *ibid*

showed no change and around a tenth showed a disimprovement indicating that while counselling works, it does not work for everyone.



The key question is whether, as a result of counselling, individuals and couples have moved from being dissatisfied to being satisfied with their relationship. The answer is that about a quarter of men (24%) and a fifth of women (18%) moved from marital dissatisfaction to marital satisfaction following their experience of counselling; at the end of counselling therefore, 59% of men and 37% of women were satisfied with their relationship. 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 MRCS is encouraging even though it is less than that reported in other clinical studies of marital therapy³⁸¹, possibly because the studies are not strictly comparable.

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 most improvement in their relationship was consensus and cohesion. In the context of DAS, 'consensus' refers agreement on spending time together, household tasks, handling family finances, making major decisions, etc., while 'cohesion' refers to things like having a stimulating chat or discussion, laughing together, calmly discussing something, working together on a project.

Given that the vast majority of clients (87%) were stressed or very stressed when they first came for counselling, the changes in stress levels following counselling are both dramatic and positive. They show significant reductions in stress for both men and women, but particularly for women. By the end of counselling, three quarters (76%) of women and two thirds of men (67%) showed improvements in terms of reduced stress levels. 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 disappeared at the end of counselling. The scale of improvement in GHQ scores is significantly above that achieved by other family support interventions in Ireland³⁸², although neither the client groups nor the interventions involved are strictly comparable.

³⁸¹ Alexander, Holtzworth-Munroe and Jameson, 1994:613; Jacobson and Addis, 1993:86

³⁸² McKeown, Haase and Pratschke, 2001:64; Moukaddem, Fitzgerald and Barry, 1998



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)³⁸³. We found fairly modest changes following counselling with men and women experiencing their partners as more validating at the end of counselling.

We know that negative behaviours such as criticising and not listening are prevalent among most couples who come to MRCS for counselling and that these 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, we found that 25% to 30% of women perceived their partners to have improved in terms criticising, insulting and not listening but a much smaller proportion of men perceived their partners to have improved. 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 the 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.

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 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 the dissatisfaction being expressed by women. In view of this, it is significant to observe that there were substantial improvements in the level of satisfaction with the partner's sharing of childcare, particularly among women, at the end of counselling; women's satisfaction with the partner's sharing of childcare increased by over a third (36%), twice the improvement recorded for men (17%). By contrast, the improvement in satisfaction with the sharing of housework was much more modest. In this, as in other aspects of the couple relationship, there are elements of both stability and change. The stability is evident in that a half or more of all men and women showed no change in satisfaction with their partner's sharing childcare and housework while a substantial minority experienced a disimprovement.

Clients who come to MRCS 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. The results indicate that the "average couple" coming to MRCS received 9.8 couple sessions as well as 2.2 individual sessions for the woman and 1.5 individual sessions for the man. This is equivalent to 13.5 sessions in all. A noteworthy feature of the

³⁸³ See Gottman, 1997; see also Markman, Stanley and Blumberg, 1994

service offered by MRCS is that some clients received 40 couple sessions while others received as many as 46 individual sessions.

Clients may also present as individuals and be offered individual sessions. When they present as individual clients, women receive an average of 7.1 sessions from MRCS while men receive an average of 8.3 sessions. As in the counselling of couples, there is significant variation in the number of sessions offered with some men receiving up to 52 individual sessions and some women receiving up to 20 individual sessions.

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. We found that more than nine out of ten of men and women experienced counselling as beneficial to themselves. However men were more likely than women to see counselling as beneficial to their partner (77% compared to 65%) and to their relationship (78% compared to 70%) but more women than men (73% compared to 62%) found counselling beneficial for their children.

We also asked clients if counselling had been helpful in terms of the reasons which first led them to seek counselling in MRCS. We saw in Chapter Seven that both men and women emphasise certain goals of counselling as important – understanding our relationship better (91%), deciding on the future of the relationship (89%), understanding my partner better (85%) but we also found slight gender differences: women give more importance to goals such as finding ways of coping (92%), feeling less troubled (87%), understanding myself better (81%), becoming aware of feelings (79%) while men give more importance to goals such as improving (90%) and preserving (79%) the relationship. The results show 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 becoming aware of feelings, understanding myself better, feeling less troubled and finding ways of coping whereas men found it more helpful in terms of 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 becoming aware of feelings and finding ways of coping are 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 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”³⁸⁴.

We also measured clients’ 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 (96%) clients experienced their counsellor as good or very good. This is indicative of a strong “therapeutic alliance”³⁸⁵ 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 openness³⁸⁶.

Overall, the results indicate that clients showed significant improvements in three areas of their lives following counselling. The first involved reductions in stress among nearly seven out of ten men and nearly eight out of ten women. The second involved improvements in the quality of marital relationships by about a third of men and women. The third involved improvements in satisfaction with partner’s share of childcare among over a third of women and nearly a fifth of men. Beyond this, there were also reductions in terms of criticising, insulting and not listening to one’s partner among a quarter of women, though less among men. These improvements occurred following an average of about 14

³⁸⁴ McCarthy, Walker & Kain, 1998:21

³⁸⁵ Miller, Duncan and Hubble, 1997:Ch.4; Sprenkle, Blow and Dickey, 1999; Howe, 1999

³⁸⁶ Rogers, 1957

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 intervention³⁸⁷ while others – such as the improvement in marital quality – are lower than those reported in other studies³⁸⁸. Overall, however, the results are positive and indicate that significant improvements were experienced by more than a third of clients in the period following counselling with MRCS. We now turn to an examination of how this improvement occurred.

11.10 How do Marriages Change after Counselling?

This chapter described how improvements in well-being following counselling in MRCS were brought about, focusing on marital or relationship 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) by comparing 100 clients at pre-counselling and end of 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.

The results indicate that the two main factors associated with changes in marital quality following counselling are changes in the partner's negative behaviours and changes in satisfaction with the partner's task-sharing. 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 marriages³⁸⁹. Our analysis found that these negative behaviours influenced relationship quality prior to counselling while their improvement over the course of counselling resulted in corresponding improvements in the relationship. This suggests that all of these behaviours are close to the heart of the relationship in determining its overall quality.

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.

We also found that improvements in satisfaction with the partner's sharing of childcare resulted in improvements in the relationship. This is not unexpected, given the earlier result in Chapter Six that

³⁸⁷ McKeown, Haase and Pratschke, 2001:64; Moukaddem, Fitzgerald and Barry, 1998

³⁸⁸ Alexander, Holtzworth-Munroe and Jameson, 1994:613; Jacobson and Addis, 1993:86

³⁸⁹ Gottman, 1997; Markman, Stanley and Blumberg, 1994

dissatisfaction with the partner's sharing of childcare and housework was related more strongly to the overall quality of the marital relationship than to the actual distribution of these tasks. 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.

The analysis also shows that there is a statistically significant correlation between dissatisfaction with partner's sharing of childcare on the one hand, and not listening to the partner, on the other. This suggests that a two-way process is at work; when partners are more willing to listen this is likely to lead to more satisfaction with the sharing of childcare, and vice versa. Conversely, dissatisfaction with the partner's sharing of housework and childcare may open the door to negative appraisals of the partner as not listening. The systemic inter-linking of not listening and dissatisfaction with task-sharing suggests that change in one variable 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.

The results indicate that counselling sessions had a marginal effect on changes in relationship quality. The reason for this was revealed through closer inspection of the uneven relationship between counselling sessions and changes in mean DAS scores for each group of clients: mean DAS scores improved after 1-2 sessions, showed no improvement after 3-6 sessions, but showed considerable improvement after 7-10 sessions, declining in effectiveness thereafter. This irregular pattern helps to explain why there is a weak statistical association between counselling sessions and changes in DAS scores but also shows that 10 sessions is probably the upper limit on the effectiveness of counselling in MRCS. More than a third of clients (37%) received in excess of 10 counselling sessions but these improved by less than clients who received considerably fewer sessions.

Our analysis also found that a number of variables had no statistical influence on changes in marital quality after counselling, including gender, length of relationship, working hours, social class, subjective financial well-being, drinking, unfaithfulness, use of force or style of conflict resolution. We also found that the professional characteristics of counsellors such as years of experience or additional training, had no impact on the outcome of counselling, 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 MRCS.

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 beneficial³⁹⁰. 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 situation³⁹¹. 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!³⁹². In short, the dramatic reductions in stress experienced by

³⁹⁰ Snyder, Michael and Cheavens, 1999; Miller, Duncan and Hubble, 1997:Ch. 5

³⁹¹ Tallman and Bohart, 1999:100

³⁹² Eysenck, 1952

clients who came to MRCS for counselling may have been strongly influenced by the restoration of hopefulness.

Returning to the analysis itself, we found that the two factors which bring about change in stress levels are the number of counselling sessions and improvements in the partner's insulting behaviour. Both variables are inversely related to stress which means that stress levels reduce with each additional counselling session and with each additional improvement in the partner's insulting behaviour. As with changes in marital quality, the way in which changes in the partner's insulting behaviour reduces stress probably involves changes in both the partner's actual behaviour as well as changes in the way in which that behaviour is perceived. Thus, improvements may comprise both less stress-inducing behaviour by partners, alongside an improved capacity to tolerate such behaviour without experiencing stress. This clearly suggests that both cognitive and behavioural processes are at work in distressed relationships and that counselling may help to trigger these processes by providing opportunities for insight through both emotional catharsis and cognitive reframing.

Finally, our analysis found that the following variables had no statistically significant influence on stress levels at any stage of the counselling process: age, gender, length of relationship, employment status, social class, hours worked, subjective financial well-being, drinking excessively, criticism, not listening, use of force, style of conflict resolution, unfaithfulness, dissatisfaction with sharing housework and childcare, and the professional characteristics of counsellors. 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 suggested³⁹³.

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 MRCS. 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 Rilke³⁹⁴, (1875-1926), Austrian writer of prose and poetry.

This study has tried to answer three core questions which are central to the work of MRCS and to other marriage and couple counselling services. The three questions are: (i) what contributes to distressed relationships? (ii) does counselling help distressed relationships? and, if so, (iii) how does counselling help distressed relationships? In order to answer these questions, we undertook extensive research involving approximately 160 couples and over 300 individuals who came to MRCS 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 MRCS and, as such, need to be interpreted flexibly and sensitively. Beyond MRCS, 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.

³⁹³ Snyder, Michael and Cheavens, 1999; Miller, Duncan and Hubble, 1997:Ch. 5; Tallman and Bohart, 1999

³⁹⁴ Rilke, 1975:28

11.11.1 What contributes to distressed relationships?

The road to distressed relationships is generally paved with a series of negative behaviours and associated emotions involving criticism, insulting, not listening and sometimes using physical 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 relationships. This, in itself, indicates that the reality of distressed relationships is 'more psychological than logical' since, in relationship, everyone is a partner. As a result, the men and women who come for counselling typically feel powerless and hurt while apparently unaware of how their own 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"³⁹⁵.

It is sometimes suggested in popular discussions that marriage is under pressure and that distressed relationships are strongly influenced by socio-economic factors. The MRCS research indicates that these factors are much less important than what happens within the couple relationship itself. It is true that difficulties in coping financially contribute to unhappiness in marriage but social class or the working hours of men and women, including the amount of unsocial hours have little or no influence on marital quality. It seems that marriage is a bit like a couple in a boat which is relatively secure from the changing whims and waves of the sea around it; it's what happens within the boat that matters most for the couple, and indeed their children, as far as their emotional and relational well-being is concerned.

The men and women who come to MRCS take a similar route to distressed relationships through behaviours such as criticism, not listening and sometimes using physical force. This process can quickly escalate when the warmth, affection and togetherness in a relationship wane and a negative cycle takes shape where criticism is met with criticism, not listening is met with not listening and, in some instances, physical force is met with physical 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. 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"³⁹⁶ the relationship and it is often at this point that individuals and couples come to MRCS, and similar services, for counselling.

11.11.2 Does counselling help distressed relationships?

Counselling helps people in distressed relationships because over two thirds of all clients in this study moved from being stressed to being stress-free. More significantly, counselling helped a third of clients to improve their relationship, with the result that six out of ten men and four out of ten women were satisfied with their relationship at the end of counselling. The fact that more men than women are satisfied with their relationship after counselling is due mainly to the fact that more men were also more satisfied prior to counselling.

The fact that counselling works equally well for men and women is encouraging and is probably a reflection on the quality of counselling offered by MRCS 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 positive regard. It is encouraging also that counselling works equally well for all social classes and its effectiveness is not affected by length of the relationship, working hours, subjective financial well-being, excessive drinking, unfaithfulness, use of force or style of conflict resolution. 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.

³⁹⁵ Mann, 2002:45

³⁹⁶ Kiecolt-Glaser and Newton, 2001:25

11.11.3 How does counselling help distressed relationships?

Counselling helps by changing the partner's negative behaviours of criticising, insulting and not listening and by helping men and women to become more satisfied with the partner's share in childcare. Both of these sets of changes bring about an improvement in the relationship. In turn, these elements are linked so that a change in one can bring about change in the other: more listening can lead to more satisfaction with the sharing of childcare, and vice versa, 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 relationship 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 the emotions generated in distressed relationships – including disappointment, loneliness, anger, sadness, hate, rejection, etc. - can be given expression and where one sees and experiences the partner in a different light. It is possible that the setting 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 10 sessions being the optimum in MRCS. 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",³⁹⁷. 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 intimate 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.

³⁹⁷ Needleman, 1996:44

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