

THE USE OF ROLE AND STRESS CONCEPTS
IN THE ASSESSMENT OF MARITAL CONFLICT CASES

The assessment of a sample of disturbed marriages in terms of role and stress concepts.

by

HENRY REGEHR

Thesis Submitted in Partial Fulfilment
of the Requirements for the Degree of
MASTER OF SOCIAL WORK
in the School of Social Work

Accepted as conforming to the standard
required for the degree of
Master of Social Work

School of Social Work

1962

The University of British Columbia

In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the Head of my Department or by his representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Department of

School of Social Work.

The University of British Columbia,
Vancouver 8, Canada.

Date

May 10, 1962.

ABSTRACT

The Council on Social Work Education published, in 1949, a study on the objectives of social work education. This thirteen-volume work proposed, in the section on casework method, that the concepts of "role" and "stress" be used in combination for the purpose of assessing clients' problems. Some research has already been done to bring the theory to the level of practice, but it is generally agreed that further testing is still necessary. This thesis is an attempt to make a contribution in this area by applying "role" and "stress" concepts to a sample of social work practice. Specifically, the objective is to test the usefulness of these formulations in the assessment of marital interaction.

The sample group are eight cases from the files of the Adult Clinic, Mental Health Centre. Adults there are seen on referral from medical practitioners for the primary purpose of assessment and treatment of psychiatric problems, but relatives are seen where this is deemed necessary by the treatment "team". Frequently the spouse of the patient is drawn into the treatment program and marriage counseling is done when the problem in the marriage is considered to play a significant part in the etiology of the psychiatric symptoms. In this study, the reciprocal relationship of husbands and wives seen in the Clinic were examined and the case records were analyzed on the basis of the concept of "stress". The attempt was made to identify (a) the source of stress, (b) the values threatened, (c) the duration of stress, (d) the response to stress, (e) the effect of the stress on the reciprocal role relationship of husband and wife. Assessment and re-definition of the marital problem was then attempted in each case.

The study brought a number of analytical features to light. (a) The use of the concept of reciprocal role functioning in a marriage made it possible to partialize the clients' total social functioning and extract the manageable units of husband and wife roles. (b) The use of stress concepts revealed a pattern of stress and response to stress that began in the early experiences of childhood and extended into the marriage relationship. (c) There was a discernable relationship between the source of stress and the development of conflict in the marriage. (d) The nature of the stress factors appeared to color the quality of the interaction between the marriage partners. (e) There appeared to be a progressive building up of stress factors in a discernable pattern.

This has been only a beginning attempt at testing out the usefulness of these concepts and it would seem that further research is indicated.

ACKNOWLEDGEMENTS

My warm thanks are due to Dr. Charles McCann of the School of Social Work, for his kind assistance in the preparation of this thesis; to Dr. Leonard Marsh of the School of Social Work, for his help in the beginning phases of this work; to my colleagues at the Mental Health Centre for their encouragement and helpful suggestions.

The extent of my indebtedness to my wife, Lillian, only I can fully appreciate.

TABLE OF CONTENTS

	page
Chapter I <u>Role and Stress Theory - An Introduction</u>	
A preliminary statement of the problem. Role theory in the social sciences. Attempts to relate the theory to social work practice. Need for research. General outline of social role theory and its components. Outline and components of stress theory. Meaning of "problem". Purpose, setting and scope of this study	1
Chapter II <u>A Proposed Framework for Assessing Marital Interaction in Terms of Stress Concepts</u>	
The scope of this analysis. Methodology for application of concept of stress by components and categories. The criteria used for the selection of cases. Some special problems presented by the case recordings	14
Chapter III <u>Application of the Concepts of Stress to Assessment of Marital Relationships</u>	
Introductory comments about the cases. Statistical information about the marital partners. Presentation: case summary; schedules depicting sources of stress, values threatened, duration of stress, responses to stress, effect of stress on the reciprocal role relationship of husband and wife; assessment in terms of stress concepts	21
Chapter IV <u>Implications of this Study for the Assessment of Marital Conflict</u>	
Restatement of the purpose of the study. Limitations of the study. Outline of the major findings of the study. Evaluation of the usefulness of role and stress concepts for assessment of marital conflict cases. Some further areas needing research. Implications of the findings for casework assessment	74
Appendices:	
A. Psychiatrist's Assessment Note (sample - Case A)	
B. Social Work Assessment Note (sample - Case A)	
C. Bibliography	

TABLE OF CONTENTS (continued)

	page
<u>SCHEDULES AND CHARTS IN THE TEXT</u>	
(a) Schedules	
A ₁ , A ₂	27
B ₁ , B ₂	32
C ₁ , C ₂	37
D ₁ , D ₂	42
E ₁ , E ₂	48
F ₁ , F ₂	55
G ₁ , G ₂	62
H ₁ , H ₂	68
(b) Charts	
Chart 1. Statistical Information About the Marital Partners in Cases Presented in this Study	24

THE USE OF ROLE AND STRESS CONCEPTS
IN THE ASSESSMENT OF MARITAL CONFLICT CASES

CHAPTER I

ROLE AND STRESS THEORY - AN INTRODUCTION

The Problem

With the development of any new theory in the field of the social sciences, particularly psychology and sociology, there must come a period of research and testing before it can be accepted as a useful concept for understanding human behavior. But a further step of research and testing must be carried out to make it useful to the treatment disciplines for assessing and treating individuals or groups who show signs of malfunctioning. The theories of social role and of stress are no exception.

The purpose of this study is to assess marital interaction of patients referred for psychiatric treatment, utilizing the concepts of role and stress. The first chapter will review pertinent theoretical material; chapters two and three will describe the application of the theory to specific case records, and chapter four will discuss some of the findings of the study and the implications of these for social work practice.

Social psychology has studied group dynamics, using the group member roles as units for analysis. Sociology has studied broader social phenomena, using the institutionalized role as one means of analysis. The treatment disciplines, and particularly social workers, have adapted these concepts to their particular area of interest - assessment of individual malfunctioning, and treatment of people who show such symptoms.

Social workers have been much concerned in recent years with attempts to relate role and stress theory to their discipline, and some noteworthy efforts

could be mentioned. Boehm¹ has attempted to enunciate the key principles of social role and stress theory as related to the education of social workers. Bernard² discusses role and stress concepts from the broad sociological base of national social problems. Perlman³ relates role theory to principles of casework.⁴ In recent years, attempts have been made increasingly to apply the theory to actual casework practice, although this is still at such an early stage that many of the concepts of role and stress are still without validation.⁵ Consequently there is a real need at the moment to test out the concepts of role theory in all areas of social work practice, both in assessment of clients and in the treatment process. Specifically, research and testing of the theory is required in its application to the assessment of marriage relationships, and this thesis is one attempt to do this. The specific focus of the study will be outlined later in this paper.

¹ Boehm, Werner W., Social Casework Method in Social Work Education, (Vol. X, Social Work Curriculum Study), Council of Social Work Education, New York, 1959.

² Bernard, Jessie, Social Problems at Mid-Century, Dryden Press, 1957.

³ Perlman, Helen, "Intake and Some Role Considerations," Social Casework, Vol. XII, No. 4, April, 1960.

⁴ Maas includes, in his discussion of the meaning of the term "casework", a definition by Swithen Bowers: "Social casework is an art in which knowledge of the science of human relations and skill in relationships are used to mobilize capacities in the individual and resources in the community appropriate for better adjustment between the client and all or any part of his total environment." (Maas, Henry S., "Social Casework", in Concepts and Methods of Social Work, edited by Walter A. Friedlander, Prentice-Hall, second edition, 1959, p. 19.)

⁵ See: Olds, Victoria, "Role Theory and Casework, A Review of the Literature," Social Casework, Vol. XLIII, No. 1, January, 1962.

Role Theory - Its Content

Before going into a discussion of the application of role and stress theories, it will be necessary to describe in some detail the actual content of these formulations.

At the present stage of development of role theory, there is a great divergence of opinion among its exponents as to a definition of "role". This is shown very clearly in Olds' review of recent literature on the subject.¹ Some writers hold, she says, that roles are seen only in the reciprocal interaction between persons when their actions are organized by the expectations of each person in the reciprocal relationship and by society in general. Bert Kaplan, another theorist, Olds says, holds that role is "the mediator between societal requirements and individual behavior."² A review of the literature also shows that theorists see each individual contributing to the role he plays, in that each person has his own unique ego functioning. In turn, the role exerts a formative influence on the person himself because the role assigned to him will require that he add new characteristics in order to fill the role more adequately.

Bernard introduces two further concepts: group-related roles and institutionalized roles. She sees three specific functions that must be performed in any successful action group: (1) ideas must be furnished; (2) interpersonal relationships must be maintained on a friendly basis so that members will be co-operative; and (3) there must be leadership.³ She sees institutionalized roles as the "prescribed or specific integration of behavior patterns

¹ Olds, op. cit., p. 1.

² Ibid., p. 4.

³ Bernard, op. cit., p. 41.

embodied in law, custom, tradition, convention, or other norms which tells how certain functions are to be performed."¹ Here the unit of organization is not the person performing the job, but the function being performed, as husband, wife, teacher, and so on. From even this cursory look at the literature, it will be apparent that it is most difficult to arrive at a concise definition of "role" at this early stage of analysis and research. Possibly an acceptable description, however, is one given by Perlman as it includes a number of the concepts proposed by various theorists. She says that role is

... a person's organized pattern or modes of behaving, fashioned by the status or functions he carries in relation to one or more persons. Such a behavior pattern is selected, shaped and colored by several dynamic factors: (1) the person's needs and drives - what he wants, consciously or unconsciously; (2) the person's ideas of the mutual obligations and expectations that have been invested (by custom, tradition, convention) in the particular status and functions he undertakes; (3) the compatibility or conflict between the person's conceptions of obligations and expectations and those held by the other person(s) with whom he is in reciprocation.²

It will be useful to briefly discuss some of the principle concepts included in this statement as it will be used as the frame of reference in this thesis.

The concept of role implies a relationship between persons in the context of their respective status and functions. No role exists in isolation, but must be patterned to gear in with another role that is complementary to it. For any role being performed, there must be a role partner, or to use John P. Spiegel's term, an "alter".³

Boehn speaks of this relationship as "reciprocity" and adds that the

¹ Bernard, op. cit., p. 42.

² Perlman, op. cit., p.

³ Spiegel, P., "The Resolution of Role Conflict within the Family", A Modern Introduction to the Family, edited by N. W. Bell and E. F. Vogel, Free Press, 1960, p. 363.

degree of clarity in the definition of the role affects the clarity in the definition of the reciprocal role.¹ The concept of role also implies that there is goal-oriented "organized pattern" in the interaction of persons in reciprocal roles. It is the task of the caseworker to discover this pattern, thus making it possible to predict with some degree of accuracy how the client will perform in any given role. But the goal toward which this activity is directed will be determined by the three "dynamic factors" which Perlman mentions: (1) the person's individual needs and drives; (2) the person's culturally determined (defined) idea of mutual obligations; and (3) the compatibility or conflict of mutual obligations and expectations between the persons in reciprocation - or between the ego and the alter.

The person's individual needs and drives, physical and psychic, provide the material from which he makes his own unique contribution to the roles he performs. Physical endowment, body chemistry, presence or absence of disease affect his role performance. Intrapsychic activity between the id with its primitive drives and super-ego with its controls on these drives, as well as the ego's mediating activity between the id and super-ego, affect the person's performance in roles. The culturally defined mutual obligations and expectations of persons in reciprocal roles are of particular concern to the social worker in the process of making an assessment of his clients as they form the framework for reciprocity. Bernard's concept of "institutionalized roles" is particularly useful in understanding the cultural component in forming ideas of mutual obligations:

¹ Boehn, op. cit., p. 99.

An institutionalized role ... is a prescribed or specified integration of behavior patterns embodied in law, custom, tradition, convention, or other norm which tells how certain functions are to be performed. Illustrations of the institutionalized roles are: wife, mother, husband, father, teacher, pupil, physician, patient ... and so on Not the individual who performs the job, but the function to be performed is the unit of organization.¹

Performance of role, then, is learned by the persons who wish to occupy them, and this is done by accepting the standards which the culture lays down for any specific role. By the same token, a person expects his alter to conform to the cultural standard laid down for that role. By way of illustration, a man will learn his behavior pattern for the husband role in the culture or subculture in which he is raised, while at the same time expecting his wife to perform in her role in the way that his culture or subculture has taught him a wife should perform.

Perlman's third dynamic factor influencing a person's role performance is "the compatibility or conflict between the person's conceptions and expectations and those held by other person(s) with whom he is in reciprocation."

There has been a great deal of attention paid by social scientists specifically to the complementary role expectations of husband and wives and we may use Spiegel's work as an illustration:

... an American middle-class wife tends to expect her husband to treat her as an equal. She expects of her husband a good deal of independence, initiative, and planning for future success in his occupation, but in his relations with her and the children, she expects co-operation, sharing of responsibility, and individual consideration. Reciprocally, the husband expects his wife to help in his plans for future economic and social success, notably by putting his success goals above any personal career or occupational goals of her own, and by developing the social and domestic skills

¹ Bernard, op. cit., p. 42.

suitable to his particular occupational status.¹

For satisfying reciprocation to take place, then, there must be a willingness on the part of the persons in complementary roles to accept some common frame of reference for interaction. Where this does not take place, conflict and role impairment ensue.

Role Impairment: This is an important concept in the analysis of problems in terms of role theory. McCann discusses it in these terms:

Role impairment provides that difficulties in social functioning arise when the person is unable to perceive the expectations of a role accurately and/or is unable to perform in line with the expectations due to physical, emotional or social handicaps. Since the role structure of society is constantly changing and varies from social class to class, group to group and individual to individual, it is necessary to determine how any given person defines his role in a relationship.²

The Concept of Stress

Any person performing in his various roles comes into conflict in the performance of those roles. For this reason the concept of stress has been used along with the concept of social role as a basis for assessing problems of social functioning. Stress, says Bernard, is "the situation which involves threat to functioning in any one or more roles."³ She breaks this down into three components: (1) the stress factor which threatens the person performing the role; (2) the value, held by the person, which is threatened by this stress factor; and (3) the reaction of the person to the threat.

Boehm adds to this:

... stress factors may originate in either realm of the interactional field, social or individual; ... they may not be consciously perceived,

¹ Spiegel, op. cit., p. 363..

² McCann, Charles W., "Role Theory and Professional Responsibility," Social Worker, Journal of C. A. S. W., Vol. 29, No. 3, June, 1961.

³ Bernard, op. cit., p. 70.

but manifested in the individual's response to them and, therefore, detected only through changes in the role performance. Responses to stress factors vary from individual to individual and, depending on the threshold of tolerance, i.e., his somatic and ego capacity, the nature, intensity, and scope of stress, and the vulnerability of the factor affected by stress. Stress may affect the orchestration of the social and personal elements of which the client's role performance is an expression.¹

Boehm then expands on Bernard's formulations regarding stress and the discussion which follows here is based on his material.

Stress Factors: these are threats which may have their origin in the person's own physical or psychological make-up, in his physical environment, or in his social system. These personal threats may be such factors as ill health or the possibility of death. Threats from the external environment may be the possibility of unemployment, nuclear attack or accidents; they may be anticipated changes or new situations which create problems of adaptations, such as marriage; they may be problems in socialization where an individual with limited endowments is forced into roles by society in which the person sees himself unable to function. These stress factors will produce impairment in one or more of a person's roles, and this impairment, in turn, may become an additional source of stress.

Value Threatened: an external or internal situation becomes a stress factor only when some value which a person holds is threatened. Such values may be health, life, possession of property, religious or political freedom, financial security, self-respect, and so on. These values may be related to one's self, one's loved ones, or one's group, but their meaning to the person involved is what gives them significance for him.

Reaction to Stress: this involves reaction responses which an

¹ Boehm, op. cit., p. 107.

individual makes. The goal of this response is to maintain the level of social functioning or the performance of roles, which existed before the stress factor threatened the values held by the person. We must keep in mind, of course, that much of human behavior consists of handling threats successfully, and the degree of stress reaction will depend on the intensity of the stress, the degree of importance the value threatened holds for the person, and the personal ability of the individual to deal with the threat. The reaction to the stress, then, may be a healthy adaptation to a new situation. It is only when there is an inability to deal with the stress, or there is a maladaptation in the form of an unhealthy use of defense mechanisms, that a real problem arises. In the treatment professions, there is concern with those stress situations which create such problems for people.

Jessie Bernard sees two areas in which stress reactions take place: on an individual level and on social or role performance level.

Individual: reaction to stress on this level can be physiological or emotional. Although stress reactions are possible in any physiological system, they usually are glandular in nature. Paralleling the physiological reactions and often part of them, are the emotional reactions of fear and anxiety. In a sense, this anxiety is the central core of any stress situation because it is here that the nature and intensity of the stress, as the person sees it, finds subjective expression. The pathological use of defense mechanisms, of course, may form protective coverings over this anxiety and, failing this, mental illness may result. But the core problem is still the anxiety.

Role-related Stress Reactions: on this social or interpersonal level, response to threat may take the form of aggression, withdrawal, hostility, apathy, escape, and so on. Where this occurs, role impairment, or a breakdown in role

performance, takes place. The nature of "role impairment" has been discussed earlier.

In the light of these considerations on stress, we might use Boehm's system of theoretical propositions or hypotheses:¹

1. Stress is an inevitable aspect of life.
2. The source of stress can be internal, due to somatic or psychological factors, or external, due to environmental factors (physical and socio-cultural) and there can be a combination of all of these.
3. Regardless of its point of impact, stress may affect the functioning of the personality in any of its aspects, physical, emotional, mental, spiritual, social, and may manifest itself through lowered performance in one or several social roles.
4. Because of the reciprocity of role behavior and the inter-relatedness of roles, role performance difficulties may themselves constitute a source of stress which may further reduce performance in the roles so affected and may affect the performance of other roles.
5. Prolonged stress in one area, or stress affecting several areas of functioning (several roles) can lead to extended role breakdown and, in turn, to personality disorganization. However, the occurrence of stress itself does not automatically lead to dysfunction.
6. Man tends to absorb stress situations through various types of defensive and adaptive responses in an effort to maintain or re-establish a dynamic equilibrium which expresses itself in a certain level and mode of social functioning.
7. The major forms of adaptation are flight and fight and can take place in the physical, psychological, or social realms or in a combination of

¹ Boehm, op. cit., p. 109.

these.

8. The physical, psychological, or combined responses available to the individual may not be adequate to cope with stress and, therefore, social intervention from outside to assist the client in his struggle for adaptation to stress may be necessary.

9. Resources outside the individual which are mobilized to combat the effects of stress and to assist the individual in his struggle for adaptation take the form of role support. This support may be given by professionals or by family and friends.

The Concept of Problem: Following Boehm's terms, "problem is defined as a person's response to stress situations which affects his role performance in such a way as to result in role impairment."¹

Problems, then, result from the stress situations and affect adversely the individual's social functioning. This is expressed in his mal-performance of the roles in which he finds himself. This mal-functioning may be perceived by the individual and this may or may not induce him to seek help. It may be perceived by the society in which he moves and, depending on the degree of the role impairment and its effect on the environment, society may or may not intervene. Society has also provided help in problem-solving in keeping with its humanitarian standards and the degree to which it sees a responsibility for meeting the needs of people with problems in social functioning. The helping professions, in keeping with society's prevailing humanitarian values, are concerned with controlling, removing or reducing stress. Casework, as one of these professions, deals with, as Boehm calls them, certain core problems and its main areas

¹ Boehm, op. cit., p. 111.

of operation try to meet these problems. The areas of operation defined by Boehm are: child welfare, family welfare, medical social work, psychiatric social work, school social work.¹

Family welfare deals with the problem of inadequate performance of interrelated roles of the members of the family in the family interaction. Marriage counseling, then, would deal with inadequate reciprocal role functioning of marriage partners.

The Particular Focus of this Study

This study, being exploratory, is concerned particularly with attempting to apply the social role theory and stress theory concepts to the casework assessment of marital interaction in patients referred for psychiatric treatment. Because of the relative newness of this theoretical framework and because it is highly abstract, experimentation is necessary before its real value can be determined. This is one attempt in that direction.

The setting for this study is the Adult Clinic, Mental Health Centre. Although this is not primarily a family and marriage counseling clinic, but a clinic for the treatment of adults suffering from mental illness, there is still a considerable amount of marriage counseling done. Clinic procedures allow family members, who have a significant role to play in relation to the patient, to be seen as is deemed necessary during the course of treatment of the patient. This allows spouses of patients to be seen on a marriage counseling basis when the marriage itself has played a significant part in the etiology of the patient's

¹ Boehm, op. cit., p. 112.

illness. Joint interviewing is also done when this seems indicated. The Clinic is operated by the Provincial Mental Health Services and, until now, has been the only out-patient and day hospital clinic operated by the Provincial Service. It is a multi-disciplined setting where psychiatrists, psychologists, social workers and nurses work together in treatment "teams".¹

The admission procedure at the Clinic requires that the patient be interviewed by a psychiatrist, and, if possible, that a relative be seen by a social worker for the purpose of making a social assessment. Sometimes the patient is also seen by a psychologist for psychometric testing. Following this, the team meets for an Intake Conference where a diagnosis is made and a plan for action is decided on. On the basis of the conference decision, the patient is either referred back to his family physician or is taken into treatment by a member of the team. For this study, we will be using cases which have been taken into treatment by psychiatric social workers.

Because this preliminary investigation is necessarily brief, we will be using, for the purpose of this study, the information recorded at the time of assessment, as well as the recording from the first five treatment interviews. Although there is no intrinsic value in the number "five", it is felt that much information necessary for a more complete assessment will be coming out of the first few interviews.

Let us now go on to relate role theory to assessment of marital interaction.

¹ A team is a group of the professionals mentioned who work together under psychiatric direction to treat each patient as they determine most suitable.

CHAPTER II

A PROPOSED FRAMEWORK FOR ASSESSING MARITAL INTERACTION

IN TERMS OF STRESS CONCEPTS

It was stated earlier that the concepts of role and stress theory are still in very early stages of development and that many are still without validation through testing. The following chapters describe a beginning attempt to assess the usefulness of the concepts as a tool for gaining a better understanding in one area of social casework. Specifically, we would like to discover, in a beginning way, whether the theoretical formulation can be helpful for gaining a better understanding of the dynamics of disturbed marriages.

In studying disturbed marriage relationships, we are limiting the role theory concepts to those dealing with reciprocal relationships and to impairment in the specific roles involved in those relationships; that is, in the husband and wife roles. What we shall be concerning ourselves with then, are the concepts of stress as laid out in the Curriculum Study,¹ relating these to the reciprocal role relationships of husband and wife. The approach will be to analyse case records in the following stress concept terms: the source of stress, the value threatened by the stress, the duration of the stress, the individual response to stress and finally the effect of this stress and response to stress on the marriage relationships.

This chapter will deal with the approach used for this study.

¹ Boehm, W., Curriculum Studies, Vol. X.

The Concept of Stress

In chapter one of this paper, Boehm's analysis of "stress" was outlined under the following headings: the source of stress, the value threatened and the response to stress.

Boehm states, as noted previously, that "stress factors are threats that arise within the individual's body, his physical environment, the function of the social system, and within the individual's network of roles".¹ Because we are here concerned with the reciprocal marriage roles, we will highlight, in this study, mostly the sources of stress coming from "within the individual's network of roles". Other sources of stress will be included only as they affect directly the marriage relationship.

Regarding the "value threatened" it will be noticed that each person discussed here has a value system differing from the others in keeping with his own unique cultural background. Boehm, thus, suggests that "the subjective meaning which the value holds for the individual concerned needs to be examined in addition to the objective value itself since different people may attach different importance to the same value".² In the cases presented, this will be seen in many ways, but particularly in the meaning the various people put on dependence and independence. Some of the clients are very dependent and wish to maintain the relationship. Several have strong dependency needs but react negatively toward becoming dependent on their particular spouse. Some accept the spouse's dependency, others react violently to this. Each client must therefore be seen in his own right and with his own unique value system.

¹ Boehm, op. cit., p. 107.

² Loc. cit.

Similarly, "response to stress" varies from person to person. Each client discussed in the following cases had his own unique and habitual response to stress - a response frequently developed in early childhood. This is seen quite clearly where sufficient material on the client's early history was available in the records. This will be discussed more fully in the fourth chapter of this paper.

Two other factors are added to this analysis for the purpose of the present study: the "duration of the stress" and the "effect of the stress and the person's response to stress on the reciprocal relationship of husband and wife".

The "duration of stress" is included here in order to provide some form of a time sequence in the development of stress within the client. It also provides a clue to the extent to which responses have become ingrained and habituated.

The effect on reciprocal relationship of husband and wife is the most significant factor for the purpose of this study since we are attempting to relate stress concepts to the assessment of disturbed marriages.

Deprivation of Early Childhood Needs as a Source of Stress

There may be some question about including early life experiences as sources of stress which affected, eventually, the marriage relationship. They were included because of the writer's psychodynamic orientation and because such experiences as loss of parental love, failure in provision of an ego ideal, and rejection could be seen as stress factors, as Boehm puts it, "within the individual's role network".¹ Boehm includes in this lack of stability and security

¹ Boehm, op. cit., p. 107.

in habitual social roles, threats to existing relationships, and role confusion, all of which are experiences the child can suffer.

When responses to these early experiences become habitual, lasting throughout life, it is possible that they may affect interpersonal relationships in which a person becomes involved. Where the response has been an unsatisfactory one and this becomes habituated, then it might also be possible that it will affect future interpersonal relationships negatively, particularly the very close relationship in marriage. It was therefore considered necessary to include in this study stresses in the early life experience and the habitual response to this stress, in order to discover whether some relationship between these and marital conflict did exist.

Selection of Cases

It was explained earlier that the cases used in this study were taken from the Adult Clinic, Mental Health Centre, files. It was also mentioned that the function of the Clinic was not primarily to provide a marriage counseling service but that this service was provided where a marriage problem was an integral part of the total problem for which the patient was referred to the Clinic. The fact that the principle function of the Clinic is to provide psychiatric treatment and is not a marriage counseling agency, immediately circumscribes this present study. The case records to be analysed here do not deal simply with marriage partners who were in conflict with each other, but will deal with marital conflict in cases where one partner was referred to the Clinic for psychiatric treatment.

It may be that this study will indicate that there is, in fact, some relationship between mental illness, or personality functioning as a whole, and

marital conflict,¹ but this is not the focus of this study. We shall be looking only at the marital conflict and the factors which brought about this conflict.

It was found, on investigation of Clinic files, that various approaches were used in dealing with such marriage counseling cases. In some cases, only one partner was seen by a therapist. In some cases, a psychiatrist saw one partner in treatment interviews and a caseworker saw the spouse. Sometimes a caseworker saw the patient in treatment over a long period and the spouse was seen only a few times. The first step, therefore, was to devise a set of criteria that would help to select cases most suitable for assessment here. The following criteria were developed;

1. Both marriage partners were to have been involved in the treatment process in order to ensure that information regarding both would be available.
2. Both partners were to have been seen in at least five interviews beyond the original assessment. This was included because significant diagnostic information would be coming out of at least that many interviews.
3. The five interviews beyond the original assessment were to have been held by caseworkers. This criterion was included because the present study deals with casework assessment.
4. The major focus of the assessment and treatment processes during these interviews, was to have been the marriage interaction.

¹ Betty Morton, in her M. S. W. thesis, "The Psychodynamics and Treatment of the Male Partner in Marital Conflict Cases," (U. B. C. School of Social Work, 1957), states the following in regard to "marital conflict": "In a broad sense ... all cases are usually categorized as marital conflict cases when either of the marriage partners asks for help on the basis that their marriage is unsatisfying. While the patterns of expressing marital discord are legion, Dr. Nathan W. Ackerman points out that disturbances of the marriage relationship are characterized by two salient elements: (a) failure of reciprocity of satisfactions, and (b) conflict; the conflict bearing, usually, a specific relationship to the failure of reciprocity in the relationship."

The use of these criteria posed a serious difficulty in selecting cases from the Adult Clinic files. There were not enough cases that met these criteria available to use sampling techniques. As it turned out, eight cases did apply and all cases were used in this study. The implication is that the cases presented here are not necessarily a representative sample of marital conflict cases referred to the Clinic. Actually there were many cases in the Clinic files in which a marital conflict was described as a part of the problem, but because of variations in assessment and treatment procedures demanded by the nature of each problem, the specific information required for this study was not available in the records. The absence of adequate sampling will have to be seen as one of the limitations of this study.

Differences in the Handling of Cases in the Clinic

Although there are standard intake procedures in the Adult Clinic, the method adopted beyond this, as already mentioned, varies with the nature of each particular situation. Thus the cases used here do not fall into a neat pattern. In some cases the patient who had been referred for treatment was seen by a psychiatrist for several interviews before being referred to the caseworker for continuing treatment. Also the spouse, seen officially as the "relative of the patient" was not necessarily drawn into casework treatment immediately following assessment. In "Case B", for example, the wife was admitted as the patient, but the husband was not drawn into treatment until after some ten interviews had been held with the wife. This probably meant that the focus of the interviews was more treatment oriented and the type of information required for the present study was not as fully obtained as in other cases. This again will reflect on the accuracy of the findings of this study.

In all cases, however, the first five interviews held with a social worker beyond the official assessment were used for the purposes of this paper.

The Case Recording

Several difficulties also arose from the way in which the cases were presented in the recordings. First, because an individual was referred to the Clinic rather than married couples, it was usually this individual who was given a more thorough examination regarding early history and present functioning. It was also this individual who was admitted as a patient. The spouse was seen as a "relative". Consequently more information was available about the one partner than about the other. It was, therefore, easier to see a developmental process of stress factors discernable in the person regarded as the patient.

An exception to this was "Case D" where the wife was seen first as a patient, but because of the nature of the marital problem, the husband was admitted as a patient in his own right and given a regular assessment. Here more complete information about the husband was available for analysis in this study.

Secondly, the cases were not written up in terms of the concepts of stress as laid down in the Curriculum Study. In some cases, the material classified under "source of stress", "value threatened", "duration of stress" and "response to stress" could be identified in the records fairly clearly. However, in some cases, a more subjective judgment had to be made by the writer from the recorded notes. This was particularly true in the case of the "effect on reciprocal relationship of husband and wife". Material for this category was interwoven into the record and had to be gleaned out by the present writer and rewritten into terms useful for this presentation. This subjective element no doubt will influence the accuracy of the findings and this, again, will have to be recognized as one of the limitations of this study.

CHAPTER III
APPLICATION OF THE CONCEPTS OF STRESS
TO ASSESSMENT OF MARITAL RELATIONSHIPS

In this chapter we shall present the application of the concepts of stress to the assessment of specific cases from the files of the Adult Clinic, Mental Health Centre. These cases all involve a marital conflict and the eight cases selected meet the criteria laid down in the previous chapter. The case material is analysed in terms of stress concepts and the assessment of the marriage is then written out in these terms.

By way of introduction to the case presentations, it may be helpful to make some observations about the eight cases selected.

First it is important to note that in every case: the referral to the Clinic was made on psychiatric grounds; that is, one of the partners was showing behaviour characteristically representing some form of psychiatric illness. It is important to notice that the present assessment takes note of these symptoms only as a source of stress in the marriage or as a response to stress. We are here concerned not with the diagnosis of mental illness but with the relation between the client's behaviour, whatever the psychiatric diagnosis, and the interaction of the marriage partners.

In all of the eight cases except one, the wife was referred to the Clinic by the doctor for treatment. Only in the one case ("Case G") was the husband referred but this had been only with the wife's insistence that he seek help because she had herself received treatment at the Clinic some years before.

In six cases the wife in the marriage was admitted for treatment and seen as the patient while the husband was seen as a "relative of the patient". In "Case G", as already mentioned, the husband was admitted as the patient and the wife was seen as "relative of the patient". In "Case D" both husband and wife were admitted for treatment, each in his own right. However, marriage counseling was carried on in this case as in the other cases.

In six cases there had been no previous marriages by either of the partners. In "Case D" the wife had been divorced once and in "Case G" the wife had been married before.

A chart listing the ages, occupations, length of the present marriage, number of times each person was married previously, and each partner's religious affiliation precedes the presentation of case material.

In all cases, the husband and wife were living together.

Presentation of Cases

Each case is analysed separately in this study. First in each case presentation is a detailed exposition for each of the marriage partners of the stress factors, the values threatened, the duration of the stress, the response to stress and the effect of the stress on the marriage inter-relationship. Here we will be following Boehm's formulation of the "concept of stress" as outlined in the Curriculum Study, Volume X. Wherever sufficient material about the early life of either one of the marriage partners was given to show that childhood experiences were stress factors affecting later behaviour in the marriage, this was included. Other than this, we have sought to include only stress factors which directly related to the marriage interaction. The reason for this is related directly to the purpose of this study: to use the "concepts of stress"

as a means of assessing marital interaction in marriage conflict cases.

Following the charts describing each partner's behaviour in terms of stress concepts is an assessment using the outline developed in the chart, but adding for illustrative purposes material presented in the assessment notes by the psychiatrist and by the social worker. Added to this, material related to assessment is also taken from the first five treatment interviews with both husband and wife by one or two social workers.

It was felt that a case summary preceding each analysis would be helpful to form a basis for presenting the analysis. The material is taken directly from the case records of the social workers' and psychiatrists' reports. The latter will explain some of the psychiatric terms that appear in the summary. In the summary, these psychiatric terms will be accepted as part of the nomenclature of the particular agency in which this study was done. Because the psychiatric terms have varying meanings to different professionals in the field, no attempt will be made to define these other than presenting them in the context in which they were used. They will, however, be defined where they are used in the analysis of the cases.

The case material is now presented in the following pages.

Chart 1. - Statistical Information About the Marital Partners
in Cases Presented in this Study

	Cases							
	A	B	C	D	E	F	G	H
Age of Husband	37	32	44	51	39	39	43	43
Age of Wife	31	37	31	41	29	39	47	48
Occupation of Husband	Dept. Manager in chain store	Regional Sales Manager	Electrician	Clerk	Accountant	Carpenter	Millworker	Salesman
Occupation of Wife	housewife	housewife	housewife	housewife	housewife	housewife	housewife	housewife
Length of Present Marriage	10 years	11 years	8 years	10 years	7 years	17 years	2 years	19 years
No. of times Husband was Married Previously	none	none	none	none	none	none	once	none
No. of times Wife was Married Previously	none	none	none	once	none	none	twice	none
Husband's Religion	A. C. C.	A. C. C.	Protestant	Protestant	Protestant	Lutheran	A. C. C.	Protestant
Wife's Religion	A. C. C.	A. C. C.	Protestant	Protestant	R. C.	Lutheran	A. C. C.	Protestant

Case A - Summary

Mrs. A. was referred to the Mental Health Centre for symptoms of depression which had been precipitated most recently by her confessing to her husband that a family male friend had been coming to the house privately and been paying amorous attention to her although there had been no sexual relationship. She had a number of episodes of depression but in the past she has responded to this by clinging closely to her home and family. On this occasion, however, she became so ill that she needed treatment and was referred to the Clinic.

The patient had a deprived background, having been placed into an orphanage at age two. At age twelve, she left to stay with a family where there was a lot of sibling rivalry with the natural child. At seventeen, she left to become a nurse-maid until the time of her marriage at 21.

Mr. A. worked as a produce manager in a local super market. He was a rather withdrawn man having, himself, a rather deprived childhood. He tended not to be able to look closely into the reasons for certain difficulties in the marital relationship, and when he did look for reasons with the help of the social worker, he was not able to get involved in meaningful explanations.

This couple's social life had been extremely limited, largely because Mrs. A. refused to let someone else stay with her children. They had, therefore, not gone out socially for a long while. The only friends they had were a married couple whose friendship they had valued highly. It was this friend, however, who came to visit Mrs. A. and with whom Mrs. A. became emotionally involved.

Mrs. A. appeared to prefer father-daughter relationships with men but did not seem to have had these dependency needs met by her husband. Consequently, she turned to the male friend who was sheltering and protecting towards

her - more like a father than a boyfriend, although she had a greater sexual attraction for the friend than for her husband. There is evidence that the husband attempted to meet his wife's dependency needs by, according to the wife, treating her as a child, incapable of making decisions. He was inconsistent in this, said his wife, by expecting her, at the same time, to take responsibility.

Mrs. A. provided no emotional support for the husband at the time of assessment. She told him that she did not love him at that point and that only "time will tell" whether, in fact, she would be able to do this.

There was a great deal of dissatisfaction on the part of Mr. A. related to sexual relations. His wife was unresponsive and cold. Mrs. A. was frigid and did not seem to enjoy sexual relations.

Both Mr. and Mrs. A., during the assessment period, were making plans to separate.

Schedule A₁ - Mrs. A.

Occ.: Housewife
Religion: A. C. C.

Age 31 years - married 10 years. (Patient)

Source of Stress	Value Threatened	Duration of Stress	Response to Stress	Effect on Reciprocal Relationship of Husband and Wife
Loss of parents during childhood.	Parental affection and dependency. ¹	10 years in childhood.	Overprotection of own children - will not allow other person to look after them so she can go out with husband - seeking dependent relationships.	Wife sees husband as father figure - husband treats her like child.
Husband does not meet her dependency needs.	Security through attention and affection from male father-figure. ²	Since early part of marriage.	Seeks satisfaction of needs outside of marriage.	Loss of mutual affection, emotional distance between husband and wife.
Family friend paying amorous attention to her.	Loyalty to husband.	One year.	Feelings of guilt; confession to husband; symptoms of mental illness as recognized by doctor.	Mutual feelings of anger.

¹ a form of behavior which suggests inability to make decisions and a marked inclination to lean on others for advice, guidance and support.

² a male who, in the mind of a person, serves as a substitute for a father.

Schedule A₂ - Mr. A.

Occ.: Dept. Manager in Chain Store
Religion: A. C. C.

Age 37 years - married 10 years. (Relative of patient)

Source of Stress	Value Threatened	Duration of Stress	Response to Stress	Effect on Reciprocal Relationship of Husband and Wife
Wife's failure in performing household tasks to his standard.	Image of "good homemaker".	Since marriage.	Dissatisfaction with wife; criticism of wife as homemaker and mother; undermining wife's authority with children.	Mutual anger; loss of affection; emotional detachment; mutual sexual dissatisfaction.
Wife's apparent failure as mother.	Image of "good mother".	Four years.		
Unsatisfactory sexual relations.	Sexual satisfaction.	Since marriage.		
Wife's affair with his friend.	Loyalty of wife.	One month.	Anger; loss of confidence in wife.	Mutual dissatisfaction with the relationship.
Wife's mental illness.	Health of wife.	One month.	Wish to escape from total situation.	Plans for separation being considered by both partners.

Case A - Assessment in Terms of Stress Concepts

Mrs. A. has a deprived background, having been placed in an orphanage after the loss of her parents at the age of two. This deprivation was a source of stress to Mrs. A. at that time, threatening her need for parental affection and for dependency. Because this source of stress continued through her formative years, she could not find a satisfactory resolution of these needs and continued through to adulthood and found expression in the close interaction of marriage and family life. Her response to this source of stress was seen in her seeking a dependent relationship with her husband, in this way satisfying her childhood needs for affection and dependency, including the oedipal strivings¹ for her father. She also overprotected her children, in this way satisfying vicariously her dependency needs.

This response to stress on the part of Mrs. A., however, was not satisfying the husband's needs, nor was it meeting his standards of what a wife's role should be. Consequently there were mutual feelings of frustration, and the marriage relationship was not as close and warm as both husband and wife would have wanted it to be.

This lack of closeness continued to threaten Mrs. A.'s value of security through the affection of a father figure, and she responded to this by turning outside of her marriage to have her needs met. She appreciated the amorous attention of her husband's closest friend, who was nine years her senior. Although there were no sexual relations in this affair, it threatened Mrs. A.'s value of marital fidelity. To this she responded with intense guilt and finally with acute psychiatric depression for which she was admitted to the Centre.

¹ A child's sexual interests in the parent of the opposite sex.

Mr. A., who valued a high degree of order in the household and who held rather rigid expectations of the role of a "good homemaker", saw these values threatened by his wife's casual approach to keeping house. This had continued since their marriage. Besides this, Mr. A. was displeased with his wife's handling of the children, failing to see her as the "good mother" he would have wished her to be. Because his wife was sexually unresponsive, his value of sexual fulfillment for himself was threatened.

To these sources of stress, Mr. A. responded with a good deal of anger which was not directly expressed, but was shown by his undermining Mrs. A.'s one area of competence (as she saw it) - that was her ability to deal with and train her children.

The wife's affair with Mr. A.'s "best friend" was a threat to his value of marital loyalty. His friend apparently had come to the house when Mr. A. was at work and Mr. A. responded to this with anger and with threats to discontinue the marriage. Some anger seemed to have been internalized in the form of an ulcer which apparently erupted during periods of stress.

Case B - Summary

Mrs. B. was referred to the Mental Health Centre because of symptoms of depression which had been building up over a number of years. She suffered from extreme feelings of unworthiness and was overly dependent on her husband. She came from an unhappy home where the mother dominated the whole scene, and everyone had to be submissive, including her father. Her mother possibly rejected her, made her feel inferior, but controlled her life, even after marriage.

Mr. B. is a successful salesman who seems to have needed his wife's dependency to make himself feel more capable. At the same time, he dislikes the other complications of having a dependent wife. On the surface he was kind and gentle to his wife (except for occasional temper outbursts), but there were signs of rather angry feelings toward her.

Mrs. B. required a great deal of emotional support from her husband, which he gave on a superficial level, but she was able to give little in return. In this way, the marriage was quite out of balance. She was failing in her role as homemaker due to her feelings of depression and was not able to be the social partner for her husband that he wished. Sexually, she was frigid and found little satisfaction in sexual relations. Because she was unresponsive, her husband found little satisfaction as well, and during the course of the assessment, spent a great deal of time ventilating his feelings about this.

Schedule B₁ - Mrs. B.

Occ.: Housewife
Religion: A. C. C.

Age 37 years - married 11 years. (Patient)

Source of Stress	Value Threatened	Duration of Stress	Response to Stress	Effect on Reciprocal Relationship of Husband and Wife
Domination of her stern, controlling mother.	Independence and feeling of self-worth.	Since early childhood - into marriage.	Low sense of self-worth; intense, unexpressed anger toward mother; eventually psychiatric depression ¹ ; need for dependent relationships.	Wife excessively dependent on husband to which husband responded by overprotecting her; both unhappy with this relationship.
Excessive dependency on husband; her own inadequacy to perform role.	Her percept of culturally prescribed role of wife.	Progressively since marriage.	Anxiety and guilt; as a result of which she required continued support and encouragement from husband.	Mutual dissatisfaction with the dependent relationship; sexual incompatibility.
Sexual frustration.	Sexual gratification.	Since marriage.	Anger toward husband although this was turned inward or repressed; feelings of inadequacy as a woman.	A mutual hostility, ² though well defended against; expressed in such statements as "we never did get along."

¹ this consists of feelings of painful rejection, anxiety, difficulty in thinking, and retardation of physical activity.

² defences in this framework refer to mental processes which serve to protect the individual against danger arising from his impulses or feelings.

Schedule B₂ - Mr. B.

Occ.: Regional Sales Manager
Religion: A. C. C.

Age 32 years - married 11 years. (Relative of Patient)

Source of Stress	Value Threatened	Duration of Stress	Response to Stress	Effect on Reciprocal Relationship of Husband and Wife
Dependency of wife.	Mature behaviour on part of wife.	Since marriage.	Low regard for wife, but efforts to meet dependency needs.	Emotional distance between husband and wife. Increasing loss of trust.
Irritability and depression of wife.	Healthy, responsible behaviour on part of wife.	Six years.	Anger; periodic temper outbursts, followed by "redoubled efforts to coax wife into a better state."	Mutual feelings of anger; though these are strongly defended.
Sexual frustration.	Sexual satisfaction.	Since marriage.	Anger towards wife; sees this as a core problem in the marriage.	Mutual hostility, though this is well defended against.

Case B - Assessment in Terms of Stress Concepts

Mrs. B. came from an unhappy home in which the mother dominated the whole scene and where everyone had to be submissive including the father. Mrs. B., too, had been controlled by her mother not only as a child, but even as an adult; she had been rejected by her mother emotionally in spite of the over-protectiveness of the mother. In this way Mrs. B.'s desire to become independent and to develop feelings of self-worth were threatened by her mother's behaviour and to this she responded with a deep sense of worthlessness, a continued need for dependent relationships. At the same time, too, she developed intense feelings of anger toward her mother.

In the marriage this need for dependent relationships was seen in Mrs. B.'s demand for a great deal of emotional support from her husband, which he gave by over-protecting her, but she was able to give little in return. The marriage in this way was quite out of balance.

Mrs. B.'s anger, on the other hand, was not given overt expression and she internalized this. Subsequently it turned into a psychiatric depression.

The excessive dependency on her husband and her own inadequacy to perform her role as wife became a source of stress itself for Mrs. B. in that it contradicted what she saw as the culturally prescribed role of wife. She responded to this with anxiety about her inadequacy and with guilt about her inability to perform her role. This in turn led to continued need for support and encouragement from her husband, creating a vicious circle of cause and effect from which she found it impossible to escape. There was mutual dissatisfaction with this dependent relationship and directly and indirectly, it led to unsatisfactory sexual relationships.

The sexual frustration, which had existed throughout the marriage, led,

on Mrs. B.'s part, to anger toward her husband although this was turned inward, or repressed. It also confirmed her feelings of inadequacy as a woman. The sexual frustration seemed to become the focus for mutual hostility in the marriage, although this was defended against. Mrs. B., for example, expressed her anger only occasionally and with some support in the interviews through such statements, made with feeling, "We never did get along".

Mr. B. recognized his wife's dependency needs and overprotected her. It was a source of stress for him, however, expecting in its place a more mature level of behaviour on the part of his wife. Although his first response had been to meet his wife's dependency needs, it had later also resulted in a low regard for his wife as he saw her more as a dependent child than a mature adult. In the marriage relationship, this led to emotional distance between husband and wife and an increasing loss of trust in each other.

The development of psychiatric symptoms in Mrs. B., including increased irritability and depression, also became a source of stress for Mr. B. The symptoms threatened his value of healthy, responsible behaviour on the part of his wife. He responded to this stress with feelings of anger which were expressed only periodically in temper outbursts. These outbursts were frightening to him, however, and were followed by "redoubled efforts to coax his wife into a better state".

Sexual frustration was a significant source of stress and, according to Mr. B., played an important part in the marital problem. The lack of fulfillment in this area led to increasing anger toward his wife although at the time of assessment, he was well defended against this feeling of anger.

Case C - Summary

Mrs. C. was referred to the Mental Health Centre by her physician for symptoms of depression, including sleeplessness, chronic tiredness, inability to make decisions, and general feelings of anxiety.

This couple met five years before their marriage when the wife began working in the business operated by her present husband. The business has played an important part in whatever happened in the family, particularly at the time just prior to referral to the Mental Health Centre, when Mrs. C. again had to return to the business to help with the work. The resulting difficulties led to her episode of mental illness, although there was a long history of feelings of tension and anxiety whenever some difficult situation arose.

Mrs. C. appeared to be a rather insecure person who felt rejected, or at least feared rejection tremendously. She appeared to have developed a lot of hostile feelings because of this insecurity and unnurtured dependency needs from earliest childhood.

Mr. C., who operated a small business, was rather passive, well defended against anxiety, and found it difficult to express his feelings about matters related to the marriage. The underlying problem seems to have been the relationship between Mr. and Mrs. C. in that neither Mr. C. nor his wife were facing in any direct manner the sources of conflict between them. Although the question as to whether or not Mrs. C. should be working in the business seems to be the source of difficulty from the couple's point of view, this is not likely the real source of the problem. The chief source of the problem seemed to lie in the failure in communication between the spouses. For this reason it was decided that they should be seen in joint interviews by a caseworker.

Schedule C₁ - Mrs. C.

Occ.: Housewife
Religion: "Protestant"

Age 31 years - married 8 years. (Patient)

Source of Stress	Value Threatened	Duration of Stress	Response to Stress	Effect on Reciprocal Relationship of Husband and Wife
Separation of parents and general instability of social situation in early life.	Security and consistency in family relationships.	Through formative years.	Continued search for security, including through marriage to an older man.	Dependency of wife on a strong, successful male figure. There was a need for her to see him as successful.
Return to work in her husband's business and discovery of the poor state of the business finances.	Need for security and dependence on a <u>successful</u> person.	Six months.	Intense anxiety about the insecurity.	There are feelings of anger about this whole situation, but patient is afraid of expressing these.
Inability to communicate her feelings of anger toward her husband.	Need for expressing pent-up feelings.	Since early marriage.	Internalizing the anger and developing psychiatric symptoms.	Husband upset about the symptoms, but is unable to express anger. Thus both partners have unexpressed mutual hostility resulting in emotional distance, and threatening the marriage itself.

Schedule C₂ - Mr. C.

Occ.: Electrician
Religion: "Protestant"

Age 44 years - married 8 years. (Relative of Patient)

Source of Stress	Value Threatened	Duration of Stress	Response to Stress	Effect on Reciprocal Relationship of Husband and Wife
Wife's irritability, anxiety and other symptoms of a psychiatric nature.	Health and mature behaviour on part of wife.	Several years.	Feelings of anger about wife's behaviour which he is unable to verbalize.	Emotional distance; tension in husband-wife relationship though this is not directly expressed by either.
Inability to communicate feelings of anger toward wife.	Need for ventilation of feeling.	Since marriage.	Escaping from the home on business calls, etc., to reduce possibility of expressing feeling toward wife.	Increased tension; increased mutual anger.

Case C - Assessment in Terms of Stress Concepts

Mrs. C. has had a history of rejection by parents, her mother having been married four times, and has had a rather unstable life in her formative years when a child normally values the security of parent figures and the consistency in the social situation which goes with this security. Because this stress factor continued throughout the formative years, there was at no time a satisfactory resolution of this need for protection and dependency. Consequently she entered adulthood still in search of this. This led her to "romantic affairs" with two men, both considerably older than herself and whom she saw more as protective father figures than as lovers. She married the second of these and seemed to be expressing through this her need for security from a father substitute - this being her response to the stress of parental rejection during her childhood.

Although Mrs. C. had shown some symptoms of depression such as anxiety and retardation of mental and physical activity over a long period of her marriage, a real crisis arose when, on going back to her husband's business as bookkeeper she discovered that her husband's business was actually doing very poorly. She suddenly discovered that her security and her dependency on her husband was threatened as the business on which the security rested was faced with bankruptcy. Mrs. C.'s response to this stressful situation was intense anxiety as it seemed to remind her of earlier loss of security from parent figures. She now became quite resentful toward her husband as a result of the present threat, but she was unable to express her real feelings about this to her husband.

This inability to communicate her feelings of frustration and anger toward her husband on whom she was dependent became a source of stress itself. She wished to express her pent-up feelings, but because of her own need for

approval from the person on whom she was so dependent, and because of her husband's inability to express anger as well, Mrs. C. responded by internalizing her anger and by developing psychiatric symptoms.¹

Until his wife had come to work as bookkeeper in the business, Mr. C. had been able to escape from his wife by spending extra time at his work. However, when she began working for him again and her psychiatric symptoms became more acute because of her anxiety, Mr. C. began to see his wife's symptoms as a source of stress. His value of health and mature behaviour on the part of his wife was threatened. He responded to this, over time, with increasing feelings of anger. As with his wife, Mr. C. was unable to express this anger toward his wife and was able to set defences around it for a time.

Eventually, however, his defenses against this anger seemed unable to hold against the increasing pressure. He responded to this threatened explosion by escaping from contact with his wife as much as possible to give less occasion for it to find expression.

In both husband and wife, then, the mutual anger seemed to be building up. As the wife's ego defenses seemed weaker than her husband's, it was Mrs. C. who was the first to break under the stress in the form of mental illness for which she was referred to the M. H. C.

¹ The term "psychiatric symptoms" as used in this paper refers to behaviour on the part of a person which indicates the presence of mental illness as recognized by a psychiatrist.

Case D - Summary

Mrs. D. was referred to the M. H. C. by her physician with complaints of tension symptoms based on marital difficulties. She had been married previously at age 19 "to get away from her controlling mother" but this first marriage had ended in divorce, although Mrs. D. still remained interested in her first husband and frequently saw him after her second marriage. She had re-married some ten years prior to referral to the M. H. C. Mrs. D. presented as an aggressive, controlling woman whose anxiety was precipitated by her normally passive husband's outburst of hostile aggression, suicidal threats and impotency. This had begun some one year before the time of assessment at the M. H. C. Mrs. D., over the past few years when the marriage had appeared to be going bad, had become addicted to barbiturates which had originally been prescribed by her physician. She had been hospitalized on three occasions for this.

Mr. D., during the first few years of his marriage, had been unable to express his feelings of anger about her seeing her former husband. In the past year, however, he had become aggressively hostile toward his wife and about this time had become sexually impotent.

Since this time, there have been violent arguments which were triggered off, and usually centered around, the sexual problem which both saw as central in their difficulties. In the arguments, Mr. D. blamed his wife for his impotency, and Mrs. D. was very depreciating and accusing towards her husband. The husband's threats of violence toward his wife and toward himself usually came out of these arguments.

Schedule D₁ - Mrs. D.

Occ.: Housewife
Religion: Protestant

Age 41 years - married 10 years. (Patient)

Source of Stress	Value Threatened	Duration of Stress	Response to Stress	Effect on Reciprocal Relationship of Husband and Wife
Husband's unwillingness to express feelings, positive or negative, in early part of their marriage - general passivity. ¹	Need for having husband express his feelings and assert himself.	First nine years of marriage.	Fear - that husband was, in fact, angry. There were some anxiety periods for which she sought medical help and medication.	Gradual building up of unexpressed anger in both husband and wife - expressed finally in husband's impotency and in arguments.
Husband's impotency.	Husband's sexual adequacy.	One year.	Fear - that husband is using this as a means of attacking her.	Expressed hostility in the form of violent arguments.
Attacks of husband in the violent arguments between husband and wife, and in this she sees herself rejected by him.	Need for acceptance by her husband.	One year.	Anxiety about the rejection, but the wife denies to herself that she feels rejected. Projects blame onto her husband. Denial is seen in her becoming addicted to barbiturates.	Increased strain on the relationship leading to their looking for help.

¹ withdrawal or escape as an adaptation to a difficult situation.

Schedule D₂ - Mr. D.

Occ.: Clerk
Religion: Protestant

Age 51 years - married 10 years. (Patient)

Source of Stress	Value Threatened	Duration of Stress	Response to Stress	Effect on Reciprocal Relationship of Husband and Wife
Wife's continued interest in her first husband.	Wife's loyalty.	Early years of marriage.	Anger toward his wife.	Emotional distance created between husband and wife and unsatisfactory sexual relations.
Mr. D's sexual dissatisfaction in present marriage.	Desire to have sexual satisfaction.	Seven years.	Feelings of anger, for some time not expressed, but for one year prior to assessment, he was expressing this in violent arguments. Also expressed in his impotency.	Progressively increasing hostility, finally coming to open clash between husband and wife.
Mr. D's impotency.	Feeling of manhood.	One year.	Feeling of inadequacy in masculine role, projecting blame on his wife; suicidal threats.	Hostility between husband and wife.

Case D - Assessment in Terms of Stress Concepts

Mrs. D. first became concerned about the marital relationship when her husband was unable to express any feelings, either positive or negative, toward her continuing contact with her first husband during the early years of the marriage. Apparently Mrs. D. had been married previously at age 19 "to get away from her controlling mother", but this marriage had ended in divorce. Mrs. D. had remained interested in her first husband and frequently saw him after her second marriage. Mr. D.'s passivity toward her contact with her first husband threatened her value of seeing her husband express his feelings and asserting himself in relation to her. This passivity had carried on for the first nine years of marriage and during the course of time, Mrs. D. had built up a considerable degree of anxiety in response to this stress. She sought medical help for the anxiety and was given medication to control it.

About a year before the time of assessment, the husband had an outburst of hostility and anger, where he threatened his wife and threatened suicide. This had been followed by impotency on the part of her husband. Both the husband's impotency and his expression of anger became sources of stress for Mrs. D. The breakdown of her husband's sexual virility threatened her value of sexual adequacy on the part of her mate. This stress had lasted about a year and had increased Mrs. D.'s anxiety in that she felt that her husband was using this means to attack her. The whole sexual problem became the core of violent arguments between husband and wife in which both were angry and attacking.

The verbal attacks by Mr. D. became a source of stress for Mrs. D. in that she saw this as a rejection of herself by her husband. Her need for acceptance was thus threatened. To this she responded with intense anxiety, and although she tried to deny this by projecting blame on her husband, she was not

successful in this and sought escape from the problems by taking barbiturates to which she then became addicted.

For Mr. D., the first major source of stress in the marriage was his wife's continued interest in her first husband. During the first nine years of married life he had been unable to express his feelings of anger about this although he had, in fact, a great deal of it as his value of marital loyalty had been threatened by his wife's behaviour.

Possibly Mr. D.'s anger toward his wife was expressed, in part, in the unsatisfactory sexual relationship over seven years before the assessment. He was being an unsatisfying partner as a way of punishing his wife, although he was himself also suffering the same punishment.

The unsatisfying sexual relationship was then a source of stress itself for Mr. D., threatening his need for sexual satisfaction. This was again responded to by feelings of anger toward his wife which only reinforced the feelings already present. This pyramiding of anger and punishment was climaxed about a year before assessment by a sudden outburst of anger by Mr. D., and by becoming impotent toward his wife. This seemed to be the final response to the stress of the marriage relationship.

Mr. D., however, seemed not only to be punishing his wife with his impotency, but also creating a source of stress for himself. He had always prided himself in his sexual prowess and felt particularly threatened by his impotency. He responded to this with feelings of inadequacy as a man, with verbal attacks on his wife and with suicidal threats.

The disturbance in the marriage eventually motivated both husband and wife to look for help with the problem.

Case E - Summary

Mrs. E. was referred to the M. H. C. by her physician for symptoms of depression, headaches, and irritability which had continued since the beginning of her marriage some seven years before. She was a French-Canadian Catholic, who had lost her mother by death at the age of nine. Subsequently she had a poor relationship with her stepmother by whom she was rejected to the point where she was placed by her rejecting alcoholic dentist father into a church boarding school where she remained until age seventeen. From her childhood she had feelings of unworthiness, inferiority, and inability to seek satisfaction in realistic relationships. At the time of assessment, she was found to be insecure, dependent and fearful of any close relationships with people.

She married, at age 22, a man she did not love and did not respect, but married him because he seemed lowly enough and she felt she could out-shine him. She looked, on the other hand, for affection, acceptance and a parental quality of strength from her husband.

The husband was found to be an immature, socially insecure man who had not wholly emancipated from his mother. He projected blame for his unhappy marriage entirely on his wife, and refused to "have his personality changed" to improve the marriage.

The marriage itself had been founded on a very weak footing, both partners feeling inferior, both seeking a dependent relationship on the one hand and on the other hand, feeling the need to "prove themselves". Consequently they provided no emotional support for each other.

The couple had very few social contacts, and any partying was always followed by harsh criticism by the wife of her husband's inability to meet

the occasion with any degree of social facility. The husband and wife in no way can be said to be social partners for each other and they have no common interests.

The husband managed to provide a good living for the family; the wife seemed to look after the affairs of the home adequately. Their sexual life was "repulsive" to Mrs. E. and Mr. E. stated that he could not expect satisfaction from sexual relations when the rest of the marriage was going so poorly.

Although Mr. and Mrs. E. were of different religions, this did not interfere in their marriage as the church was not really considered an important part of life.

Schedule E₁ - Mrs. E.

Occ.: Housewife
Religion: R. C.

Age 29 years - married 7 years. (Patient)

Source of Stress	Value Threatened	Duration of Stress	Response to Stress	Effect on Reciprocal Relationship of Husband and Wife
Rejection by both father and mother.	Need for acceptance and love.	Since early childhood.	Low sense of self-worth, shy. Strong dependency needs. Married person whom she saw as beneath her, to get a feeling of self-worth.	Wife feels superior to husband, does not respect him. Husband responds with hostility.
Her marriage to a man she did not love, and who did not love her.	Marital love and happiness as taught by the culture in which she lived.	Since marriage.	Feeling of frustration and tremendous feeling of anger toward her husband.	Mutual anger and arguments. "An armed truce".
The conflict in the marriage.	Her need for being understood and appreciated.	Progressively since marriage.	Emotional strain and psychiatric symptoms for which she sought help.	Sex was "repulsive" to both. Vicious circle of hostility, conflict, emotional strain. Threat of break-up of marriage.

Schedule E₂ - Mr. E.

Occ.: Accountant
Religion: Protestant

Age 39 years - married 7 years. (Relative of Patient)

Source of Stress	Value Threatened	Duration of Stress	Response to Stress	Effect on Reciprocal Relationship of Husband and Wife
Lack of common interests and concerns.	Sharing of interests.	Since marriage.	Withdrawal from wife emotionally. Pursuit of own interests.	Failure in communication. No mutual warmth.
Depreciative comments. Accusations, criticisms of him by wife.	Need for respect from wife.	Progressively since marriage.	Feelings of anger, withdrawal as much as possible, and resignation to the situation.	Lack of mutual respect. "Unpleasant, unsatisfactory union."
The conflict of the marriage.	His need for a warm, protecting relationship.	Progressively since marriage.	Intense hostility, accusation of wife for the difficulties, escape from the problem in gardening and golf.	Complete alienation of the partners.

Case E - Assessment in Terms of Stress Concepts

Mrs. E. has a long history of emotional rejection in early childhood. Her mother had died when Mrs. E. was nine years old. Subsequently she had a poor relationship with her stepmother who rejected her and who, together with the girl's alcoholic dentist father, sent her to a boarding school as a final act of rejection. This early experience of rejection proved a source of intense stress for her, threatening her need for acceptance and love. Her reaction to this stress included feelings of unworthiness and inferiority and inability to have satisfaction in relationships with other people. She had strong dependency needs and insecurity in social relationships. She responded to early rejection, also, by marrying a man whom she saw as beneath herself in his social relationships in order that she could have the feeling of being better than someone else. At the same time she wanted to have her dependency needs met by her husband who was ten years her senior. The record showed that Mrs. E. was looking for affection, acceptance and a parental quality of strength in her husband.

Her marriage, in that she was trying only to get something out of it and give no love in return, became a source of stress itself. It threatened her culturally imposed value of marital love and happiness. She saw, as she compared her marriage with other marriages, that hers was not giving the satisfaction that other people seemed to be getting from theirs. The unhappy marriage, of course, also threatened her continued need for support and for a satisfying dependent relationship. Her response to the stress of the marriage was a tremendous feeling of anger toward her husband. As this was a mutual feeling, there were many explosive situations and some arguments, although there was some restraint in this. Thus an "armed truce", as Mrs. E. called it, existed between

Mr. and Mrs. E.

Finally, the conflict of the marriage became itself a source of stress for Mrs. E. as it continued progressively to deprive her of her need for being understood and appreciated. As this had developed progressively since her marriage, her response in terms of emotional strain and psychiatric symptoms increased. The symptoms only increased again the mutual anger of husband and wife so that a vicious circle of hostility, conflict and emotional strain developed which led eventually to a consideration of actually breaking up the marriage.

For Mr. E. the first significant source of stress seemed to be the discovery that he and his wife were not satisfying each other's social needs. They had very few social contacts and any partying was followed by harsh criticism by the wife of her husband's inability to meet the occasion with any degree of social facility. Also, Mr. and Mrs. E. could not meet each other's social needs when by themselves as they had no common interests and concerns which they could share. This was particularly stressful for Mr. E., as he saw a value in sharing such interests. He responded to this stress by withdrawing from his wife emotionally and by pursuing his own interests. Thus there was a breakdown in communication and an increasing emotional distance between the partners.

Because Mrs. E. had no respect for her husband and because she criticized him for his social ineptitude, Mr. E. felt under great stress as his need to have his wife respect him and accept him was threatened. He responded to this with feelings of anger and by withdrawing from interaction with his wife as much as possible. To him the marriage became an "unpleasant, unsatisfying union".

The conflict which developed between husband and wife became a source

of stress for Mr. E. Because he had a need for a warm, protecting relationship with a mother-figure, he felt this value threatened by the marital conflict. His response to this was intense feelings of anger toward his wife which he showed by accusing his wife of being responsible for the difficulties of the marriage. He responded also by continuing to escape from the situation to the point where there was complete alienation of husband and wife.

Case F - Summary

Mrs. F. was referred to the M. H. C. by a practicing psychiatrist. She was admitted in a rather severe phobic state of a year and a half's duration. She was of Swedish background, having immigrated to Canada some six years before assessment at the Clinic. Her phobia was centred around her fear of killing her eleven year old son and these had begun following the death of a very close friend who had been a mother figure for her.

The dynamics leading to her present illness appeared to be numerous deaths of immediate relatives during her formative years, particularly those of her father at the age of four, her mother at the age of thirteen and the near death of her brother at age six. Besides this, the transculturation from Sweden to Canada was very threatening to her.

Mr. F. was seen in interviews, although he was rather reluctant to become involved. He was a very rigid individual who found it most difficult to look at himself and at his part in the marriage, being quite threatened with the prospect of having to change his own feeling about the marriage relationship and about assuming more responsibility for his wife. He resented his wife's dependency on him, being himself a somewhat insecure, dependent person.

The record says little about the marriage relationship before Mrs. F.'s illness, except a comment by Mrs. F. that they were "happily married". It would appear that the marital difficulty was largely centred around the woman's illness. Mrs. F. became more dependent on her husband since her illness and she indicated that she had no fears or phobias when he was with her. She recognized her dependency on him and looked upon him as something of a protector. Mr. F. resented his wife's new dependency through her illness and threatened her with punishment whenever she made a slight movement to assert

herself in order to have her dependency needs met. Because she could not have her dependency needs met, Mrs. F. looked for support by seeking professional help, but her husband resented these efforts to change the situation because, it seemed, he was afraid of getting involved in the attempt to help him see his part in the picture or to change himself in any way.

Through the early part of the marriage then, the partners had provided for each other what appeared to be a source of emotional support. This balance, however, was upset by the increasing dependency of the wife and by the appearance of her psychiatric symptoms.

Similarly there was a breakdown in both partners of the role of social partner for the spouse.

Mr. F. was a good provider but this role was threatened by the tremendous medical expenses in regard to his wife. Mrs. F.'s role as homemaker seemed to be quite adequately filled until her breakdown.

The record had nothing to say about the spouses' roles as sexual partners.

In brief, the breakdown of the husband and wife roles became noticeable only with the appearance of psychiatric symptoms in Mrs. F.

Schedule F₁ - Mrs. F.

Occ.: Housewife
Religion: Lutheran

Age 39 years - married 17 years. (Patient)

Source of Stress	Value Threatened	Duration of Stress	Response to Stress	Effect on Reciprocal Relationship of Husband and Wife
Early separation from and death of parents.	Need for dependency on parents during formative years. Need for father during oedipal period.	Since age four.	Continued demand for close and dependent relationships with parent figures. Later, phobic reaction.	Dependent relationship with husband although this seemed satisfactory to both.
Separation from native country.	Continued need for support from people around her and from total social situation.	Five years.	Difficulty in acculturation to new country, withdrawal from the new environment.	Increased dependency on husband.
Death of mother figure.	Dependency needs.	Two years.	Breakdown of defences - phobias. Greatly intensified need for protection and support.	Husband unwilling to accept the added dependency needs; punitive toward wife, threatened rejection.
Threatened rejection of husband.	Intensified dependency needs.	One and a half years.	Flight into the protection of the hospital and Mental Health Centre.	Rejection of wife by husband.

Schedule F₂ - Mr. F.

Occ.: Carpenter
Religion: Lutheran

Age 39 years - married 17 years. (Relative of Patient)

Source of Stress	Value Threatened	Duration of Stress	Response to Stress	Effect on Reciprocal Relationship of Husband and Wife
Increased dependency of wife and her inability to meet his dependency needs.	Need for mutually dependent relationship with wife.	Progressively over five years.	Punitive toward wife - expressed in his refusal to pay more medical bills.	Breakdown of the mutually satisfying dependent relationship.
Wife's symptoms of illness.	Healthy, supportive wife.	Two years.	Rejection of wife.	Threatened breakup of marriage.

Case F - Assessment in Terms of Stress Concepts

Mrs. F. had suffered the loss through death of several immediate relatives during her formative years, particularly those of her father at the age of four, her mother at the age of thirteen and the near death of her brother at the age of six. The father's death possibly occurred during the period of oedipal conflict in her own development, and with the father's passing, did not allow her to work through her oedipal strivings satisfactorily. The mother's death came before Mrs. F. was ready to become independent of her mother so that her dependency needs were not entirely met either. She responded to these sources of stress by continuing to seek dependent relationships with parent figures. Two examples of such relationships are those with her husband and with an elderly lady whom she learned to know very well after the couple arrived in Canada some five years before the assessment at the M. H. C.

The dependency relationship with the husband seemed to be a reciprocal one which worked out well until Mrs. F. began to show acute psychiatric symptoms and in this way tipped the balance by becoming more dependent.

The dependency on the older lady became apparent when she closed herself off from forming new relationships as her friends moved away from her neighborhood. She was close only to this one person on whom she leaned heavily for support.

A second significant source of stress was the separation which Mrs. F. suffered in moving from her native Sweden to this country. Again her continued need for supportive relationships with familiar people and from the structured social environment were threatened. She responded to this separation by withdrawing from the new environment and by becoming more dependent on her husband and on the older family friend.

The final straw in this developing pattern of stress came when the elderly friend died about two years before the assessment at the Clinic. Mrs. F.'s defences seemed to have finally broken down in response to the build-up of stress. Her husband was unable to give her the added support she required, however, and he became punitive and rejecting, threatening to leave her.

This threatened rejection on the part of Mr. F. became a further source of stress to Mrs. F. who had by now greatly intensified dependency needs. She responded to this by seeking protection and support at the Crease Clinic and at M. H. C. This again led to a total rejection by her husband who now seriously wished to break up the marriage.

For Mr. F., his wife's increased dependency needs since arriving in this country had been a source of stress, as Mrs. F. could not meet his own dependency needs. This threatened, for Mr. F., the need for a satisfying mutually dependent relationship with his wife. To this he responded by becoming punitive toward his wife. "Whenever she made a slight movement to assert herself", says the record, "in order to have her dependency needs met, he threatened her with punishment."

It would appear from the record that the marital difficulty began around this upsetting of the mutually dependent relationship as the couple stated that they were happily married before this time.

Mr. F.'s next significant source of stress was the appearance of psychiatric symptoms in his wife shortly after the death of her friend. This threatened his value of having a healthy, supportive wife. He responded to this by rejecting his wife in that he refused to pay for medical treatment and by refusing to give her any other support in her search for treatment at the M. H. C.

At this point the situation became intolerable for both husband and wife and Mr. F. threatened to leave his wife who, shortly after the assessment period, escaped from the situation by entering the Provincial Mental Hospital as a voluntary patient.

Case G - Summary

Mr. G. presented problems of lack of control over his temper, a long history of heavy drinking, and recent evidence of memory loss. There were strong indications of possible brain damage. This man was a part Indian. His mother died when he was three years old and he was then brought up by his aunt who had a large family of her own. He received little love in this home and he was forced to compete with the other children for whatever affection was available.

Mr. G. had been married during the war to an English girl while he was serving in the armed forces. His first wife had come from a prominent family and had found his unstable life quite unsatisfying and eventually had left him. He remarried some two years before this assessment and the main difficulty in this marriage, according to the patient and his wife, is that he has an uncontrollable temper. This emotional incontinence has become more marked since his second marriage as has his heavy drinking.

The assessment of this man showed that he was an "immature, unsophisticated individual of Indian descent" with low impulse control and weak ego.

Mrs. G. was an emotionally dependent person with a deprived background. She had a low sense of self-worth, felt that she had never learned the social standards other people had and felt a great need to better herself. She had unmet needs for intense intimate personal affection, had tried to meet these in her relationships with men, but in the process, she always felt that she was being exploited and rejected. This was followed by strong guilt feelings.

At the time of assessment, Mrs. G. revealed strong ambivalent feelings toward her present husband (the third). She admired and respected him because of his physical strength and his "skill as a woodsman". At the same time, she

was critical of his lack of refinement and his lack of appreciation of the "finer things of life".

Because of the unmet dependency needs of both Mr. and Mrs. G., they were quite dependent on each other to the point where one could say that this was the most significant aspect in the development of pathology in the marriage. Mrs. G. indicated, for example, that her husband did not pay enough attention to her, and that he did not try to meet her emotional needs. On the other hand, she feels that her husband sometimes depended on her like a small child. The difficulty seemed to arise when one partner did not meet the dependency needs of the other. Quarrels between them became more frequent as time went on and as they saw that their personal needs were not being met, although they seemed to identify with each other to a point as each saw the other as an unhappy person looking for affection and love. Mrs. G. seemed better able to accept this than her husband, although they were both threatened by the other partner's dependency.

During the first part of the short marriage, the partners had been fairly satisfying social partners for each other, but the husband more and more turned to drinking and to "going out with the boys". Mrs. G. apparently outspoke her husband so that there was not a balance in the "social partnership".

Mr. G. was working steadily, but was using much of his income for drinking so that he was not really a good provider. Mrs. G. quit her own job in order to "encourage Mr. G. to be the provider". Mrs. G. seemed to be adequate as a homemaker in the area of cooking and keeping house.

There was no complaint made about the sexual relationship and it was assumed that there was a quite satisfactory relationship here.

Schedule G₁ - Mr. G.

Occ.: Millworker
Religion: A. C. C.

Age 43 years - married 2 years. (Patient)

Source of Stress	Value Threatened	Duration of Stress	Response to Stress	Effect on Reciprocal Relationship of Husband and Wife
Early rejection of parents, lack of mothering from foster mother. Lack of male figure to identify with during childhood.	Need for affection and consistent mothering. Need for ego ideal ¹ , so that oedipal conflict could be resolved.	During early childhood.	Continuing demand for affection and for dependent relationships, heavy drinking as a substitute for dependent relationship, failure to develop strong ego or super ego controls.	Dependency on wife; wife could not supply this need to his satisfaction. Also husband could not supply strong support for wife.
Failure to get mothering from his wife.	Need for mothering and for dependent relationship.	Two years.	Seeking satisfaction in heavier drinking; some anger toward wife.	Arguing and conflict; imminent disintegration of the marriage.

¹ person with whom the child identifies and whom he emulates.

Schedule G₂ - Mrs. G.

Occ.: Housewife
Religion: A. C. C.

Age 47 years - married 2 years. (Relative of Patient)

Source of Stress	Value Threatened	Duration of Stress	Response to Stress	Effect on Reciprocal Relationship of Husband and Wife
Failure to have childhood needs for loving and dependency met. Gross pathology in the family, especially in father.	Need for affection and dependency. Need for consistent relationship with strong parent figures.	Since early childhood.	Continuing demand for dependency; long history of seducing men older than herself (father figures) or younger than herself (son figures).	Dependency on husband which he could not meet because of his own dependency needs and his inadequate personality.
Failure to get protection and support from husband.	Need for dependency from strong male figure.	Two years.	Withdrawal into herself; some anger toward her husband.	Arguing and conflict; growing emotional separation; danger of breakup of the marriage.
Danger of the marriage breaking up.	Need to have success in at least the third marriage.	Six months.	Desire to get help; convincing husband to seek help with his problem as well.	Mutual decision to get help with the marriage problem.

Case G - Assessment in Terms of Stress Concepts

Mr. G., a part Indian, had suffered the loss of his mother through death when he was three years old and was then brought up by his aunt who had a large family of her own. He received little love in this home and was forced to compete with the other children for whatever affection was available. The early loss of his parents and the lack of mothering from his foster mother was a source of stress for Mr. G. as it threatened his need for affection and for consistent mothering. His long-term response to the resulting stresses was a continued demand for affection and for dependent relationships which he sought to satisfy in his relationship with his wife.

Also during his oedipal phase of development, he lacked a male figure to identify with, thus threatening his need for a resolution of the oedipal conflict. His search for an ego ideal being frustrated, he responded by failing to develop a strong ego and sufficiently strong super-ego controls.

In the marriage, these long-term responses were seen in his dependent relationship with his wife and his inability to supply strong support for his dependent wife. They were also seen in his violent temper outbursts toward his wife, which showed little control over emotions.

Because his wife was a very dependent person herself and unable to give any degree of support, Mr. G. failed to get satisfying protection and mothering from her. This then became a source of stress for Mr. G. as he valued such a dependent relationship. He responded to this in two ways that were characteristic with him: more violent temper outbursts toward his wife, and escape to heavier drinking for a substitute dependent relationship. Conflict and argument soon developed and the marriage, after two years, was at the point of breaking up.

Mrs. G. also had suffered a very stressful period in her early

childhood in that there was a failure in having her primary needs for loving and for dependency met by her parents. Her father had been known as the "town bum" and provided little strength for his family. Her mother had provided a poor ego ideal. Because of the stress of the poor relationship with her parents, Mrs. G. responded throughout her life by demanding dependent relationships with others - particularly in sexual contacts. Older men with whom she had contact she saw as protecting father figures whereas she projected her dependency needs on the younger men with whom she had contact and saw them as son figures. Although she chose this way to meet her needs for intense intimate personal affection, she always felt that she was being exploited and rejected.

In Mrs. G.'s marriage to Mr. G., she sought to have her dependency needs met in what to her was a more acceptable way than in extra-marital relationships. She hoped that her husband would not reject her as the other men had done. It turned out, however, that because of his own needs and his own rather inadequate personality, he could not give her what she required.

The failure to get protection and support from her husband then became a source of stress itself. To this she responded, first, by withdrawal into herself and with considerable ambivalence about her husband. She also suffered a great deal of anxiety as she saw that the marriage itself was threatened.

Because Mrs. G. had already been married twice before this, the danger of the third marriage breaking up became a source of stress. She responded to this by constructively looking for possible ways of getting help with the marriage. She convinced her husband of this as well and together they made arrangements to be seen at the Clinic.

Case H - Summary

Mrs. H. was referred to the Clinic after a period of private psychiatric treatment and an extended contact with a caseworker at a Family Service Agency. She talked interminably about her physical complaints although the presenting symptoms that had precipitated the referral were exhaustion, indecision, feelings of hopelessness and extreme inner tension.

It was felt by the Clinic staff that Mrs. H.'s fatigue and chronic illnesses, as well as her inability to assume the responsibility of caring for her home and family appeared to be arising out of the total lack of emotional satisfaction which she was receiving in this environment.

Mr. H. appears to be very unsure of himself and seems to be a dependent, somewhat immature person who has become anxious about his wife's overt rejection of himself and the older daughter. He tends to attribute this behavior to "mental illness" on his wife's part and sees little that he may be doing to incur this reaction. Mr. H. appears to be very dependent upon his mother and feels that his wife is very resentful of his mother and can see no basis for her feeling this way.

Mr. H. seems to have little awareness of his wife's problem or of the reasons for the difficulty in the marriage and although he expresses eagerly his desire to become involved in the treatment, there was some doubt about his sincerity in this.

For some three or four years before the assessment, these marriage partners had been completely isolated from each other insofar as sexual or emotional satisfactions or sharing of any type was concerned. This appeared to have been precipitated by several years of living under extreme financial hardships, inadequate housing and by the overly dependent relationship which

the husband had with his mother in which the wife was excluded. At the time of referral, there is also developing a rather extensive, competitive conflict between the seventeen-year old daughter and Mrs. H., and an active oedipal situation is continuing between Mr. H. and this daughter. Mrs. H. is outrightly rejecting this girl, but is overprotective and overattentive toward the younger daughter.

Mr. and Mrs. H. have very limited social contacts and provide no social satisfaction for each other. Just before the assessment, they were sleeping separately and had no sexual relations. However, when they moved to a new house, it was necessary for them to use the same bedroom, but this created so much anxiety for Mr. H. that she asked her older daughter to sleep in the same bedroom with the parents.

Mr. H. seems to be a good provider but Mrs. H., because of her psychiatric symptoms, is having difficulty with her role as homemaker.

Schedule H₁ - Mrs. H.

Occ.: Housewife
Religion: Protestant

Age 48 years, married 19 years. (Patient)

Source of Stress	Value Threatened	Duration of Stress	Response to Stress	Effect on Reciprocal Relationship of Husband and Wife
Father's rigid, harsh control during early years; illness and death of mother; illness of youngest sister; remarriage of father.	Secure, consistent home environment; health in family.	Since early childhood.	Loneliness and withdrawal from other people during childhood; leaving home at early age; inability to form close attachments with other people; passive anger toward authority figures.	Emotional distance between husband and wife as neither could form close attachments; ambivalent feelings on part of wife toward husband with a great deal of passive anger toward him.
Unhappy marital interaction.	Mutual satisfaction in the marriage.	Progressively since beginning of marriage.	Withdrawal from husband; strain and irritability; projects blame on husband.	Breakdown of communication; no sharing of interests or activities.
Move of family to coast from prairies. Dislocation from familiar surroundings and from social environment.	Need for consistent social environment as a support.	Eight years.	Withdrawal from all social life; intense loneliness; increased need for the support of husband, but at the same time increased anger toward husband because the new need for closeness threatened her.	Increase in marital conflict; sexual relations stop. This drives husband into closer relationship with older adolescent daughter.
Close relationship between daughter and husband.	Wishes, in her ambivalence, to have husband for herself.	Three years.	Identifies daughter with husband and dislikes both intensely. Turns to second daughter to enlist support for herself - makes daughter dependent on herself. Psychiatric symptoms in form of acts of aggression in the home. Seeks help in a self defeating way.	Tremendous amount of mutual anger. Mutual agreement on getting help.

Schedule H₂ - Mr. H.

Occ.: Salesman
Religion: Protestant

Age 43 years, married 19 years. (Relative of Patient)

Source of Stress	Value Threatened	Duration of Stress	Response to Stress	Effect on Reciprocal Relationship of Husband and Wife
Controlling and possessive mother.	Opportunity to become independent and mature.	Since childhood into the marriage.	Enjoyed dependent relationship with mother; failed to become mature.	Mr. H's close relationship with his mother caused resentment on part of his wife. Mr. H. could see no reason for this.
Wife's passive anger toward him.	Wish to have wife express her feelings and in this way to get rid of them.	Since early in marriage.	A rather deep concern about this and withdrawal from her to defend himself from her feelings.	Growing distance between husband and wife; breakdown in communication.
Wife's rejection of him physically and emotionally.	Acceptance by wife and close relationship with her.	Eight years.	Rejection of wife and turning to adolescent daughter for emotional satisfaction.	Marital conflict; increasing anger.
Wife's psychiatric symptoms.	Desire for healthy wife.	Three years.	Wish to dissolve marriage; realization that professional help is needed.	A separate existence in the same house.

Case H - Assessment in Terms of Stress Concepts

Mrs. H. described her childhood and adolescence as quite distressing. Her father was a very strict person who controlled Mrs. H.'s social life to the point where she was permitted almost no social life outside of the family. She was very lonely as a child, consequently. Her mother was ill much of the time which required her to be in bed during Mrs. H.'s early adolescence. The mother died when Mrs. H. was fourteen years old. The youngest of her two sisters was spastic and retarded. The father remarried six months after the mother's death and this created a great deal of resentment on the part of Mrs. H. who left home shortly after.

This unsettled early life seemed to threaten Mr. H.'s need for security, for a consistent, accepting home environment and for health in the family. Her response, partly determined by her father's restrictions was to withdraw from other people and from difficult situations. She responded throughout her life by withdrawing from close attachments to people and with passive anger toward authority figures of any kind.

There was a marked effect of this life-long pattern on the marriage relationship. There was an emotional distance between the partners as neither of them could form really close attachments without feeling threatened. Mrs. H. had strong ambivalent feelings toward her husband with a great deal of passive anger toward him.

The unhappy marital interaction then became a source of stress, threatening Mrs. H.'s need for a mutually satisfying marriage relationship. As this had begun near the beginning of the marriage, she had responded progressively by greater withdrawal from her husband. She felt under strain and was irritable, and projected blame for the marriage difficulty on to her husband. The result

of this was a breakdown in communications, a failure in sharing interests and activities.

The family's move from the prairies to the West Coast was a particularly distressing event for Mrs. H. as it involved a dislocation from familiar surroundings and from a familiar social environment even though this was very restricted. The move threatened her need for familiar environmental supports and responded, characteristically, by withdrawing from all social life and with intense loneliness. She felt an increased need for support from her husband, but at the same time, this new need for closeness was threatening to her and she became even more angry with him.

The result of this on the marriage was increased marital conflict, and an end to sexual relations. This drove the husband into a closer relationship with his older adolescent daughter.

Although Mrs. H. had, possibly unconsciously, been fostering a closer relationship between husband and daughter, the alliance proved a source of stress for her. Her wish, even in her ambivalence to have the husband for herself was threatened by this relationship. Her response to this was that she identified her daughter with her husband and disliked both intensely. She then turned to her younger daughter to enlist her support for herself by making the child dependent on her. Besides, Mrs. H.'s psychiatric symptoms were intensified by the family situation to the point where she became physically aggressive in the home. At this point she recognized her need for help, went about looking for help but in a self-defeating way so that she moved from one treatment person to another.

The marital relationship by this time was so disturbed that both husband and wife saw that help was required and both agreed to get this although

both felt very threatened by this and eventually withdrew from treatment.

Mr. H.'s background was only very briefly described in the record. He did have a controlling and possessive mother, which threatened Mr. H.'s need for becoming independent and mature. His long-term response was to remain a dependent and fairly immature person and to enjoy the relationship with his mother even into the marriage.

There were obvious repercussions on the marriage relationship in that Mrs. H. resented her husband's close relationship with his mother, although he could see no reason for this resentment.

Mr. H.'s second significant source of stress in the marriage was his wife's passive anger toward him. This threatened his wish to have his wife express her feelings toward him and in this way to get rid of them. He responded to this difficulty, ever since his marriage, by deep concern about it and by withdrawal from his wife in order to defend himself from her feelings. This resulted in a growing distance between husband and wife and eventually in a complete breakdown of communication between them.

His wife's rejection of him, both emotionally and physically, then became a source of stress for Mr. H. His need for acceptance by his wife and for a close relationship with her were threatened. He eventually responded by rejecting his wife and by turning to his older adolescent daughter for some emotional satisfaction and for support against his wife's attack. At this point there was a good deal of conflict and increasing feelings of anger between husband and wife.

Finally, Mrs. H.'s psychiatric symptoms became a source of stress, threatening his desire for a healthy wife. His response was eventually to dissolve the marriage, but also the realization that some form of professional

help was needed.

At this point, Mr. and Mrs. H. were living, for all practical purposes, a separate existence in the same house.

This concludes the presentation of case material, and assessment of the marriages in terms of the concepts of stress. It will now be necessary to draw together some of the findings of this research and to discuss any implications of these for casework. The final chapter will deal with this.

CHAPTER IV

IMPLICATIONS OF THIS STUDY FOR THE ASSESSMENT OF MARITAL CONFLICT CASES

The Purpose of This Study

This thesis is concerned with attempting to apply the concepts of social role and stress to the assessment of marital conflict. The purpose is to assess the usefulness of these concepts for improving the social worker's understanding of the interaction process in disturbed marriages.

This chapter will review some of the major limitations of the present study. This will be followed by a presentation of the findings. These will then be discussed more fully in terms of role and stress concepts. There will be mention made of two issues which seem to come out of this study which require further research. Finally, some implications of this study for the assessment of marital conflict cases will be suggested.

The Limitations of This Study

Some of the limitations of the research methods used in this study were discussed earlier. We shall now look at some of the limitations posed by the material used for the present analysis.

The clients assessed in this study did not simply suffer from a marriage conflict problem. In each case, one of the partners was psychiatrically diagnosed as suffering from some form of mental illness. Consequently, the case recordings at the Clinic dealt not only with the marital interaction, although this was always considered as a part of the problem. They were concerned to a large degree with the development of the psychiatric problem. This made the assessment of the marital interaction alone, as required for this study,

more difficult as it meant that this material had to be gleaned out of the recordings that were largely focused on the presenting symptoms of mental illness. In summary, then, where the purpose of this study was to assess the interaction of marriage partners, a major emphasis of the recordings was on the symptoms of mental illness.

The second major difficulty was in the area of the theoretical orientation of the Clinic from which the cases were taken. While this study attempted to apply the interactional approach of role and stress theories, the Clinic was psychoanalytically oriented. The case recordings frequently presented material that would be significant from a psychoanalytic point of view but did not seem to present sufficient information that would have appeared significant from the interactional point of view. This required the present writer to make rather liberal interpretation of statements found in the records for the purpose of this analysis. This was most evident in the category "effect of the stress on the reciprocal relationship of husband and wife". Since this category was the most important one for the purpose of this study, there was an obvious limitation on the information available about this.

These problems raise a significant issue. The psychoanalytic orientation and the interaction orientation are quite different in their points of emphasis. The question is: is it possible to use recordings which show a psychoanalytic orientation for research purposes where the usefulness of role and stress theories are being tested? It would appear, on the basis of this limited study, that to test the usefulness of role and stress theories, one would have to use this orientation in the actual assessment of the clients. Then an analysis of the records made from this could be useful for purposes of such a research project.

Regarding the use of the theoretical orientations at the Clinic where this analysis was made, it is possible that a psychoanalytic orientation is necessary for the social workers in order to provide the psychiatrist with information that will be meaningful to him in making a diagnosis. We must remember, again, that the purpose of the Clinic is to treat patients suffering from mental illness and that the professionals directly responsible for their treatment are psychoanalytically oriented psychiatrists. It may therefore be necessary for the social workers at the Clinic to maintain their orientation to a degree.

It should also be said that efforts are being made at the Clinic to introduce role and stress concepts to the social work staff. The cases used for analysis in this study were all closed before this new emphasis in staff training began. It may well be that newer records would be more oriented in the direction of role and stress concepts and that this emphasis would provide a fuller understanding of marriage conflict. This could only be tested out by further research.

The Findings of This Study

The findings will first be presented in terms of broad generalizations and then a discussion of these will follow. This discussion will take into consideration the limitations of methodology and of record material as discussed previously. The findings are in no way assumed to be conclusive because of these limitations. The writer only wishes to point out some possibilities and suggest areas needing further research.

Briefly, the major generalizations coming out of this study are these:

(1) The use of the concept of reciprocal role functioning in marriage made it possible to break the clients' total social behaviour down and extract the manageable units of husband and wife roles.

(2) The use of stress concepts revealed a pattern of stress and response to stress that began in the early experiences of childhood and extended into the marriage relationship.

(3) There was a discernable relationship between the source of stress and the development of conflict in the marriages.

(4) The nature of the stress factors appeared to color the quality of the interaction between the marriage partners.

(5) There appeared to be a progressive building up of stress factors in a discernable pattern.

The Concept of Role

It was stated at the outset that, in analysing the case records, we would be limiting the role theory concepts to those dealing with reciprocal relationships and to the impairment in the specific roles involved in those relationships. For the purposes of this study, then, our concern was only with the husband and wife roles in each of the eight cases. Performance in other roles was taken into consideration only where this affected the husband or wife role directly. This was seen in Case H., for example, where the husband-daughter roles played a significant part in the marriage conflict. Also, the recurring theme of childhood deprivation which affected the present husband and wife roles would illustrate this.

It would seem from the case analyses that role concepts have provided a convenient way of breaking the total social behaviour of the marriage partners

into more manageable units so that the specific roles of husband and wife could be singled out for social work assessment. This seemed particularly useful in the cases presented here because, in all cases, the marital difficulty was recognized by the clients themselves and by the professional staff at the Clinic as being the chief area of complaint, next to the actual symptoms of mental illness presented by the clients. But this is not without its weaknesses.

This analysis has isolated one area of the client's social functioning and has excluded all other roles that were not seen as directly affecting the marital role. The question can be raised whether, in fact, this is a legitimate way of assessing these individuals since they obviously were functioning in other roles as well. We might keep in mind again, however, that the impairment in social functioning was recognized to be principally in the husband and wife roles and that impairment did not necessarily show up evenly in all social roles. The role of breadwinner, in the case of each of the husbands assessed, was not impaired appreciably, for example, and each was providing a comfortable living for the family.

Although we would concede, then, that this analysis has not given a complete picture of the client's social functioning and therefore is limited in scope, it has still highlighted the most severely impaired roles and has assessed the area that has been recognized as the main problem by the clients.

We should also keep in mind that the purpose of this analysis was to apply the concepts of role and stress to the assessment of marital interaction, and to assess the usefulness of these concepts for such an analysis. The purpose was not to assess total social functioning of these clients.

The Concept of Stress

A number of difficulties were recognized in applying this concept to the cases presented here. It has already been stated that the case records were not written in terms of source of stress, value threatened, response to stress, and effect of the stress on the reciprocal relationship of husband and wife. In some cases, it was necessary, therefore, to make rather arbitrary decisions. This was particularly evident when tracing a source of stress back to early life experiences. It was not always clear what the long-term response was to this stress in childhood. The final category, "effect on the reciprocal relationship of husband and wife", required that the writer interpret statements made by the clients or statements made by the worker who recorded the interviews.

Because of these difficulties, the possibility of error in the findings is increased. In spite of this, however, some general statements about the findings can be made.

First, there appeared to be a discernable relationship between individual clients' sources of stress and the clients' response to this, and the development of conflict within the marriages.

It became quite evident in analysing the case recordings, that the use of the concepts of stress laid down in the Curriculum Study¹, together with the category "effect of stress on the reciprocal relationship of husband and wife", provided a useful means of tracing the cause of marital conflict back to the factors within the individuals involved in the marriage.

¹ Boehm, W., Curriculum Study, Vol. X.

Because this appears in all of the case analyses, it will be helpful to include only a few examples of it.

(1) In the case of Mrs. B., the apparent domination by a stern, controlling mother seemed to result in Mrs. B. developing a low sense of self-worth and a need for dependent relationships. The effect of this on the client's marriage seemed to be reflected in her dependent relationship on her husband and her husband's overprotection of her. Both recognized this situation and both seemed unhappy with it.

Thus there seemed a direct relationship between the wife's original source of stress and the marital interaction.

(2) In the case of Mr. D., the source of stress lay in his wife's behaviour in that she continued to see her former husband. Mr. D. responded apparently by feeling anger toward his wife and seemingly created a mutual tension response, emotional distance between husband and wife and unsatisfactory sexual relations.

If this observation of the relationship between the source of stress and the response to stress and the marriage conflict is a valid one, then it would appear that the concepts of stress have, in fact, provided a helpful way of assessing marital interaction. It may also be that this observation will help to provide some direction in planning the course of treatment.

Secondly, the analyses of the cases presented here appeared to frequently show a pattern of stress and response to stress that began in the early experiences of life and extended into the marriage relationship, having a direct effect on that relationship. In Case A., the loss of parental figures during the childhood of Mrs. A. apparently resulted in her seeing her husband as a father figure. To this her husband seemed to respond by treating her like a

child. Mrs. B. appeared to be dominated by her rigid, controlling mother and this seemed to result eventually in Mrs. B.'s excessive dependence on her husband. He, in turn, seemed to respond by overprotecting her although both were unhappy with the relationship. Similarly, in Mrs. C.'s case, the separation from her parents in early childhood and the general instability of the social situation in early life appeared to lead to a need for a dependent relationship with a strong successful male. In Case E., the low sense of self-worth which appeared to result from parental rejection seemed to lead Mrs. E. into marriage with a man who, she felt, was beneath her and with whom she could compare herself favorably. A dependent relationship in response to childhood rejection seemed apparent in the cases of Mrs. F. and Mr. and Mrs. G. Mrs. H. had apparently learned, through early parental rejection, to withdraw from close relationships with people and this apparently made her unable to form a close attachment with her husband.

Although not all case records included reports on the marriage partners' early life experiences, there were enough to suggest that early life experiences may have had an affect on the marriage interaction. A thorough examination of this relationship could hardly be given on the basis of this brief presentation, nor was this its main focus, but some possibilities do suggest themselves.

Any person, to make the many compromises and adjustments necessary for life in a complex society must have achieved an adequate level of maturity; that is, a point at which he can control his needs and impulses; where he can establish satisfying relationships with people; where he can recognize the strength of his own and other people's feelings; where he can see the difference between the actual nature of objects and his fantasies, and where he can meet.

varying life situations with appropriate responses. Because of the intimate closeness of the relationship of marriage partners, adjustment of a high order is necessary, and a fairly high level of maturity is required for both partners. In the cases presented in this paper, there seems to be a considerable degree of what might be termed immature behaviour on the part of the marriage partners. This is seen particularly in the apparent need of a number of the wives and at least one of the husbands to apparently seek a highly dependent relationship with the spouse. This is seen in the case of Mrs. A., Mrs. B., Mrs. C., Mrs. F., Mr. G. and Mrs. G. In each case, there seemed to be a failure in providing equal and mutually satisfying emotional support for the other spouse, but a great need to receive support. In each of the cases mentioned, however, there was a history of early deprivation and a failure to have childhood dependency needs met. It is possible that this prevented the client from developing into an independent adult. This seemed to be shown by continuing, throughout life, to seek satisfaction for these unmet needs. Consequently each was unable to achieve a mature relationship with the spouse to whom he looked for the support he failed to get as a child.

Thirdly, it would appear, from the cases analysed, that the nature of the stress factors color the quality of the interaction between the marriage partners. Several illustrations could be cited here.

The rejection by parents and the search in marriage for a substitute parent has been mentioned in other connections but is most applicable here as well. In several of the cases, the apparent parental rejection seemed to produce a very similar response - dependency on the spouse. In this way, the nature of the stress factor seems to have produced this specific form of relationship in the marriage.

In several cases where dissatisfaction with the sexual relationship was considered a source of stress, there seemed a direct connection between this frustration and an increasing anger between the marriage partners. This seemed to be shown in the case of Mr. and Mrs. B., and Mr. and Mrs. D. In the case of Mr. and Mrs. H., the unsatisfactory sexual relationship seemed to intensify the marital conflict and led to further complications.

In Case C., the apparent breakdown of communication between Mr. and Mrs. C. to the point where neither one could express feelings toward the other seemed to result in increasing anger building up in each partner. This mutual unexpressed anger became a dominant theme in the marriage conflict and eventually threatened the marriage itself. Here again, the stress factor; i.e., the inability to express feelings of anger, apparently colored the quality of the interaction between the partners.

A fourth possibility which presents itself in the analysis of the cases is the seemingly progressive building up of stress factors in a fairly clear pattern. Here again, enough information is not always available in all the case recordings, but the pattern is shown in some of the schedules presented earlier.

In the case of Mrs. A., for example, the pattern seems to take the following form:

- (1) The first source of stress was the loss of her parents during childhood. Consequently she continued to look for dependent relationships with other people including her husband, who was not willing to give her complete satisfaction in this.

- (2) Her husband's failure to meet her dependency needs became a stress factor which caused Mrs. A. to turn outside of the marriage for this

satisfaction. She chose her husband's friend for this purpose.

(3) This relationship then became a source of stress as it raised guilt feelings in Mrs. A. This relationship, too, when it was discovered by Mr. A., precipitated the expression of anger on the part of both partners and the marriage was threatened with breaking up.

A similar pattern seems evident in the case of Mrs. B.

(1) Mrs. B. seemed dominated by a stern, controlling mother during childhood. This led to continued need for dependent relationships which found expression in the relationship with her husband.

(2) Mrs. B. realized that this was not the accepted role of a wife, however, and this became a source of stress. It caused guilt feelings and an intensified need for protection which eventually impaired her sexual responsiveness.

(3) The sexual frustration then became a source of stress leading to increased anger toward her husband and complete dissatisfaction with the marriage.

This building up of stress, one factor upon another, also seems to be shown in the case of Mr. and Mrs. D., Mrs. E., and Mr. and Mrs. G. Although the pattern may have been present in other cases as well, there was not sufficient material in the case records to see this pattern.

Before concluding this paper with a brief discussion of the implications of these findings for casework assessment of marital conflict cases, we might raise two further issues which became important factors in this study. These did not fit into the actual purposes of the study and so could not be adequately dealt with. It seems necessary, however, to raise the issues and suggest them as further areas in which research is necessary.

Role Theory and Psychoanalytic Theory

Role and stress theories are still in very early stages of formulation and testing in terms of their application to social work practice. A growing amount of literature is becoming available, however, describing beginning attempts to relate role theory to practice¹ on a theoretical level. At the same time, we must keep in mind that social workers have, for a long time leaned heavily on psychoanalytic theory to provide a frame of reference in which to work. The question that frequently presents itself is what relation the new theory holds to the more traditional social work approach. Although the purpose of this thesis was not to explore this question, the case analyses seem to have suggested that some relationship does exist.

It has been stated earlier that the early life experience of several of the persons assessed here had a significant part to play in relationships with their respective spouses in adulthood. It must be kept in mind that this conclusion was arrived at by the use of role and stress concepts. It is significant that one of the principles of psychoanalysis is that the wishes and responses of adult life "are important only as they ally themselves with those of childhood."² Psychoanalytic theory states that adult behaviour is significantly controlled by childhood experiences and that adult wishes are, in fact, reflections of early childhood wishes. The analysis of case records in terms of role and stress seems to bear out this psychoanalytic assumption. It would appear from the analysis, however, that role and stress theories take one

¹ For a detailed review of such literature, see: Olds, Victoria, "Role Theory and Casework, A Review of the Literature", Social Casework, Vol. XLIII, No. 1, January, 1962.

² Hinsie, Leland E., and Campbell, R. J., Psychiatric Dictionary, Third Edition, quoting Ernest Jones' delineation of the seven major principles of Freud's psychology. Oxford Press, 1960, p. 590.

further step by seeing not only early life experiences but also the stress factors and impairment of roles throughout life as significant for purposes of assessment.

It would appear, then, that role theory does not, as sometimes feared, discard psychoanalytic theory but actually makes a much needed addition to it in that it emphasises the meaning of interaction in the various social relationships in which any given person has moved and is currently moving. Boehm emphasises the relationship between psychoanalytic theory and role theory:

Social functioning thus is seen as derivative behavior resulting from ego functioning. Social functioning can be conceived as the sum of the individual's activities in interaction with other individuals and situations in the environment. Each interaction reflects somatic and psychic factors on the one hand, and social factors on the other.

Hence, ego functioning can be considered to be one aspect of social functioning. Somatic functioning would be another. But since both types of functioning are interrelated with the social and other aspects of the environment, a person's social functioning can be understood only by assessing the social, somatic, and psychological factors and their combinations which determine the quality of social functioning.¹

This interrelatedness of psychoanalytic theory and social role theory has also been demonstrated in a recent thesis by Constance M. Hawley. She concludes:

Psychoanalytic theory provided a means for a better understanding of the dynamics of the individual - a necessary step in this development The tremendous contribution of the social role theory is that it leads from an understanding of individual dynamics to an understanding of family group and eventually community dynamics. While it utilizes psychoanalytic and ego psychology theories, it has integrated them with sociological theories, or in other words, has put our understanding of individual dynamics in a social context. Thus is provided a better balanced perspective of man in relation to society.²

¹ Boehm, W., Curriculum Study, Vol. X, p. 94.

² Hawley, Constance M., Role, Stress and Social Work Practice, Master of Social Work Thesis, University of British Columbia, 1961, p. 163.

It would seem, then, that role and stress theory can be profitably used in collaboration with psychoanalytic theory and that this can give the social worker an enlarged understanding of the client's total functioning.

Obviously, the findings of this study only point out the possibility of this relationship, but it does indicate that there is a need for further research into this area.

Marriage Conflict and Mental Illness

The clients referred to the Clinic in which this study was done, were referred because they presented symptoms of mental illness. In all cases, the symptoms were not seen, for the purpose of this study, as means of diagnosing the form of illness, but were seen simply as part of the behavior pattern of the clients. From the case recordings, however, it was recognized that there was a close relationship between marriage conflict and mental illness. In some cases, the marriage problem seemed to be a precipitating factor in bringing about symptoms of mental illness. In "Case F", however, the marriage seemed to have been at least tolerable until the psychiatric symptoms seemed to upset the delicate balance of the marriage and cause its breakdown.

Again, the relationship between mental illness and marriage conflict was not the problem under consideration here, and we can only suggest that there is a relationship. Just what this connection might be is a further area of research that would seem to require considerable attention.

Implications for Assessment of Marital Conflict Cases

We have seen that a recognizable pattern in the source of stress

and response to this stress within the marriage relationship became evident in a number of the cases assessed here. This pattern may have been apparent to the social workers making the assessment originally. If it was, they did not mention it directly in the case recordings. If it was not apparent, then it would seem that the method of analysis used here could contribute to the understanding both of the individuals involved in the marriage and of the marriage interaction. The use of this theory would help the worker in assessing a marriage conflict case to make his assessment on two levels: first, he would gain some understanding of the individuals involved, their areas of vulnerability and their characteristic modes of response to stress. Then, with this knowledge in mind, he could assess more accurately the pattern of the interpersonal relationship as it existed between the marriage partners by seeing how each partner's characteristic patterns of response affected the interaction process.

Brangwin calls this two-level approach in assessment "psychosocial diagnosis" and says of it:

A dynamic study process which has come to be known in casework as psychosocial diagnosis, is essential if the nature of the disturbance is to be comprehended and sound measures initiated for dealing with it.¹

It is in this "psychosocial" approach that social work has a significant contribution to make in the assessment of marriage conflict cases, it would appear from this study. The concepts of role and stress as outlined in the Curriculum Study² seem to add to the social worker's knowledge by

¹ Brangwin, L. C., "Marriage Counseling - the Viewpoint of the Caseworker", Social Casework, Vol. XXXVI, No. 4, April, 1955, p. 157.

² Boehm, op. cit.

providing a framework for analysis that covers both an assessment of the individual marriage partners and the marital interaction itself.

APPENDIX "A"

PSYCHIATRIST'S ASSESSMENT NOTE - CASE A.¹

This patient was seen on referral of Dr. F., Friday, January 9, 19--.

For three and a half days around Christmas she was admitted to ----- General Hospital under Dr. J. with a tentative diagnosis of anorexia nervosa.² Her lack of appetite has been precipitated by her confessing to her husband that a family male friend has been coming to their house privately and paying amorous attention to her. She has had episodes of depression for some time. Apparently she has clung very closely to her home and family. She and her husband have not gone out to any extent, and she found this male friend's attentions an outlet for her interest. There were no sexual relationships in this relationship. She has felt very guilty over deceiving her husband and is evidently depressed at this time, lacking expression, lacking animation, being notably underweight at about 80 pounds, but reasonably well groomed.

She gives a history of entering an orphanage when she was about two years of age and leaving the orphanage at age 12 to stay in a family where there was a lot of sibling rivalry with the natural child. She was very close to a sister who apparently became schizophrenic about the age of 14 and died of tuberculosis in a mental hospital at age 23. She expresses very close regard for this girl. She married in (Ireland) and came to Canada in 19--. She has

¹ It was stated earlier that each person referred to the Mental Health Centre, Adult Clinic, was assessed by a psychiatrist and a relative was seen by a social worker. This assessment note by the psychiatrist is a report of his investigation and is included here for illustrative purposes as similar reports were used to compile the case analyses for this thesis. The social worker's report (Appendix "B") is included for the same reason.

² This is shown in such symptoms as inability to eat, weight loss, mood change and depression.

frequently had nervous symptoms of her heart beating fast and feeling giddiness and nausea, of being lonesome. Her husband is six years her senior and the boyfriend who attended her was nine years her senior. She appears to prefer father-daughter relationships with men. She openly acknowledges flirting with them and finding it flattering to have them respond, but she does not seek sexual relations. She reports the cause of the breakup of the family to have been incestuous relations between her father and an older sister.

She reports her husband to have had a serious breakdown and to suffer from nightmares when he walked in his sleep. They have two children, girls, aged 4 and 2. There appears to have been more libidinal¹ investment in the boyfriend than there has been in the husband. He is sheltering and protecting towards her, more of a father than a boyfriend. She feels that he undermines her self confidence by criticizing her ability with the children and if they are sick, he insists that she worry about them; otherwise, he is ill-at-ease.

This appears to be a depressive reaction in a hysterical, frigid woman with a deprived background. Because of her inclination to manipulate relationships with men, it is proposed that she enter Day Hospital with a view to intensive therapy, somnolent insulin and personal relationship with a female therapist. Miss --- (social worker) has been asked to interview her in this regard. Husband is to be seen in social assessment as well.

¹ Psychic energy related to sexual drives.

APPENDIX "B"

SOCIAL WORK ASSESSMENT - CASE A

(husband of the Patient was Seen by a Male Social Worker)

Source of Information

The spouse of the prospective patient was seen on January 9, 19--., the day he accompanied his wife for her assessment interview. Mr. A. is a department manager of a large chain store in the city.

Onset and History of Illness Within and Extending From the Family

Mr. and Mrs. A. are (Irish), having been in Canada five years. They have been married ten years, have two children, aged $4\frac{1}{2}$ and 2 years. Mr. A. points out that during the first five years of their marriage, they were childless, despite their desire to have a family. He states unawareness of any reasons which may have made it possible for his wife to have a child shortly after coming to Canada. Mr. A. is 37 years old, his wife is 31. Mr. A. is eager to declare that he sees himself responsible, in part, for his wife's present condition. He thinks that his wife's illness, mainly that of depression, was triggered by an affair she had with his best friend. He adds that although their relationship had apparently ended some time prior to his wife's becoming concerned, she was not able to let the matter rest because of a planned visit for Christmas by the man and his wife. Apparently Mrs. A. finally broke down prior to the proposed visit and told her husband all. He called his friend over, and they discussed the matter. The friend stated that he had already told his wife about it long ago and that, as far as he was concerned, the matter was finished. Finished or not, Mr. A. feels that his wife is still upset by it all, especially from feelings of guilt. He states that at the time

of her confession, she wanted him to beat her up and to punish her in some way. He states he could not do this, as he could see no point to it.

Mr. A. describes his wife as a woman with an impoverished upbringing, having spent her life in an orphanage. This might have something to do with the apparent overprotectiveness which she indicates towards their two children. Mr. A. points out that the situation was improved in this regard, but that it had been bad for some time in that his wife could not, or would not leave the child to be cared for by someone else, in order that she and her husband could go out. Even though Mr. A. states that the present affair has caused the wife to be the way she presently is, he went on to talk about her as always being a nervous and depressed individual. He states his wife has had increasing fear about being in crowds and going anywhere by bus. In fact, I gather that she is able to spend most of her time at home through her various fears. It is at this point that Mr. A. talks about his own responsibility in not taking more initiative so that it would be possible for his wife and himself to get out and enjoy more social contacts. I gather that the situation at present is that the A.'s spend most all of their time at home, rarely getting out anywhere. Another fear Mr. A. attributes to his wife is one of dread to be associated with anything "mental". Apparently she showed some reticence at even coming into the building when she saw the notice outside.

Tentative Social Work Assessment

Mr. A. presents many doubts about whether or not he is "doing the right thing" for his wife during her illness. He states that he has recognized his need to get "counsel" on how best to manage the situation. He makes it

quite plain that he is a person with feelings and that his wife's recent affair has not been the easiest thing for him to take. He adds that he has an ulcer that he must care for. I found him to be a rather passive man, who was not too prone to look closely into the reasons for certain happenings in the marital relationship. When he does look, he tends to look for reasons which are quite acceptable to him. I notice that whenever I try to take him from a predetermined pattern, that he was unable to get too involved in any meaningful explanations. As mentioned above, he is quick to state that perhaps he has not been devoting as much of the kind of attention to his wife as she requires. I felt that, in this way, he was able in part to explain away or soften the blow of his wife's interest in his "best friend". If Mrs. A. is extended treatment by this Centre, I would think that Mr. A. might profit from some involvement in a group of spouses.

APPENDIX "C"

BIBLIOGRAPHY

A. General

Eisenstein, Victor W., Neurotic Interaction in Marriage, Basic Books Inc., New York, 1956.

Hollis, Florence, Women in Marital Conflict, Family Service Association of America, New York, Second Edition, 1957.

Stewart, Charles William, The Minister as Marriage Counselor, Abingdon Press, New York, 1961.

B. Specific

Bernard, Jessie, Social Problems at Mid-Century, Dryden Press, 1957.

Boehm, Werner W., Social Casework Method in Social Work Education, (Vol. X, Social Work Curriculum Study), Council of Social Work Education, New York, 1959.

Hinsie, Leland E., and Campbell, R. J., Psychiatric Dictionary, Third Edition, Oxford Press, 1960.

Articles

Brangwin, L. C., "Marriage Counseling - the Viewpoint of the Caseworker," Social Casework, Vol. XXXVI, No. 4, April, 1955.

Ellis, Albert, "A Critical Evaluation of Marriage Counseling," Journal of Marriage and Family Living, February, 1956.

Geist, J., and Gerber, N. M., "Joint Interviewing: A Treatment Technique with Marital Partners," Social Casework, Vol. XL, No. 2, February, 1960.

McCann, Charles W., "Role Theory and Professional Responsibility", Social Worker, Vol. XXIX, No. 3, June, 1961.

- Maas, Henry S., "Social Casework", Concepts and Methods of Social Work, ed. Walter A. Friedlander, Prentice-Hall, Second Edition, 1959.
- Meyer, C. H., "The Quest for a Broader Base for Family Diagnosis", Social Casework, Vol. XL, No. 7, July, 1959.
- Olds, Victoria, "Role Theory and Casework, A Review of the Literature", Social Casework, Vol. XLIII, No. 1, January, 1962.
- Perlman, Helen, "Intake and Some Role Considerations", Social Casework, Vol. XLI, No. 4, April, 1960.
- Regensburg, Jeanette, "The Curriculum Study: Implications for the Practice of Social Casework", Social Casework, Vol. XLI, No. 1, January, 1960.
- Spiegel, P., "The Resolution of Role Conflict Within the Family", A Modern Introduction to the Family, ed. N. W. Bell and E. F. Vogel, Free Press, 1960.
- Stone, A., and Levine, L., "The Dynamics of the Marital Relationship", Readings in Abnormal Psychology, ed. L. D. Crow and A. Crow, Littlefield, Adams and Co., 1958.

Theses

- Hawley, Constance M., Role, Stress and Social Work Practice, Master of Social Work Thesis, University of British Columbia, 1961.
- Morton, Betty Marie, The Psychodynamics and Treatment of the Male Partner in Marital Conflict Cases, Master of Social Work Thesis, University of British Columbia, 1957.