THE PSYCHODYNAMICS AND TREATMENT OF THE MALE PARTNER

IN MARITAL CONFLICT CASES

An Exploratory Study based on Family Service Agency Files, Vancouver, 1957

by

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ABSTRACT

This is an exploratory study of (a) material and (b) method, for analyzing the role of the male partner in marital conflict cases, and the casework implications of the involvement of the husband in the treatment process. For this purpose a small number of cases (15) from the files of the Family Service Agency of Greater Vancouver, were selected for intensive examination, and compared as three groups: (I) in which the casework treatment was focussed on the wife, (II) in which the casework treatment was focussed on the husband, and (III) in which casework was focussed equally on husband and wife.

Methods of analysis and classification were worked out in the following areas; (1) the problems discussed by the marriage partners, (2) the performance of the husband in the masculine role, (3) the patterns of interrelationship between husband and wife, and (4) the casework treatability of each marriage partner.

It was found, in all cases, that the male spouses were failing in the emotional areas of their roles, in their relationships with their wives and with their children. They were, generally, able to perform adequately as economic providers of the family, and to conform to social and cultural standards.

All of the men disclosed a problem in handling their emotional dependency. Nearly three-quarters showed excessive dependence on their wives; the others were trying to handle their dependence in different, but still neurotic fashions.

The background information about these men often indicated that their early relationships to their parents had been such as to prevent a healthy resolution of their oedipal feelings, resulting in weak masculine identification, or identification to a pathological pattern of masculine behaviour.

In Groups I and II, where casework was focussed on one partner almost to the exclusion of the other, it was generally found that treatment had been focussed on the spouse who had applied first to the agency, and who had been interviewed by a caseworker of the same sex. The focus of treatment on one partner or the other was also clearly related to the relative willingness of the spouses to use casework service. In Group II in which the men were the focus of treatment, to the virtual exclusion of the wives, the
men rated better in their performance in the masculine role than in Group I in which the reverse was the case.

The treatment techniques used were found to be predominantly those of psychological support and clarification. Movement was measured by an adaptation of the Hunt-Kogan Movement Scale; and techniques described by Florence Hollis.

In Groups I and II in which the focus was mainly on one partner, greater positive movement was achieved by this partner. In Group III, in which the treatment was focussed dually on husband and wife, the partners generally both achieved positive movement, to a similar degree.

While some improvement in the marriage was seen to result from the positive movement achieved by one partner, generally, considerable improvement in the marriage seemed to result only when both partners achieved positive movement. No improvement occurred in one-fifth of the cases, there was some improvement in slightly less than half the cases, and considerable improvement in one-third of the cases.

Some of the factors apparently influential in determining success or failure in these cases, are discussed.
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THE PSYCHODYNAMICS AND TREATMENT OF THE MALE PARTNER

IN MARITAL CONFLICT CASES

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The amelioration of marital conflict problems seems to be a subject of popular concern. The lay public, as well as most of the professions, are increasingly aware of the wide incidence of such problems, but also that they have causes which can be treated. The concern is a vivid one because the institutions of marriage and family group living are vital in Western culture. Marital conflict moreover, can be seen as a self-perpetuating phenomenon, with the children of unhappy marriages coming to maturity and marrying with a decreased chance of a successful adjustment.

As the existence of such problems becomes accepted, the stigma attached to asking for help with them wanes. Thus many professions, not primarily concerned with social problems, as such, are often consulted for "marriage counselling." The clergy, lawyers, doctors, and even employers, each see the problem from a different point of view and, usually, try to help in their own way. The solutions sought by two people joined in an unhappy, unsatisfying marital relationship are varied. Some seek redress from the law for wrongs they feel they have suffered at their partner's hands; some retreat from the conflict by developing psychogenic illnesses. When this
underlying factor of marital conflict becomes apparent to the doctor or to the lawyer, he may endeavour to help with this problem himself, or as in many cases, refer the patient or client to what he considers a more appropriate source of help.

Sociologists, psychologists, psychiatrists and social workers, more specifically concerned with the problem of marital discord, still differ in their views concerning causation and treatment. No one profession can claim to have the only valid approach, and it is only by disciplined exploration by all groups, with sharing of the knowledge gained, that the most complete understanding of the problem can be reached.

What is a Marital Conflict Case?

Marital conflict, per se, is sometimes difficult to identify as it can appear under many guises. For example: the family disequilibrium may be, apparently, due to the disturbed or delinquent behaviour of one of the children, which is the result of the mother's rejection of him. Further exploration may show that the mother's rejection of the child stems from her rejection of her husband, the child's father. A family may appear to be in economic difficulties because the father cannot hold his job. But this may be due to a marital relationship which has robbed him of confidence in himself, raised his anxiety to such a pitch that he cannot apply himself to the work situation. He may in fact be using this method of retaliating against his wife.
Because a marriage represents a family, whether or not there are children, the two categories of "family problem" and "marital conflict problem" are difficult to delineate. The ramifications of a marital problem usually are extended to include all members of the group. Family casework has been defined as, "Casework based on an understanding of the social, physical, and emotional needs of the family, as a unit, for the purpose of helping the family members attain the best personal and social satisfactions of which they are capable." Marriage counselling, on the other hand, has been defined as, "A specialized field of family counselling which centres largely on the inter-personal relationship between husband and wife."

In the broad sense however, 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

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in the relationship.

How Does Marital Conflict Arise?

The causes of marital conflict are somewhat more easily reviewed if three areas are distinguished; a) social and cultural; b) environmental; and c) individual emotional maturity.

a) Social and Cultural

In North America and Western Europe, in the last one hundred and fifty years, there have been a variety of economic and technological changes—with great social consequence. The impact of these changes on the family group, has caused changes in the characteristic roles of husband and wife. With increasing industrialization, the father of the family spends most of his time out of the home, in an effort to provide adequately for his wife and children.

Dr. Spurgeon O. English points out:

The psychological role of the father in our society has been hard to grasp. Just as his social role has been continually changing, so his psychological role assumes new forms as customs, beliefs, thoughts and knowledge change . . . . In the past there were more rural families in which circumstances made Father more of a tangible, living entity in the home. Children who spent so much time with father were able to form from him, a definite image of how a father should behave . . . . He was a positive (even though stern) influence in shaping his children's personalities. He knew his family as people, as individuals with their limitations, accomplishments, needs and

abilities. Modern urban life has changed this. It would seem then, that our changing culture has tended to fragment family life.¹

Similarly, the role of the wife and mother has experienced changes in values. No longer is the only socially acceptable pattern that of a submissive wife devoting herself to the home. With her emancipation from the Victorian concepts of femininity, woman gained the right to a divergency of acceptable roles that seems to have proven a hazard to her successful adjustment in marriage.

In addition to the increased difficulties in assuming their respective roles as husband and wife, the social pressures to continue the alliance are not as great as they once were. "With the loss of the old assurance that a marriage must continue for better or worse, a sense of stability has disappeared."²

b) Environmental

The term "environment" can be interpreted not only in a physical sense, but in an emotional sense also. That is, the quality of a person's relationships to the people around him must be considered, and the degree to which these relationships satisfy, frustrate or place him in conflict. In casework treatment the problem is always to understand the


² Hanford, loc. cit.
individual as he interacts with his particular environment with its cultural over-tones.

Much of the environment can be "selected" and the wisdom with which a person selects for his own well-being, is often determined by his own emotional health and maturity. Thus an external problem is often either overcome or perpetuated by the internal motivating forces in the individual. Appropriate weight must be given by the caseworker to the environmental or external factors which are having an impact on the individual and he must be able to determine to what degree they have exacerbated emotional problems. In some cases the environment is benign, in others crippling. Under the stress of external events a new marital balance may have to come into being. For example, to a young married couple, the birth of the first child demands some changes in their way of relating to each other. Again, if the male partner suffers a severe disability, the role of the female partner may have to change from feminine passivity to that of the bread-winner.

In most cases the external factor causing the disequilibrium cannot be so easily delineated, as it is multiple. Even then, it is not only the fact of the existence of troubling external factors that must be considered, but their meaning and effect on the individuals concerned, and on the marital balance between them. Thus two well adjusted people with a secure, mature marital relationship can successfully weather
many of the exigencies of life, while others are unable to conquer and survive relatively normal or minor ones, because of their already precarious adjustment to life. It seems to be in part, the adaptive powers or relative maturity of the personality that determine the disabling effect of external events on the personality structure. Then too, the strengths of a married couple are not just the strengths of their individual personalities. They may be made weaker or stronger by the marriage relationship, according to its quality.

c) Individual Emotional Maturity

That school of casework, to which this study is oriented, known as the "dynamic" school, follows in its conceptions of the structure and development, of the personality, the teachings of Freud, and the neo-Freudian school.

Freud conceived of two instinctive motivating forces being basic to the personality. These two forces, opposing in nature, were designated as the erotic or libidinal and the aggressive or death instinct. Both were considered to be co-existent with life; the purpose of the libidinal drive being that of maintaining the life of the individual and to create and maintain the life of the species. The purpose of the death drive was conceived as being that of reducing the complex living organism to simpler, inorganic ones. Accepting the fact of this internal strife, the individual can then be conceived as being constantly engaged in a war on two fronts;
internally at conflict between his two instinctual drives, and externally in conflict with the environment to which he must adjust.

These two primary forces are thought of as being present in the individual from his birth to his death and existing in that part of the personality structure, as postulated by Freud, known as the id. The simple, straightforward expression of these drives is prevented by the superego or "conscience" which represents the rules for living incorporated from the parents and later from the culture. In terms of Freudian analysis, mediating between the demands of the id for expression and the superego for control, is the third part of the personality structure, the ego. Through the ego, and its mechanisms of defence, which are part of the ego, an individual adjusts himself to the environment and meets, as far as possible, the needs of his instinctual drives. Through the ego, emotions, both positive and negative are experienced, and advantages and disadvantages gained. The ego is conscious in nature as opposed to the id and superego which are unconscious.

The ego develops as the individual grows from infancy to adulthood. As the child grows physically, so he grows emotionally, under normal conditions, that is, his power to perceive reality and to deal adequately with the environment increases. Miss Hollis points out: "the trans-mutation of the primitive instinctual drives into the capacity
for adult love relationships is perhaps the most important of these ego tasks."

In the beginning the child is concerned only with himself, and the gratification of his needs for food, warmth, and comfort. These things are provided, normally, through the mother. Her ability to give to the infant is, in turn, dependent on the extent to which she had been given to by her own parents. As the child incorporates food from the mother he should also, ideally, incorporate her love. And so, mother's love becomes something of value, to be sought after by the child as he moves into the phase of being able to conceive of mother and himself as separate entities.

Because of this desire to retain mother's love, the child is able to try to conform to the first social demands that mother makes of him, during the toilet training period. He is able to deny himself immediate release from tension, to withstand frustration, in order to win her approval.

In the next phase of emotional development, the child becomes aware of the differentiation of the sexes—and becomes aware of his parents as being related to each other in a way that excludes him. The child, normally develops a strong love relationship to the parent of the opposite sex, with the desire to supplant the parent of the same sex. Gradually,

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however, he perceives that this is not possible and he learns to accept both the gratifications and frustrations of partial love for the parent of the opposite sex, and identification with the parent of the same sex. Thus the little boy renounces his desire to possess mother completely and to supplant father, and resolves to become "like father." This holds forth the promise of adult gratifications.

To accomplish this level of performance, the adaptive powers of the ego have been developing through all three phases: the oral, anal and oedipal, as they were designated by Freud.

In the mature individual then, there is not only self-love but the ability to love others and to express this love appropriately, both in quality and degree. Hollis says, further,

A mature marriage adjustment requires that he must have freed himself of strong childish parental attachments, that his specific sexual drives be directed towards the opposite sex, and that he be able truly to perceive and care about the needs of his partner.1

While the primary instinctual libidinal drive is thus being channelled toward a mature expression, the destructive drive is also being harnessed and controlled. Some direct expression occurs in the conquering of the environment. Some is pushed into the unconscious portion of

1 Loc. cit.
the mind by the mechanisms of defense such as repression. But some hostility must have been allowed expression, as such, particularly in childhood, if the development of serious neurotic symptoms is to be avoided. While no one is completely free of neurotic tendencies, the degree to which the total adjustment is neurotically determined, must be assessed in treatment.

The Health of the Marital Relationship

To this point the discussion has been focused largely on the development of the individual. As these individuals approach chronological maturity, most enter into a marital relationship, which, at least at the outset, is believed, by them, to promise satisfaction of emotional needs.

The marriage relationship is an entirely unique one. While most people expect marriage to better their lot, and in many cases it does, conversely in many marriages the opposite development occurs. Old problems may be exacerbated, new ones created, to such an extent that not only is the marriage thrown into jeopardy, but the individual adjustments as well.

Dr. Nathan Ackerman points out that in a neurotic marital relationship the degree of neurosis present is not simply the sum of the neuroses of the two individuals who joined in the relationship, as it has been demonstrated that a given individual with a fixed neurosis will inter-act in significantly different ways with different partners. He
points out further,

When the specific component of neurotic inter-action has been differentiated, a careful estimate of the balance between the pathology and the residual health of the relationship is of the utmost clinical importance.¹

Thus in diagnosis and treatment of marital conflict, caseworkers are concerned not only with the relative emotional health of the individuals, per se, but also with the relative emotional health of the relationship between them and the extent to which it satisfies their emotional needs. Some extremely neurotic relationships are very satisfying ones and the best adjustment that can be made by the two individuals concerned. Thus, in such cases, the goal may be to restore the balance if it has become jeopardized by some external force or event. In such relationships, the value to the individuals seems to be that their defences against neurotic anxiety are protected by the other partner. Thus the "marital neurosis" holds their own individual neuroses in equilibrium—which is their prime concern. The individual neurotic adjustment is easily threatened: a great deal of psychic energy must be devoted by the individual to its maintenance, if he is to survive.

How the Caseworker Helps

The caseworker approaches diagnosis and treatment of any problem by evaluating both the environmental and emotional

¹ Ackerman, op. cit., p. 139.
factors in the development of the situation in which the client or clients find themselves. The client's readiness and ability both to assess and to move, in regard to his own problems, must be the determining factor in deciding how far the treatment will proceed, in what direction, and on what level. Treatment methods appropriate to each case are selected.

Although the caseworker may be able to recognize the symptoms of problems that are more deeply rooted than those of which the client is aware, she does not attempt to elicit conscious awareness of unconscious material from the client. This lies beyond the skills of the caseworker, in the province of the psychiatrist. Psychiatry has however, given caseworkers an understanding of the phenomena of ambivalence, resistance, and transference, with which the caseworker must be concerned. The caseworker deals only with "real" problems, with the client, that is, problems that can be consciously recognized by the client. Casework utilizes the client's ego strengths. If the client's ego strengths are considerable, if the client is ready and if the situation warrants it, the caseworker may help the client to clarify and/or to develop insight into his characteristic ways of reacting that are causing him difficulty and help him, within the framework of the supporting worker-client relationship to change these patterns. In other situations, this may not be a suitable goal and casework may be directed towards a
strengthening of characteristic patterns that are in jeopardy. In still other cases, an "Environmental Approach" may be the most appropriate one. This treatment method focusses on external problems and in helping the client to effect changes in the external situation. This may be done either directly, by intervention on the part of the caseworker, or through the client's improved ability to see what can be done and how to do it to make himself more comfortable, and to move toward accomplishing this.

In most cases the treatment method cannot be clearly relegated to any one category, but contains elements of one or more of those outlined above. Basic to all treatment techniques however, is the caseworker's skill in forming an enabling relationship with the client, tailored to a dynamic understanding of the client's needs.

In the treatment of marital conflict cases, focus on the individual is not enough. The caseworker must be constantly aware of the inter-play between the partners, and how change may be effected through and in this inter-play,—she must be aware of how change on the part of one, affects the other. The goal may be defined as "the giving of help in restoring or establishing a satisfactory balance in the marriage or in helping the individuals concerned to accept that this is not possible."  

The Role of the Family Service Agency in Treatment of Marital Conflict

Historically, the Family Service Agencies, which had their beginnings in the Charity Organization Movement of 1869, have been interested in the causes of family breakdown, rather than confining their work to the amelioration of the symptoms. Over the years they have been concerned with a multitude of family problems. One psychiatrist has called the family service agency the "Half-way house between the community and the psychiatrist."

The Family Service Agency of Greater Vancouver, which is the source of the records used in this study, was established in 1928.

... the constitution stated clearly that this agency was to be a non-sectarian charitable institution supported by voluntary subscriptions. Its objectives were to do family welfare work in Greater Vancouver; to maintain a Social Service Exchange for all social welfare organizations in Greater Vancouver and the surrounding districts; and to do such other welfare work as the Executive might consider advisable.

The casework carried on by this agency was affected, as it was in all private social agencies, by two great social upheavals—the depression of the 1930's and the Second World War 1939-1945. During these two periods casework had to be

1 Hanford, op. cit., p. 251.
focussed around the emergent economic and physical problems. Since the war's end, the agency has had opportunity to pursue its study and practice of casework geared to socio-emotional problems, on an intensive basis. At the present time it is recognized by the community as the appropriate social agency for referral of marital conflict problems.

During the twenty-nine years since its inception, the agency staff has increased from one person to a casework staff of eighteen members. The standards for the selection of personnel are high, and while some of the staff members do not possess fully accredited social work training, they are, on the other hand, possessed of a long period of casework practice in the area of family casework. The staff participates actively in the planning and carrying out of a staff development program, and opportunities are provided for the staff to attend institutes and seminars that help to keep practice abreast of new theory. While, at the present time, there is no one psychiatric consultant, provision has been made for the utilization of the services of any one of several psychiatrists in the city, in those cases where this is deemed necessary to clarify diagnosis and treatment.

Referrals to the Family Service Agency of Greater Vancouver come from many sources. About fifty per cent of the cases in 1956 were referrals from lawyers, doctors, businessmen, clergy, teachers and other social agencies. The other fifty per cent were "personal applications"—that is, people
requesting help for themselves, directly from the agency. This figure tends to be misleading however, as there is no way of knowing how many came as a result of the agency's broad program of interpretation to the public or how many were, in fact, advised to come by a member of one of the above groups.

The requests are for help with a wide range of problems. The agency groups these under the following headings for statistical purposes.

1. Family Relationships
   a. Marital Difficulty
   b. Parent-child relationships
   c. Unmarried Parenthood
   d. Other
2. Individual Personality Adjustment
   a. Children (under 13 years)
   b. Adolescents (13 through 20 years)
   c. Adults (21 and over)
3. Planning substitute care of children
4. Old age
5. Physical illness or handicap
6. Mental illness (a) diagnosed (b) suspected
7. Intellectual Retardation (a) diagnosed (b) suspected
8. Economic
9. Employment
10. Educational and Vocational adjustment
11. Recreation
12. Housing
13. Other

In the year 1955, a total of 1,189 cases were closed in the category "Family Relationships Problems," by this agency. This category broke down as follows:

Marital Difficulties 805
Parent Child Relationships 278
Unmarried Parenthood 67
Other 39

The extremely high proportion of cases in which marital difficulty underlies the disturbed family
constellations, is at once evident. Of these 805 cases of marital difficulty, roughly fifty per cent were "brief service" cases; that is, those with less than two direct client-worker interviews. Some exploration of the causes of this early loss of cases might profitably be undertaken. Undoubtedly part of this number represents those people who are only tentatively motivated towards seeking help with their problem.

Particular Focus of this Study

This study, which is exploratory, is concerned, particularly, with the treatment of the male partner in the casework treatment of marital conflict cases.

An interest and concern with this question of treatment of the male partner, in marital counselling cases, is frequently expressed by the casework staff of the Family Service Agency, where this study was carried out. This seems to be part of a trend throughout agencies engaged in this area of casework, generally.

Opinions as to whether the casework involvement of both spouses, in the treatment of marital conflict is desirable, in all cases, differs. The functional school of thought emphasizes the need to deal with both the husband and wife. Frances H. Scherz says: "When one partner indicates that the marital relationship is the major factor in the

family's problems, the other partner should be seen as quickly as can be appropriately planned, in order to increase our understanding of family inter-action."

The approach of the dynamic school of thought, to which this study is oriented, differs.

Having seen the first client withdraw, after the spouse has been successfully involved, many questions about this aspect seem to warrant scrutiny. Fritz Schmidl points out that while in some cases it is diagnostically helpful to see the spouse, it can also be destructive to therapy.

This study cannot attempt to provide answers to the questions that are being raised in this area, but will attempt to illustrate what those questions are, the need to consider them and the extent to which this was done in the selected cases with which this study deals.

These questions include;

1) What sort of problems are experienced by the male partner in marital conflict cases?
2) What is the role of the husband in the family group?
3) What are the patterns of interrelationships evident between husbands and wives in marital conflict cases?

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4) Can a personality pattern be delineated in those men who seek help from an agency in regard to their marital problem?

5) How does movement compare, in those cases where the treatment focus was primarily on the husband, primarily on the wife, and those cases in which both partners participated equally in treatment?

6) Is there any relationship between the focus of treatment on the husband, and the fact of who first applies to the agency; husband or wife?

7) Is there any relationship between the focus of treatment on either partner and the sex of the worker?

8) How and when are contacts with the husband planned, in those cases where the wife applied first for casework service?

Selection of Cases for this Study

Fifteen cases were selected for this study. The casework staff were asked to submit cases which contained enough diagnostic material in regard to the male marital partner's personality, to allow fairly detailed analysis. It was explained that three different groups of cases were required; those in which the main focus of treatment was on work with the wife, those in which the main focus of treatment was on work with the husband, and those in which the focus of treatment was shared dually by husband and wife. Of the cases submitted, five were selected in each group. The work of eight
caseworks; four men and four women is represented. All of the cases were active in either 1955 or 1956. One of the cases was opened in 1953, one was opened in 1954, four were opened in 1955 and nine were opened in 1956. All of the cases were opened as marital conflict cases, that is the problem presented by the client, in the intake interview was marital difficulty and the request was for help, primarily, with this.

All of the families studied had children. This was made one of the criteria as a study of the male partner's role in the family group was to be undertaken, and normally, this facet of his role is highly significant.

In each case, both marital partners had been interviewed by the caseworker. This criteria was applied so that diagnostic material in regard to each marital partner's personality, and the nature of the relationship between them, would be available.

In average terms, the men in these cases were around 38 years of age, with a range of 25-53 years. The average age of the wives was 34 years, with a range of 21-47 years. The average period of marriage was 8.6 years; the range, 4-25 years. The number of children was, on the average, four or five.

Methodology

These fifteen selected cases were studied by means of schedules, developed to assess each of the following areas;

1) Problems seen and presented by both partners in the
intake interview. This schedule shows the number and kind of problems seen by each partner and the extent to which they perceived their own contribution to the marital problem.

2) The performance of the husband in the masculine role.
Five criteria are suggested, and ratings of poor, limited and good, described for each.

3) The interrelationship between the marriage partners.
Five different patterns discernible in these cases are described.

4) The casework treatability of each marriage partner.
Three criteria were considered, and ratings of poor, limited and good described in regard to each.

5) Treatment techniques used with each marriage partner.

6) The degree of movement achieved by each partner.

Movement achieved by each partner was measured by the use of an adaptation of the Hunt and Kogan Movement Scale. Improvement in the marital situation was assessed by an adaptation of the method used by Florence Hollis in her study "Women in Marital Conflict."

Illustrative case material is given in regard to each of these areas.

These fifteen cases are reviewed primarily for the purpose of distinguishing and discussing elements in casework,

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2 Hollis, op. cit.
the main concern being to explore what differences are ascertainable in three different situations: (a) where the interviews are held, primarily with the wife (b) where the interviews are held primarily with the husband (c) where the interviews are held equally with husband and wife. For convenience the cases are named, (anonymously) as follows:

<table>
<thead>
<tr>
<th>Group I</th>
<th>Group II</th>
<th>Group III</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Able</td>
<td>F. Fell</td>
<td>K. King</td>
</tr>
<tr>
<td>B. Brown</td>
<td>G. Grenfell</td>
<td>L. Long</td>
</tr>
<tr>
<td>C. Crocker</td>
<td>H. Hall</td>
<td>M. Manville</td>
</tr>
<tr>
<td>D. Daniels</td>
<td>I. Inman</td>
<td>N. Nelson</td>
</tr>
<tr>
<td>E. Evans</td>
<td>J. Jackson</td>
<td>O. Ogden</td>
</tr>
</tbody>
</table>

Economic and environmental differences in these cases are ignored, focussing attention on the psychodynamics of the individuals, and the relationship between them.
In reaching a diagnosis in cases of marital conflict, the caseworker is concerned with far more than the problems actually presented in the first instance by the two marriage partners. Very often, these are but the symptoms of the underlying conflict areas, and are only of significance as they are seen in perspective with the total relationship. As in most casework the aim is to obtain a psychodynamic explanation of the situation.

Nathan Ackerman points out:

Of particular importance is the need to evaluate pathology of individual personality not in isolation but within the frame of the psychosocial structure of the family, and to establish the specific dynamic relations of personality and family roles . . . . In undertaking to diagnose marital relationships we are not concerned in the first instance with the autonomous functions and pathology of individual personalities, but rather with the dynamics of the relationship, that is, with the reciprocal role functions that define the relations of husband and wife.1

In this chapter, three aspects of diagnosis are examined: the immediate problems seen or presented by each partner; the performance of the husband in the masculine role (which itself requires definition); and the interrelationship between husband and wife, in the fifteen cases used in this study.

Problems Discussed by the Marriage Partners

Anyone who applies to a social agency for help, does so because he has reached an impasse in regard to a problem in adjustment. In some cases, the emotional component can be relatively slight, but when the client seeks help with his marital relationship a great deal of emotion is usually present. Because the problem is such an intimate one, his defences have been marshalled against the anxiety engendered by his marital conflict, and he will probably, because of this, present a distorted view of the situation. Regina Flesch points out, "The most profitable initial approach for the caseworker is to treat the complaints as real until the client himself proves them otherwise." Only when the caseworker has helped the client by relieving the feelings of anger, pain and guilt, is the client free to look at his situation more objectively and to move towards the dissolution of his problems. In order to face the experience of asking for help, he may have selected only a part of the problem, which he feels is more acceptable for discussion, until he has been able to test out the reception he gets from the caseworker. He may present the problems as being rooted totally in his partner's personality and performance, or, totally in his own, if he feels this will better assure him recognition. He may come to the agency wanting only a sympathetic listener,

he may seek an authority who will "tell him what to do," or
one who will miraculously change his wife to meet his needs.

In whatever way the problem is presented, it is the
caseworker's task to assess whether this is part of the
problem or all of it; whether it is real or imaginary; and
whether or not treatment is possible. There is no definite
dividing line between diagnosis and treatment of the problem.
As the caseworker seeks to arrive at a psychodynamic
reconstruction of the client's situation, considerable
emotional material is elicited, ventilated, and the inter­
relationships of cause and effect may become apparent to the
client, as this process proceeds. The caseworker is seeking
to learn how and why the marital problem arose, what past and
previous factors contributed to it, and to what extent the
marital conflict is related to the individual conflict in
each partner.

The degree to which the caseworker and client
become mutually aware of the reality situation, varies from
case to case. The client's view of the problem may remain
extremely superficial, or it may deepen and become clarified,
approaching the caseworker's conception of the contributing
and underlying factors. This depends not only on the nature
of the problem and the kind of treatment required, but on the
client's capacity for insight.

In this study each case was examined to determine
the problems as seen and presented by husband and wife, in the
intake interview. A schedule which summarizes the patterns of problems is presented for each of the three groups on the following three pages.

In Group I, that is, those cases in which treatment was focussed mainly on the wife, it can readily be seen that the wives were apparently able to perceive a larger number of problems, and also problems of a more diverse nature than were the husbands. In this group, the five husbands perceived a total of nineteen problems, and located these in the emotional and socio-economic areas. These problems were seen as being the result of the wives' personality and performance. That is, these men were not able to see, or to admit their own involvement in the evolution of the problem, and saw therefore, the need to change the situation as being totally the wives' responsibility. These five wives, on the other hand, saw a total of thirty-six problems, located these in the main in the emotional and socio-economic areas but also saw problems occurring in the areas of physical health, promiscuity, and alcoholism. While most of these problems were seen by the wives as attributable to their husbands; in each case, they were able to admit to a degree of personal involvement.

In Group II, that is, the five cases in which treatment was mainly focussed on the husband, the situation is reversed. These five men discussed a total of thirty problems, locating them, again, mainly in the emotional and socio-economic areas, but also in the areas of physical
**Schedule 1. Patterns of Problems Presented by Clients, in Intake Interview**

Group 1. (cases A,B,C,D,E)

<table>
<thead>
<tr>
<th>Problem Units</th>
<th>Seen and Presented By</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Husband</td>
</tr>
<tr>
<td><strong>(a) Emotional</strong></td>
<td></td>
</tr>
<tr>
<td>1. Marital Relationship</td>
<td></td>
</tr>
<tr>
<td>i. wife's attitude to husband</td>
<td>A,B,E</td>
</tr>
<tr>
<td>ii. husband's attitude to wife</td>
<td>A,B,C,D</td>
</tr>
<tr>
<td>iii. wife's sexual performance</td>
<td>A,B,E</td>
</tr>
<tr>
<td>iv. husband's sexual performance</td>
<td></td>
</tr>
<tr>
<td>2. Emotional Health</td>
<td></td>
</tr>
<tr>
<td>i. wife's emotional health</td>
<td>D</td>
</tr>
<tr>
<td>ii. husband's emotional health</td>
<td>B,D</td>
</tr>
<tr>
<td>3. Parental Relationships</td>
<td></td>
</tr>
<tr>
<td>i. wife to children</td>
<td>D,E</td>
</tr>
<tr>
<td>ii. husband to children</td>
<td></td>
</tr>
<tr>
<td>4. Interference from Relatives</td>
<td></td>
</tr>
<tr>
<td>i. wife's family</td>
<td></td>
</tr>
<tr>
<td>ii. husband's family</td>
<td></td>
</tr>
<tr>
<td>5. Emotional Health of Children</td>
<td>C</td>
</tr>
<tr>
<td><strong>(b) Intelligence</strong></td>
<td></td>
</tr>
<tr>
<td>1. Intellectual Retardation</td>
<td></td>
</tr>
<tr>
<td>i. of wife</td>
<td></td>
</tr>
<tr>
<td>ii. of husband</td>
<td></td>
</tr>
<tr>
<td>iii. of children</td>
<td></td>
</tr>
<tr>
<td><strong>(c) Physical Health</strong></td>
<td></td>
</tr>
<tr>
<td>1. Physical Health</td>
<td></td>
</tr>
<tr>
<td>i. of wife</td>
<td>D</td>
</tr>
<tr>
<td>ii. of husband</td>
<td></td>
</tr>
<tr>
<td>iii. of children</td>
<td></td>
</tr>
<tr>
<td><strong>(d) Promiscuity</strong></td>
<td></td>
</tr>
<tr>
<td>1. of wife</td>
<td></td>
</tr>
<tr>
<td>ii. of husband</td>
<td>A,B,D</td>
</tr>
<tr>
<td><strong>(e) Alcoholism</strong></td>
<td></td>
</tr>
<tr>
<td>1. of wife</td>
<td></td>
</tr>
<tr>
<td>ii. of husband</td>
<td>D</td>
</tr>
<tr>
<td><strong>(f) Socio-Economic</strong></td>
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<td>1. Employment</td>
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<tr>
<td>i. of wife</td>
<td>A</td>
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<tr>
<td>ii. of husband</td>
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<tr>
<td>2. Income</td>
<td></td>
</tr>
<tr>
<td>i. by wife</td>
<td>C</td>
</tr>
<tr>
<td>ii. by husband</td>
<td></td>
</tr>
<tr>
<td>3. Management of Income</td>
<td></td>
</tr>
<tr>
<td>i. by wife</td>
<td>B,D,E</td>
</tr>
<tr>
<td>ii. by husband</td>
<td></td>
</tr>
<tr>
<td>4. Social Status</td>
<td></td>
</tr>
<tr>
<td>i. of wife</td>
<td>A</td>
</tr>
<tr>
<td>ii. of husband</td>
<td></td>
</tr>
<tr>
<td>5. Social Behaviour</td>
<td></td>
</tr>
<tr>
<td>i. of wife</td>
<td>A,D,E</td>
</tr>
<tr>
<td>ii. of husband</td>
<td></td>
</tr>
<tr>
<td>6. Housing</td>
<td></td>
</tr>
<tr>
<td>7. Cultural Differences</td>
<td></td>
</tr>
<tr>
<td>8. Religious Differences</td>
<td></td>
</tr>
<tr>
<td><strong>Average number of problems</strong></td>
<td>3.8 per case</td>
</tr>
</tbody>
</table>
Schedule 2. Patterns of Problems Presented by Clients, in Intake Interview

Group II. (cases F,G,H,I,J)

<table>
<thead>
<tr>
<th>Problem Units</th>
<th>See and Presented By</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Husband</td>
</tr>
<tr>
<td>(a) Emotional</td>
<td></td>
</tr>
<tr>
<td>1. Marital Relationship</td>
<td></td>
</tr>
<tr>
<td>i. wife's attitude to husband</td>
<td>F,G,H,I,J</td>
</tr>
<tr>
<td>ii. husband's attitude to wife</td>
<td>F,H</td>
</tr>
<tr>
<td>iii. wife's sexual performance</td>
<td>H,I,J</td>
</tr>
<tr>
<td>iv. husband's sexual performance</td>
<td>H</td>
</tr>
<tr>
<td>2. Emotional Health</td>
<td></td>
</tr>
<tr>
<td>i. wife's emotional health</td>
<td>H,J</td>
</tr>
<tr>
<td>ii. husband's emotional health</td>
<td>F</td>
</tr>
<tr>
<td>3. Parental Relationships</td>
<td></td>
</tr>
<tr>
<td>i. wife to children</td>
<td>F,G,I,J</td>
</tr>
<tr>
<td>ii. husband to children</td>
<td>G,H,I</td>
</tr>
<tr>
<td>4. Interference from Relatives</td>
<td></td>
</tr>
<tr>
<td>i. wife's family</td>
<td></td>
</tr>
<tr>
<td>ii. husband's family</td>
<td></td>
</tr>
<tr>
<td>5. Emotional Health of Children</td>
<td></td>
</tr>
<tr>
<td>(b) Intelligence</td>
<td></td>
</tr>
<tr>
<td>i. Intellectual Retardation</td>
<td></td>
</tr>
<tr>
<td>i. of wife</td>
<td></td>
</tr>
<tr>
<td>ii. of husband</td>
<td></td>
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<tr>
<td>iii. of children</td>
<td></td>
</tr>
<tr>
<td>(c) Physical Health</td>
<td></td>
</tr>
<tr>
<td>i. Physical Health</td>
<td></td>
</tr>
<tr>
<td>i. of wife</td>
<td>J</td>
</tr>
<tr>
<td>ii. of husband</td>
<td></td>
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<tr>
<td>iii. of children</td>
<td></td>
</tr>
<tr>
<td>(d) Promiscuity</td>
<td></td>
</tr>
<tr>
<td>i. of wife</td>
<td>G</td>
</tr>
<tr>
<td>ii. of husband</td>
<td></td>
</tr>
<tr>
<td>(e) Alcoholism</td>
<td></td>
</tr>
<tr>
<td>i. of wife</td>
<td>G</td>
</tr>
<tr>
<td>ii. of husband</td>
<td></td>
</tr>
<tr>
<td>(f) Socio-Economic</td>
<td></td>
</tr>
<tr>
<td>i. Employment</td>
<td>G</td>
</tr>
<tr>
<td>i. of wife</td>
<td>G</td>
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<tr>
<td>ii. of husband</td>
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<tr>
<td>2. Income</td>
<td>G</td>
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<tr>
<td>3. Management of Income</td>
<td></td>
</tr>
<tr>
<td>i. by wife</td>
<td>G,I</td>
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<tr>
<td>ii. by husband</td>
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<td>4. Social Status</td>
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</tr>
<tr>
<td>i. of wife</td>
<td>F,G</td>
</tr>
<tr>
<td>ii. of husband</td>
<td></td>
</tr>
<tr>
<td>5. Social Behaviour</td>
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<td>i. of wife</td>
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<tr>
<td>ii. of husband</td>
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</tr>
<tr>
<td>6. Housing</td>
<td>G</td>
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<tr>
<td>7. Cultural Differences</td>
<td></td>
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<tr>
<td>8. Religious Differences</td>
<td></td>
</tr>
</tbody>
</table>

Average number of problems 6 per case 3.6 per case
Schedule 3. Patterns of Problems Presented by Clients, in Intake Interview

Group III. (cases K,L,M,N,0)

<table>
<thead>
<tr>
<th>Problem Units</th>
<th>Seen and Presented By:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Husband</td>
</tr>
<tr>
<td>(a) Emotional</td>
<td></td>
</tr>
<tr>
<td>1. Marital Relationship</td>
<td></td>
</tr>
<tr>
<td>i. Wife's attitude to husband</td>
<td>L,M,N</td>
</tr>
<tr>
<td>ii. husband's attitude to wife</td>
<td>K,O</td>
</tr>
<tr>
<td>iii. wife's sexual performance</td>
<td>L,N</td>
</tr>
<tr>
<td>iv. husband's sexual performance</td>
<td></td>
</tr>
<tr>
<td>2. Emotional Health</td>
<td></td>
</tr>
<tr>
<td>i. wife's emotional health</td>
<td>O</td>
</tr>
<tr>
<td>ii. husband's emotional health</td>
<td>K,N</td>
</tr>
<tr>
<td>3. Parental Relationships</td>
<td></td>
</tr>
<tr>
<td>i. wife to children</td>
<td>M,O</td>
</tr>
<tr>
<td>ii. husband to children</td>
<td></td>
</tr>
<tr>
<td>4. Interference from Relatives</td>
<td></td>
</tr>
<tr>
<td>i. wife's family</td>
<td>N</td>
</tr>
<tr>
<td>ii. husband's family</td>
<td></td>
</tr>
<tr>
<td>(b) Intelligence</td>
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<tr>
<td>1. Intellectual Retardation</td>
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<td>i. of wife</td>
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<tr>
<td>ii. of husband</td>
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<tr>
<td>iii. of children</td>
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<tr>
<td>(c) Physical Health</td>
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<td>1. Physical Health</td>
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<td>i. of wife</td>
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<td>ii. of husband</td>
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<tr>
<td>iii. of children</td>
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<tr>
<td>(d) Promiscuity</td>
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<tr>
<td>i. of wife</td>
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<tr>
<td>ii. of husband</td>
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<tr>
<td>(e) Alcoholism</td>
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<tr>
<td>i. of wife</td>
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<tr>
<td>ii. of husband</td>
<td></td>
</tr>
<tr>
<td>(f) Socio-Economic</td>
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</tr>
<tr>
<td>1. Employment</td>
<td></td>
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<tr>
<td>i. of wife</td>
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<td>ii. of husband</td>
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<tr>
<td>2. Income</td>
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<tr>
<td>3. Management of Income</td>
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<tr>
<td>i. by wife</td>
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<td>ii. by husband</td>
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<td>4. Social Status</td>
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<td>i. of wife</td>
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<tr>
<td>ii. of husband</td>
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<tr>
<td>5. Social Behaviour</td>
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<td>i. of wife</td>
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<td>ii. of husband</td>
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<td>6. Housing</td>
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<td>N</td>
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<td>7. Cultural Differences</td>
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<td>8. Religious Differences</td>
<td></td>
</tr>
<tr>
<td></td>
<td>K</td>
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</table>

Average number of problems 4 per case 5.6 per case
Table 1. Total Number and Classification of Problems Referred to by Clients, in Intake Interviews

(Comparison of Groups I-III)

<table>
<thead>
<tr>
<th>Problem area</th>
<th>Group I</th>
<th>Group II</th>
<th>Group III</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>A</td>
<td></td>
<td></td>
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<tr>
<td>Emotional</td>
<td>10</td>
<td>23</td>
<td>19</td>
<td>12</td>
</tr>
<tr>
<td>B</td>
<td></td>
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<tr>
<td>Physical health</td>
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<td>2</td>
<td>-</td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promiscuity</td>
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<td>3</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcoholism</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Socio Economic</td>
<td>9</td>
<td>7</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>19</td>
<td>36</td>
<td>30</td>
<td>18</td>
</tr>
</tbody>
</table>
health, promiscuity and alcoholism. The five wives saw a total of eighteen problems and located these exclusively in the two areas, emotional and socio-economic. Three of the five husbands were able to perceive their own involvement, two saw the responsibility as totally their wife's. Two of the wives saw their own involvement, three believed the problems to be totally due to their husband.

In Group III, that is, those cases in which the treatment was focused dually on both husband and wife, there is less disparity between the number of problems presented by the husband and by the wife. The five husbands perceived twenty problems, the wives perceived twenty-eight. Again the husbands located these problems in the emotional and socio-economic areas; the wives, in addition, considered problems in health, promiscuous behaviour and alcoholism, to be present. In this group, two husbands and two wives were unable to admit of their own responsibility, in the intake interview.

In none of these cases was the factor of intelligence seen as a problem by either spouse. Considering all three groups together, forty-six problems were noted in the area of the marital relationship. Of these, thirty-two pertained to the spouses' attitude to each other, and fourteen related to the sexual performance. In thirteen incidents, concern about emotional health of self or partner was verbalized. In twenty incidents, problems were seen in the relationship between parent and child.
Since in Groups I and II, treatment was planned and carried out primarily with the partner who perceived most of the problems, it is indicated that the partner most interested in service is the one who has most anxiety about the marital situation.

The Masculine Role

In social casework literature, as well as in sociological and psychiatric writing, there is increasing evidence of a trend toward more focus on the role of the father in the family psychological unit. Dr. Irene Josselyn points out that new theories of psychological development of children have stressed the mother's importance. "The father is too often considered of secondary importance, and he is in danger of becoming the 'forgotten man' . . . he is encouraged to be the child's playmate, not his parent . . . he must not be feared." 1

Dr. Spurgeon O. English comments that the father, traditionally, has been regarded as the breadwinner of the family, and, despite recent cultural changes in the roles of father and mother, "the facts seem to show that modern fathers do not really understand their role much better than their predecessors did." 2 Dr. English points out, further, that the


father's role in the family now seems to be pointed toward a more co-operative, socially integrated pattern. Because of this, he says, it is hard to formulate; "we still lack the proper terms to define our acceptance of what seems to be his more passive flexible role." Dr. English suggests the following as variants of the father's role:

1. Companion and inspiration for the mother;
2. Awakener of the emotional potential of his child;
3. Beloved friend and teacher to his child;
4. Ego ideal for masculine love, ethics, and morality;
5. Model for social and vocational behaviour;
6. Stabilizing influence for the solution of the oedipus complex;
7. Protector, mentor, and hero for grade school child;
8. Counselor and friend for the adolescent.²

Thus the ideal role of the father in modern Western culture should be far more than that of providing the family with its physical necessities. When a couple in marital conflict seek help with their problem, the caseworker must assess the dynamics of the relationship between them. He is concerned with the division of roles between husband and wife, the extent to which they complement each other, and the extent to which they conflict. When the husband fails to fulfill the emotional facets of his role, in regard to his wife and children, the wife's performance may be severely affected. The reverse of this is also true. The wife's normal emotional dependence on her husband is underlined by Dr. English as

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² Ibid., p. 329.
follows:

Since the pattern of society is heterosexual, a woman, if she is normal, can accomplish a more complete emotional fulfillment and wholesome personality growth through the father of her child than from any other source. A woman is so dependent upon "psychological sets" in her personality that even if persons other than her husband could fulfill as much as ninety percent of her needs, she would reject them as inappropriate sources.¹

All of the men who were seen, in the fifteen cases studied, were experiencing difficulties in their social adjustment as functioning, adult married males. That is, they were experiencing difficulty in the assumption of the masculine role of husband and father. In some cases, it was apparent that the wife's confusion over her feminine role increased the husband's confusion over his masculine role. Men who were not strongly masculine could be pushed further away from good standards of masculine performance, by aggressive, unfeminine wives. On the other hand, some of these men had so much ambivalence about the assumption of the masculine role that they had poor potential for marriage with any woman.

Such a complex concept as the masculine role needs explanation and exploration. For the purposes of this study, after consideration of case material and source articles on the subject, it was decided to indicate five areas in which the male partner is expected to perform. These are:

1. His performance as an emotional partner to his wife.
2. His performance as a sexual partner to his wife.
3. His performance as economic provider for the family.
4. His performance as a father to his children.
5. His performance as a cultural and social standard setter.

Ratings of "poor," "limited," and "good" were described in regard to each criterion.

The details are drawn together in Schedule No. 4, titled "Some Suggested Criteria for Evaluation of Performance in the Masculine Role."

In Group I, that is, the five men who could not be involved successfully in casework treatment, the most typical score was "poor" in the areas of emotional and sexual partner to wife and father to the children. This score indicates a very low performance in all relationships to the other members of the family group. In spite of this indication of their inadequacy from an emotional standpoint, the score indicates limited ability to perform as economic providers and to conform to the cultural mores.

This score is the same as that which can be considered most typical for Group III. These were the five men who participated actively with their wives in casework treatment. Although this group also was uniformly poor in all areas of emotional relationships within the family group, the records indicate that they had insight into this and were
## Schedule 4. Some Suggested Criteria for Evaluation of Performance in the Masculine Role

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Rated as:</th>
<th>Poor</th>
<th>Limited</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. As emotional partner for his wife.</td>
<td>Either overly passive; overly domineering or shallow and superficial. Without ability to perceive needs of wife; demands, without giving; narcissistic. Cannot share wife with children.</td>
<td>Can perform well when own needs are being met, but has a low threshold of frustration. Easily threatened. Has trouble sharing wife with children. Not much ability to perceive wife's needs and no ability to put them before his own.</td>
<td>Gives wife security and freedom from anxiety; shows an interest in her activities, her creativity, her work, and her needs, both emotional and physical. Has selected a wife with good feminine identification and accepts her more dependent role.</td>
<td></td>
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<tr>
<td>3. As economic provider for the family.</td>
<td>Does not meet the basic economic requirements of the family.</td>
<td>Meets the basic economic requirements of the family.</td>
<td>Provides well for the family's economic needs beyond the subsistence level.</td>
<td></td>
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<tr>
<td>4. As a father.</td>
<td>Severe rejection; shallow; superficial, overly strict or unable to impose limits. Competition with children in relation to wife.</td>
<td>Some warmth and concern for children but cannot put their needs before his own, much of the time. Faulty understanding of their needs because of own emotional difficulties. Inconsistent in the quality and degree of relationship to them. Some competition with wife over children.</td>
<td>Offers a warm consistent relationship. Understands their needs and strives to meet them. Can place their needs before his own. Provides a good pattern of masculine behaviour.</td>
<td></td>
</tr>
<tr>
<td>5. As a cultural and social standard setter.</td>
<td>Clash with social and cultural standards; anti-social acting out of unsatisfied needs.</td>
<td>Conformation to social and cultural standards out of fear and guilt. Excessive anxiety and concern over conformation. Little flexibility.</td>
<td>Obtains pleasure in meeting integrated, realistic social and cultural standards. Does not have to force them rigidly on others; can respect differences.</td>
<td></td>
</tr>
</tbody>
</table>
Table 2. Rating of the Fifteen Men in Regard to Their Performance in the Masculine Role
(Based on Schedule 4)

<table>
<thead>
<tr>
<th>CASES</th>
<th>AREAS</th>
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<tbody>
<tr>
<td></td>
<td>Emotional Partner</td>
<td>Sexual Partner</td>
<td>Rel. to children</td>
<td>Father to children</td>
<td>Economic Provider</td>
</tr>
<tr>
<td>Group I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Able</td>
<td>poor</td>
<td>poor</td>
<td>good</td>
<td>limited</td>
<td>limited</td>
</tr>
<tr>
<td>Brown</td>
<td>poor</td>
<td>poor</td>
<td>poor</td>
<td>limited</td>
<td>poor</td>
</tr>
<tr>
<td>Crocker</td>
<td>limited</td>
<td>good</td>
<td>poor</td>
<td>limited</td>
<td>poor</td>
</tr>
<tr>
<td>Daniel</td>
<td>poor</td>
<td>poor</td>
<td>poor</td>
<td>limited</td>
<td>limited</td>
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<tr>
<td>Evans</td>
<td>limited</td>
<td>limited</td>
<td>limited</td>
<td>limited</td>
<td>limited</td>
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<tr>
<td>Most typical</td>
<td>poor</td>
<td>poor</td>
<td>poor</td>
<td>limited</td>
<td>limited</td>
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<tr>
<td>Group II</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Fell</td>
<td>limited</td>
<td>limited</td>
<td>good</td>
<td>good</td>
<td>limited</td>
</tr>
<tr>
<td>Grenfell</td>
<td>poor</td>
<td>limited</td>
<td>limited</td>
<td>limited</td>
<td>limited</td>
</tr>
<tr>
<td>Hall</td>
<td>limited</td>
<td>poor</td>
<td>good</td>
<td>good</td>
<td>limited</td>
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<tr>
<td>Inman</td>
<td>limited</td>
<td>poor</td>
<td>poor</td>
<td>good</td>
<td>limited</td>
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<tr>
<td>Jackson</td>
<td>poor</td>
<td>poor</td>
<td>poor</td>
<td>good</td>
<td>limited</td>
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<tr>
<td>Most typical</td>
<td>limited</td>
<td>poor</td>
<td>variable</td>
<td>good</td>
<td>limited</td>
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<tr>
<td>Group III</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>King</td>
<td>poor</td>
<td>good</td>
<td>limited</td>
<td>limited</td>
<td>limited</td>
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<tr>
<td>Long</td>
<td>poor</td>
<td>poor</td>
<td>poor</td>
<td>limited</td>
<td>limited</td>
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<tr>
<td>Manville</td>
<td>limited</td>
<td>limited</td>
<td>poor</td>
<td>limited</td>
<td>limited</td>
</tr>
<tr>
<td>Nelson</td>
<td>poor</td>
<td>poor</td>
<td>poor</td>
<td>limited</td>
<td>poor</td>
</tr>
<tr>
<td>Ogden</td>
<td>poor</td>
<td>poor</td>
<td>good</td>
<td>good</td>
<td>good</td>
</tr>
<tr>
<td>Most typical</td>
<td>poor</td>
<td>poor</td>
<td>poor</td>
<td>limited</td>
<td>limited</td>
</tr>
</tbody>
</table>
interested in trying to change. In this respect they differed from the men in Group I. Again, they had at least limited ability to provide for the financial needs of the family and to avoid a clash with cultural and social standards.

Group II, has a more variable typical score. These five men were the main focus of casework treatment. The interviews with the wives were collateral. These men, as a group, showed more ability to relate. As emotional partners to their wives they rated limited; sexual partner, poor; relationship to children varied from poor to good. As a group these men also performed better as economic providers, scoring "good." As in the two other groups, they were scored "limited" in regard to their ability to conform to social and cultural standards. As a whole, these fifteen cases demonstrated that these men were failing to fulfill their psychological role in the family group, although they did perform as adequate "breadwinners." Their performances from an extra-familial view would, in fact, appear fairly adequate. They worked steadily and conformed to most cultural expectations of how a husband and father should behave. But in the intimate, emotional sense, they were, in most instances, failing their wives and their children. The difficulties presented by these areas is commented upon by Dr. Victor Eisenstein, as follows:

The complexity of our society makes our marital roles much more complex than those in any other society . . . husband must be competent not only as a breadwinner, but also as pater familias, even though most of his waking hours are spent far away from the
home on matters not even remotely connected with home and family, and even though he could not, as a child, learn his future roles by observing the activities of adult males.¹

Several case illustrations will show the material on which the ratings were based.

Mr. Jackson was fifty-three years old and had been married for twenty-five years when he came to the Family Service Agency asking for help with his marital situation.

There was evident, from Mr. Jackson's description, already an emotional divorce between him and his wife. He described his wife as being hostile and resentful toward him and described himself as being fed up and exhausted by her criticisms and demands.

He felt that the difficulty stemmed from his "nervous breakdown" which occurred after the last war and said that his wife appeared angry at him for being ill. Around this time his wife became ill herself, with arthritis. Mr. Jackson said "her illness has worn me out."

He felt that he and his wife had nothing in common, and no concern for each other. He was considering a separation, feeling that they both would be better off, alone.

Sexual relations had ceased between Mr. and Mrs. Jackson several years before.

There were four children of the marriage. Three were married and living out of the home; Mr. Jackson made no further

mention of them. He saw his wife, and youngest daughter, who lived at home, as being allied against him. He said his wife "had taken his daughter away from him." She ignored his presence, responded to none of his overtures and looked to her mother for everything.

As an economic provider Mr. Jackson was at his best. He had been employed as an insurance salesman for a number of years with the same firm. He derived a feeling of competence and achievement in his work, and earned enough to provide adequately for the family.

As a cultural and social standard setter, Mr. Jackson presented an outwardly adequate picture. However, his conformation was largely dictated by fear and he did so only at great cost to himself. He was very much concerned with what people thought of him and thus saw everyone as a potential enemy. He was afraid that he laid himself open to ridicule if he deviated in any way, from his conception of society's standards of male behaviour.

Mr. Crocker shows more ability in the emotional areas, but less in the other two of economic provider, and conformation to social standards.

He was forty-four years old and had been married for thirteen years when he and his wife came to the Family Service Agency. This was Mr. Crocker's second marriage. He had deserted his first wife and his children by her and refused to contribute anything to their support. He had lived common-law
with his second wife for a number of months, before this marriage. There were four children of the second marriage, and it was the problems of the second son that had caused Mr. and Mrs. Crocker to seek help with the marriage situation. They had been advised that conflict between them probably lay at the root of the boy's disturbed behaviour.

Although Mr. Crocker had a good income from his own business, he was unrealistic about contracts, commitments, and payments and the family's financial situation wavered between feast and famine.

He was extremely dependent on his wife and said that "he never got upset unless she did." However, he used her for a target for what seemed to be a considerable reservoir of hostility and heaped verbal abuse on her with very little provocation. He felt that his wife was over-concerned and over-protective of the children and continually expressed the feeling that he had to compete with the children for her attention and love.

In spite of their many conflicts, both Mr. and Mrs. Crocker felt that their sexual adjustment was mutually satisfying.

He paid little attention to the children, but felt, when they ignored him, that it was his wife's fault for "not teaching them respect." When manipulated, by the mother, into the position of sharing some activity with the children, particularly the boys, he would evade the commitment, if
possible, at the last minute, by being "too busy" or by
"forgetting" to appear. If the children indicated, in any way,
their disappointment and hostility, he responded with outraged
indignation.

Mr. Crocker followed no religious beliefs of his own,
and, when enraged, ridiculed the religion of his wife and
children. He was not reliable in his business dealings, drank
heavily, and had been involved promiscuously with other women.

Mr. Ogden was forty-two years old and had been
married 10 years when he came to the agency in 1956, for help
with the marital relationship.

He had been separated from his wife for a number of
months but was considering reconciliation "for the children's
sake."

Mr. Ogden said that his wife bored him and had done
so, after the first month or so of the marriage. He had "known
it was a mistake from the beginning." He said that nothing she
said or did interested him, and, on the other hand, many of the
aspects of her behaviour irritated him beyond all bearing. He
felt that he had tried everything he knew to "make her over"
and had failed. He felt that she was a dependent, rather
stupid child rather than a woman. He admitted, however, that
he was "too hard on other people" and was willing to consider
that he might improve the relationship to his wife.

Sexual relationships in the main had ceased. Mr.
Ogden said that relations with his wife were repugnant to him.
He had anxiety about his male sexuality and from time to time experimented with other women. This usually terminated his relationship to them. He rationalized this on moral grounds. There had been isolated incidents also, in which Mr. and Mrs. Ogden attempted to resume sexual relationships with each other. This was a conscious effort in which they were both uncomfortable and both had to be fortified with considerable alcohol before they could embark on the undertaking, which was mutually unsatisfying. Mr. Ogden continued to project responsibility for his sexual failure on his wife, and reproached her for being unable to stimulate or satisfy him. He warned her that he would have to find himself a woman who could be a "real wife" to him, since she could not.

Mr. Ogden had a great deal of concern for his children. This seemed to be the only area in which he could express warmth for others. While, to a certain extent, he tended to use his children as vehicles for his own ambition and pride, he kept this within normal bounds. He understood the children as individuals and accepted their differences from each other and from him. He created opportunities to share activities with them and derived real pleasure from their company. He failed them when his internal pressures were too great for him to tolerate the home situation, and he would absent himself from the home. He had no insight into the effect on them of his periodic "holidays," which were tantamount to emotional desertion, nor the impact on them of
the poor relationship between him and his wife. He felt that his wife was very limited as a mother and saw himself as taking over both roles in regard to the children; having to give extra because she could give so little. In spite of these negatives, he offered them a warm, consistent relationship, with realistic limits based on individual understanding.

Mr. Ogden was a very successful businessman. He had inherited a firm from his father, and had taken over at the time when the business was failing. In the span of a few years, he had made the business into a very profitable one. He derived great satisfaction from his achievement in this area. Beside the economic success, he saw his work as an outlet for his abilities in organization and leadership; took pride in the quality of his products, and the fact that he understood his men and was considered by them to be "a good man to work for." It was evident that Mr. Ogden used his work as an outlet for his aggressive drives, very constructively.

Mr. Ogden was a "traditionalist" and derived pleasure in social customs and institutions that had been a part of his boyhood. These positive pleasures he wished to preserve for his children. He said that he wished his children to be "exposed" to them and then to choose for themselves. His behaviour was socially conforming to his own group, and he had no anxiety about his performance. He and his wife had similar social standards.
The Learning of the Masculine Role

The masculine role in Canadian culture, allows for a wide variety of functioning within the range of "normal" behaviour. In the main, a man learns his masculine role from his father. The extent to which he has identified with his father, and the patterns of behaviour that father has set for him, may largely determine his patterns of adult functioning. In some cases where problems appear, identification is weak. In others, identification had been achieved, but to a pattern of masculine behaviour that was weak or pathological. In the males observed in this study, most cases revealed pathology in this area of identification with the father. Several examples have been chosen to illustrate this background material, which seems relevant to the existing marital difficulties.

Mr. Brown was one of that group of men who could not effectively be involved in casework treatment.

He was fifty-one years old when the case was opened by the Family Service Agency in 1956. The wife came first to the agency because, she said, she could no longer tolerate what the marital relationship was doing to the children. She described problems around husband's behaviour that indicated mental illness in the husband and said that he had behaved like this since the beginning of the marriage. The Brown's had been married for twelve years and had lived common-law for eight years prior to this. The union had been precipitated by Mrs. Brown's illegitimate pregnancy.
Mr. Brown, who clearly could not be treated by casework methods because of his deep-rooted problems (he was later diagnosed as paranoidal and committed for psychiatric treatment), had experienced very damaging relationships in his early years with his father and mother. His father was Polish and his mother Italian. They fought bitterly and constantly. His father was an alcoholic and behaved brutally with the wife and the children, particularly Mr. Brown who was the only son. There were several girls. The mother was over-protective and permissive with Mr. Brown. In marriage Mr. Brown had chosen a woman who would submit masochistically to him after the fashion of his own mother, and allow him to act out the role played by his father. The phenomena of "identification with the aggressor" is apparent here. However, when his wife, strengthened by the supportive relationship with the caseworker, moved against him and put limits on his behaviour, he said "I always knew you would do this some day."

It was apparent, from the facility with which he reversed his relationship to her, that he was ready to play the role of the victim; that is the role played by his mother. He was, in fact, confused and ambivalent about his identifications with mother and father.

Mr. Evans' pattern of behaviour also indicated the effect of traumatic early experiences in relation to his father. His parents were Ukranian and Mr. Evans was one of a family of ten children. He says that his father was
alcoholic and exploited the whole family. He was physically abusive to the mother and to the children. Mother was a hard-working, submissive woman who tried to keep the family together, but was unable to protect herself or the children from father's rages. She attempted to persuade the children to submit to father passively in order to buy peace at any price. Mr. Evans says he learned early to stay out of father's way, after he had been beaten a few times. He tried to help mother in any way that he could. He witnessed however, many scenes between his father and the other sons, who were not as ready to submit. When Mr. Evans was fifteen years old, he witnessed a scene between the oldest son and the father in which the oldest son knocked the father into a metal bedpost, putting out his eye. Mr. Evans describes the scene vividly, with still-apparent horror. Immediately after this he left home. He changed his name to avoid any association with the father, who, he said, had caused him to be rejected by everyone in the community. Although he feels that he has "made good," he also feels that everyone would reject him "if they knew" (of his background) and constantly feels that he must maintain a facade. He feels socially inferior to his wife, who is an aggressive woman, and constantly criticizes her performance as homemaker and mother, in comparison to his own mother. He tends to try and take over from her in regard to running the home and in regard to the children. He seems to feel that he could
fulfill the mother role better than she can. He feels constantly abused and misunderstood by his wife, whom he sees as harsh and rejecting of him, and has a great deal of anxiety about what he feels is her sexual rejection. He says that after what he had to live through in his boyhood, he should not have to live through again with his wife, but here it was happening again. He cried easily when describing his situation, but felt ineffectual about changing it, saying that there was nothing he could do; it was up to his wife. Mr. Evans seems to have attempted to assume, in many ways the patterns of his mother, rather than his father, and has recreated in his marriage a situation in which he again feels exploited.

These two cases demonstrate the traumatic effect on a male child who is raised in a family group where the father is aggressive and the mother is passively enduring. Difficulty in masculine identification can ensue, also, however, when the reverse is the case. A recent study conducted at the Menninger Clinic illustrates the problem presented to a boy in resolving the oedipal conflict and achieving masculine identification when the father is passive and the mother is aggressive. The following comment is made:

A passive father and an aggressive mother create the setting in which the child's unconscious methods of resolving his instinctual needs bring him to neurotic grief. It is not surprising that there appears to be a correlation between extreme passivity of the father
and the degree of castration anxiety, femininity and passivity in the boy.¹

The following two cases illustrate such family situations.

Mr. Fell's relationships with his father and mother indicated considerable pathology. He describes a marital balance between his parents in which the mother assumed the aggressive, masculine role. She wore men's clothes and spent most of her time out with the men working about the farm. The father was an unhappy, moody person who frequently threatened suicide. He had carried out this threat, successfully, about five years before, and Mr. Fell expressed his feeling that this had been due to the way that his mother had treated his father. Mr. Fell speaks warmly of his father and says he is very like him in many ways, he shares the same interests and gave as an example the fact that they both liked to cook, which was one job mother did not like to do, and left to father. His description of his mother's behaviour indicates strong obsessive compulsive elements. He spent most of his time with father and used to like to help him. There was a flash of hostility when he said that he used to resent the fact that father would never let him start a job on his own. He also said that actually he felt father had done more for sister than he had for him. But, in the main, any hostility that Mr. Fell has for his father is well

suppressed, and his identification with father seems pretty
definite.

Mr. King was the youngest of eleven children in a family of German racial origin. When he was born, his father was sixty-three years of age and the mother was forty-two years of age. He felt that his mother was the strong one of the two and much of the responsibility fell to her in maintaining the family. He said that he thought it had been different when his father was successful financially, but after he lost his money and business during the inflation in Germany, after the first World War, he had deteriorated. He says that his parents could not get along and he recalls quarrelling, fighting and many threats of divorce. His mother told him that it had been different before they had been married, when they lived together happily. (His parents had lived together in common-law union and had four children prior to the marriage. Mr. King's father had been married previously.) The mother seems to have been very possessive of this youngest child.

Mr. King describes his father as a very quiet man, who withdrew into his world of obscure inventions. He says that he never saw his father happy or unhappy. He feels that he looks like father and is like father.
Marital Interrelationships and the Problem of Excessive Dependency

In addition to the assessment of the male's performance in his role, the caseworker must consider carefully the basis of relationship between him and his wife, determine what the balance has been in the past, and the best equilibrium which can be attained between these two people, considering their individual strengths and weaknesses.

Thus, while the caseworker seeks to understand the extent of individual pathology in the treatment of marital conflict cases, the individual adjustment must be visualized within the context of the marital relationship, and treatment goals appropriately geared to this conception. Ackerman points out:

A relationship represents more than the sum of the personalities that make it up. A marital relationship, like a chemical compound, has unique properties of its own over and above the characteristics of the elements that merge to form the compound. A new level of organization creates new qualities. A marriage relationship is therefore an entity new and different, but again like a chemical compound, its properties while unique, preserve a specific dynamic relation to the elements that have joined in its creation.1

Florence Hollis points out that:

A mature marriage adjustment requires that he must have freed himself of strong childish parental attachments, that his specific sexual drives be directed toward the opposite sex, and that he be able truly to perceive and care about the feelings and needs of his partner.2

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1 Ackerman, op. cit., p. 140.

Many people who marry do not meet these requirements, and their marriage cannot be said to be "mature."

Many attempts have been made to define a mature marriage relationship. Ackerman's is perhaps the most comprehensive:

Presumably such a relationship would be characterized by a relatively clear awareness of goals, positive in emphasis rather than defensive; these goals reasonably shared by both partners would be relatively realistic, stable and flexible. There would be a modicum of compatibility in the main social, sexual, economic and parental areas. Conflict would not be excessive, would be under control, and would have mainly a realistic, rather than an irrational content. There would be empathic tolerance of differences based on mutual understanding and equality; also tolerance of any residual immaturities of need which may be present in either partner. There would be reasonable sharing of pleasure, responsibility and authority. There would be reasonable fulfillment of goals both for the relationship and for the further development of each partner as an individual. Each would be as much concerned for the welfare and development of the partner as for the self. Where differences exist, the mutual, unreserved acceptance of each partner by the other would make of these differences a stimulus for growth, both for the relationship and for each partner as an individual, rather than a basis for conflict or isolation. Actually performance in marriage would reasonably approximate goals. There would be a relatively high complementarity on a positive basis as husband and wife and as father and mother. There would be no significant trend toward isolation, disintegration or regression.1

Obviously such an idealized concept of the marriage relationship is rarely encountered, and certainly does not exist between husbands and wives who must seek outside help to resolve their difficulties. All too often, people seek to collect old debts from the marriage partner by seeking to gratify residual childish needs unmet by the parents. The

1 Ackerman, op. cit., p. 147.
marriage relationship can become the vehicle for old hostilities, old dependencies, and old ambitions.

Among all the cases studied, disturbed patterns of interrelationships between the partners were discernible. These patterns, based, in part, on those defined by Mittlmann, are as follows:

1) and 2) One partner aggressive, dominant; the other chiefly dependent, submissive and enduring.

The aggressive partner is out to humiliate and hurt his partner, thus relieving his own anxiety aroused by the relationship. The dependent role may be played by either husband or wife. Both roles are charged with conflicting trends, leading to outward disturbances.

3) One withdrawn mate, one demanding mate.

An attempt at feeling self-sufficient through emotional detachment on the part of one partner, with an intense open demand for love on the part of the other. When the demands of the dependent mate arouse the other's fears, he becomes even more detached. This represents rejection to the dependent mate. Both partners blame each other for their difficulties.

4) Both mates struggling for control.

Mutual attempt at domination, coupled with violent defense. Both partners are critical of each other, feel constantly

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insulted and humiliated and set out to humiliate each other in turn. They are both in need of affection. Their intense longing for dependence is either unconscious, resulting only in greater sensitiveness, or it is not recognized in its full intensity and is presented as a genuine desire for affection. Each wants to win a complete victory over the other at any cost, and because of strong dependency needs each is alarmed at the prospect of losing the other.

5) Both mates excessively dependent.

Mutual attempt to assume the dependent role, and to be cared for by the other partner, with no demands on self. Demands made on the partner are unrealistic; there is ensuing hostility when dependency needs are not gratified by partner.

While all of these patterns were discernible in the cases under study, and each fell far short of the concept of a mature marriage relationship between the partners, as described by Ackerman; it was also clear that this distortion of the marriage relationship had provided hope of gratification for both partners, to a certain extent.

Mittlmann points out that in all patterns, satisfactions may come by both mates finding security, satisfaction and increased self-esteem through a mutually over-idealistic approach to life; and, being helplessly dependent, each considers the other a haven of refuge, and by helping the other, helps himself.

1 Mittlmann, Neurotic Interaction in Marriage, p. 85.
Schedule 5. **Patterns of Marital Interrelationships**

<table>
<thead>
<tr>
<th>Pattern</th>
<th>Group I</th>
<th>Group II</th>
<th>Group III</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Submissive husband; dominant wife</td>
<td>A, E</td>
<td>G, I</td>
<td>L</td>
</tr>
<tr>
<td>2. Submissive wife; dominant husband.</td>
<td>B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. One withdrawn mate, one demanding mate.</td>
<td></td>
<td></td>
<td>O</td>
</tr>
<tr>
<td>4. Both mates struggling for control.</td>
<td>H</td>
<td>K</td>
<td></td>
</tr>
<tr>
<td>5. Both mates excessively dependent.</td>
<td>C, D</td>
<td>F, J</td>
<td>M, N</td>
</tr>
</tbody>
</table>
It can readily be seen that the husband's excessive dependency is a factor in the disturbed interrelationships between husband and wife, in the majority of the cases. This is true in eleven cases out of the total of fifteen. Four of these occur in Group I, four occur in Group II and three in Group III. There would not, therefore, appear to be any basis for the hypothesis that treatment focus in regard to the males is contingent on the role that he assumes in regard to his wife.

Common to all of these five patterns, is the inappropriate use of defense methods against anxiety. They may be termed inappropriate because of the rigidity of the defense system. Saperstein points out that the mature person is able to use, with equal facility, and appropriately, three patterns of defense mechanisms, namely: fear and withdrawal, self assertion or hostility, and dependency. He comments, "If the organism constantly misuses its defenses, it remains in an almost continuous state of maladaptation and thereby perpetuates the anxiety state, if it survives at all."  

A person thus limited in his adaptive powers will obviously experience difficulties, not only in the intimate relationship of marriage, but in all his other relationships. If the caseworker can help him to see his present situation in perspective, the client may be on the way to the solution of his difficulties. "Thus the diagnosis shifts from the marriage

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to the individual. The problems in the marriage cease to exist as a disease entity. Instead, in the eyes of the caseworker and client, these problems become another manifestation of the client's total approach to human relationships.¹

Examples chosen at random:

The Able case illustrates the pattern of the submissive husband and dominant wife. Mr. and Mrs. Able had been married for four years and had one son, two and a half years old, when they came to the agency for help with their marriage. Mr. Able could not effectively be involved in casework treatment and was seen by the caseworker only once.

All of the problems, as he saw them, came out of his wife's performance in her role, and he was unable to accept any of the responsibility himself. He appeared to be in revolt against his dependent role, and was trying to reverse his position and control his wife. He was doing this through threats of desertion and his involvement with another woman which was undermining his wife's already weak identification as a woman. Mrs. Able was very hostile to men and deprecated her husband, saying he "had never stood up to her before" and he "had been such a pansy in her eyes." Mr. Able felt that he had never gained any satisfactions in the marriage. He said of his wife "She takes all of the weight on her own shoulders and makes me feel less of a man."

Their "marriage had been 75% for her and 25% for him." Of

¹ Flesch, loc. cit.
himself Mr. Able said "He was lonely and she had never needed anyone because she was so strong," and "He didn't go into marriage to be a housewife."

In spite of Mr. Able's protestations that he was through with the marriage and had only come in to see the caseworker to convince his wife, or to have her convinced, that she should give him a divorce, at the close of the case Mr. and Mrs. Able were still living together. Mrs. Able was again pregnant. Mr. Able was drinking quite heavily, and had forced more compliance on his wife's part, so his gratifications had increased.

This sort of relationship, in which the submissive male cloaks his gratification of his dependency needs by protest, is not an unusual one. Florence Hollis points out:

...the neurotic may, like the infantile person, still be seeking to gratify his love needs through a dependent close association with his mother or a mother substitute, but his ego for one reason or another perceives this as dangerous and/or inappropriate and tries to prevent it. It is not however, strong enough completely to carry out this prohibition and release the energy for more appropriate gratification. Instead the individual hides his wish from himself but so arranges his life that his wish is partially carried out, as it were, of necessity and against his will. Such an arrangement always includes circumstances that cause him suffering which counterbalances his secret pleasure.¹

The pattern of the dominant husband, submissive wife amongst the fifteen cases studied was the Brown case. This case was an exceptional one, in that the husband was

¹ Hollis, op. cit., p. 16.
suspected and later diagnosed as a psychotic, suffering from paranoia. The Brown's had been living together for twenty years when the case was opened in 1956. They had lived in a common law union for the first eight of these twenty years. The common-law union had been precipitated by Mrs. Brown's illegitimate pregnancy. Mrs. Brown came to the agency, she said for help with the situation, as she could no longer tolerate what this was doing to the children. She described these twenty years as brutal domination on the part of the husband but said that "left to herself she would never dream of separating from her husband." Mr. Brown came twice to see the caseworker. He saw the problems as being his wife's attitude towards him, her sexual rejection of him, and his wife's management of the money. The wife saw the problems as being her husband's attitude toward her and the children, his suspected ill health physically and mentally, his different temperament because of his different culture, his promiscuity, and her own "nervous troubles." Mr. Brown viewed every one with suspicion and insisted on dominating everyone she said. She described him as being harsh, tyrannical and demanding. Mr. Brown said that it was not possible for him to change himself and it was necessary for the caseworker "to change" his wife so that she would better meet his needs. He "had to have" the respect of his family and if he did not have this, he had nothing. He saw his headaches and his stomach upsets as being directly related to any attempt his family made to
deny him this dominant role.

Of such behaviour, Saperstein says:

The outstanding example of attempted self-sufficiency is seen in the paranoid syndrome. In this state, the individual denies any need for other human beings, sees them only as enemies who are challenging his own underlying grandiosity. He blames others for his difficulties, and becomes easily enraged and vindictive when he feels his supremacy challenged. He is frequently the 'savior' of the world, or he may take on other grandiose characterizations. This is the height of delusional self-sufficiency and denial of dependency.

The pattern of one withdrawn mate, one demanding mate is illustrated by the Ogden case. Mr. Ogden plainly used the defense method of withdrawal, to handle the anxiety engendered by the marital relationship. Although he had strong dependency needs and could verbalize these, he was not able to express these to his wife. When drunk he would say that "he had to find a woman to look after him," as his wife could not. He told the caseworker that he had "been way out on a limb" when his mother died, and would never place himself in the same position again. It would appear that Mr. Ogden wished to gratify his strong continuing dependency needs with a mother substitute, but since he was unable to allow himself this gratification which engendered so much anxiety, he withdrew emotionally from his wife. The unconscious incestual quality of sexual relationships with the mother substitute also resulted in intense anxiety and Mr. Ogden found such relationships repugnant to him. The wife was extremely

1 Saperstein, op. cit.
dependent, and became panic-stricken in the face of her husband's emotional desertion, expressing this in depression.

The Ogdens had been married for ten years when the case was opened by the Family Service Agency. They were separated at that time, and were contemplating a reconciliation. There had been several such separations and reconciliations in the past. Mrs. Ogden had been passive about these decisions. Mr. Ogden seems to have followed a pattern of withdrawing completely when the pressures grew too great for him and his returns seem dictated by insight into his desire not to "end up alone."

Both Mr. and Mrs. Ogden were able to see something of their own involvement in the problem, although both were critical of the way the other failed to meet their emotional needs.

The King case illustrates the situation where both partners are struggling for control. Mr. and Mrs. King had been married for four years when they came to the Family Service Agency for help. They had one child, a girl, age three years.

They had been talking about separating but felt that they wanted marriage counselling before making such a decision. Mrs. King said the problem was primarily the fact that Mr. King wanted to rule her. She was not willing to accept such domination. Mr. King felt that his wife, in turn, was trying to rule him by forcing her own strict social standards, upon him. He admitted that he was jealous of his
wife, that he had a strong temper and that he could not always control his behaviour. He felt that a contributing factor to his unhappiness was his lack of pleasure or achievement in his work.

It seemed obvious that Mr. King had a considerable struggle to repress his desire for dependency on a mother substitute, and Mrs. King's efforts to control him increased his anxiety. There was considerable confusion in this case, around Mr. and Mrs. King's conception of the respective roles of husband and wife. Mr. King who was very dependent on his mother, saw her as controlling his father and seemed to both fear and desire the same thing happening to him. Mrs. King on the other hand, had grown up in a family where the father was quite comfortable in assuming a dependent position with the mother, and saw this as an acceptable pattern. Mr. King was evidently defending himself from castration anxiety, by the pattern of self assertion or hostility, and Mrs. King was using the same weapons to maintain what she felt should be her position.

Miss Flesch points out the damaging effects of such a struggle around dependence.

Husbands need to feel that their wives can depend upon them. The husband's inner anxieties, when exacerbated by the wife's struggle against her feminine dependence, may undermine his confidence in his own adequacy. He may over-react against even normal dependence upon his wife and propel himself into continual over-work. As a result he becomes resentful of his wife's dependence. The couple's struggle robs them of emotional and sexual fulfillment in the marriage.¹

¹ Flesch, op. cit., p. 358.
There were six cases on which the pattern was that of both mates being excessively dependent. The Jackson case provides a good illustration. Mr. and Mrs. Jackson had been married for over twenty years, when Mr. Jackson came to the agency asking for help with the situation. He was wondering about whether he should separate from his wife. He saw the problems as her hostile attitude to him, and her success in alienating the six year old daughter from him. There were four other grown up children who had married and left the home.

He said that there had been no sexual intercourse between him and his wife for several years. He suspected that his wife was mentally ill because of the way she acted toward him, and said that "her arthritis had worn him out." Because of the unhappy situation at home, he felt that his health was suffering. The wife, who was not receptive to casework service, at first took the stand that there were no problems, but finally verbalized her hostility towards her husband, saying that she felt the problems were his attitude to her and to the children, and his management of the money. The history of the marriage revealed that a great deal of difficulty was generated at the time of Mr. Jackson's "nervous breakdown," which occurred after the last war. He described it as a complete collapse, and said that the main symptom was loss of memory. He was institutionalized for several months. He noted that his wife "had appeared angry with him for being ill." After Mr. Jackson had made his recovery, Mrs. Jackson
had become ill with arthritis.

There was no background information in regard to Mr. Jackson, but his way of relating to the caseworker gave every indication of strong dependency needs and his desire to lean on a mother substitute. Mrs. Jackson's background showed considerable emotional deprivation. She was, in addition, the only girl in a family of five boys, and had always resented the fact that she had had to work so hard, in comparison to her brothers. There was a great deal of hostility between the partners because of the inability of each to meet the exorbitant dependency needs of the other. Still, the fact that the marriage had survived for such a long period, and gave every indication that it would continue, in spite of Mr. Jackson's verbalized desire to separate, indicated that each in their helplessness considered the other a haven of refuge.

In all of these patterns of disturbed interrelationship in marriage, it is possible to say that the problem of dependency had never been adequately handled by the partners, either first, as individuals, or together, as husband and wife. While patterns such as the Able and Jackson cases show an overt expression of excessive dependency on the part of the husband; patterns such as the Brown, Ogden and King cases show what might be termed "the other side of the same coin." Saperstein comments: "Dependency becomes a self-defeating defense when used too much—that is, when an adequate organism
turns for help rather than use its own ample capacity—or too little, when the organism isolates itself unnecessarily from the support of other members of its species."

It is not surprising that all of these fifteen men showed either marked dependence or an over-reaction against dependence, in the marriage relationship. The strong possibility of an immature marriage relationship was indicated by the fact that their performances in the masculine role was limited in so many areas. Supposedly, such a man, who is having difficulty in his adult adjustment to the standards of male performance imposed by the culture, could not be considered mature. An immature person does not have the ability to make a mature choice in marriage, or to relate on a mature level in this intimate situation. Miss Hollis points out:

The person who is dependent in his love relationships often shows other sorts of dependence. Such people are not self-reliant. They find it hard to make major decisions and prefer to be told what to do. Often they continue to rely on parental standards of conduct and seek advice in a way that is distasteful to the average adult.

In most cases, the husbands were well aware of the fact that it was the quality of their relationship to their wife that was causing their discomfort, as this occurred with great frequency in the "Problems" schedule. It seems that

1 Saperstein, op. cit., pp. 26-27.
2 Hollis, op. cit., p. 23.
this aspect of their functioning was, by far, the most difficult for them. While it is possible for a mature man to make a mistake in his selection of a mate, the likelihood is, that he would quickly discover and correct this fact, by solving the difficulty with his wife, or extricating himself from the marriage. Contrary to this most of the men in this study gave every indication, not only of enduring, but clinging to the marriage, which purportedly gave them little satisfaction. Eidelberg discusses this phenomenon:

To most analysts the concept 'neurotic choice of mate' connotes a marital selection which in itself interferes with normal relationships or makes them so difficult that the displeasure exceeds the pleasure derived therefrom. A neurotic choice of mate may be the result of various unconscious defense mechanisms. Fixation or regression to one of the three stages of development generally lies at the core of the problem . . . . All three types of defense mechanisms can interfere with the choice of mate by making the person select someone who helps partly to gratify and partly to deny the presence of infantile wishes. In other words, whenever a neurotic choice is made the patient instead of choosing a person with whom he could be happy, has selected an object he needs in order to avoid recognizing what he is afraid of.

Since the relationship, immature and even neurotic, as it is, does offer protection, if nothing else, why do such couples often come to a social agency, supposedly on the verge of separation? The answer seems to lie in the fact that such a marital balance is precarious, and external forces can easily disrupt the balance so that the same degree of

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protection and gratification is no longer forthcoming. In some cases, the goal is to help the couples restore the old balance; in others, it is to help them create a new one. In addition, Saperstein points out:

Our most neurotic individuals are constantly searching for perfect relationships which they feel will solve all of their personal problems. They never succeed because no human relationships remain fixed, without a wall of artificiality to sustain it. Since the needs of people are in a state of constant flux, healthy interpersonal relationships are characterized by constant modification to meet whatever needs present themselves.1

The goal of the caseworker in marital counselling is often that of helping the individuals concerned to be more realistic about their expectations of what the marital relationship can give them, and to develop together this flexibility to deal with new problems.

In this study, eleven of the fifteen husbands, or 73 per cent showed excessive dependence on their wives. This is a somewhat higher per cent of excessive dependence than Hollis found in her study of women in marital conflict. She noted that in twenty cases out of the thirty-six studied, the women were excessively dependent. She adds, "Had we been able to study the husbands as well as the wives in our 100 couples, we suspect that we would have found this self-same pattern, and not infrequently found that both partners were dependent children each seeking an elusive security in the

1 Saperstein, op. cit., p. 92.
In none of these fifteen cases, did the economic factor occur alone, and on examination, economic difficulties present seemed to reflect the emotional weaknesses in either, or both, partners and the relationship between them. While it is true that financial difficulties exacerbated emotional difficulties in several of the cases, treatment could not effectively be directed towards the financial problem per se.

In regard to the factor of cultural differences, it is interesting to note that it occurred in one case only, and on closer examination proved to be unfounded in fact. In this case, the wife saw part of the problem as being her husband's "Spanish" temperament. As the case developed, it became apparent that this had been only part of the fantasy he had woven around himself, at the dictates of his mental illness. Hollis points out that, in the main, people do not marry beyond their own boundaries of cultural tolerance, unless basically they need to enter into a neurotic marital relationship.

Difficulties in the relationship between parent and child were frequently mentioned. Again these were not treated directly as they seemed to be a reflection of the conflict between the partners. However, these problems were sometimes the precipitating factor in bringing the couple to the agency, seeking to change their marital adjustment.

1 Hollis, op. cit., p. 206.
CHAPTER 3

ASSESSMENT OF TREATABILITY AND TREATMENT METHODS USED

The concept that treatment and diagnosis are simultaneous processes is constantly put forward by authoritative social work writers. There is no one point at which it can be said that the caseworker, having established a diagnosis, sets the treatment goals, selects the appropriate techniques and embarks, with the client, on the treatment program. Basic to all treatment techniques is the relationship between the client and worker, and this begins at the moment the client enters the caseworker's office for the first time.

It is true however, that after a period of several interviews, the caseworker should have material from which she can formulate a tentative statement of the difficulties for the client, inherent in the situation he is experiencing, and plan the direction and method of treatment. In arriving at this stage, the caseworker must form an assessment of the client's potential abilities to solve the problem situation; or his "treatability."

Treatability depends on two factors; the client's ability to use services; that is, his emotional health or ego strength, and his willingness to use services. These two factors are not necessarily present to the same degree. A
client with good ability to use the service, in terms of his ego strength, may not wish to do so. He may feel that the service is not appropriate for him; that the caseworker is already prejudiced in his wife's favour; or that the caseworker may pressure him to remain in a marriage that he no longer wants, or the reverse. Also, although he can perceive the problems in the situation, he may not be sufficiently motivated towards change, but may prefer to handle his discomfort in other ways.

What is Ego Strength?

In casework treatment, given the client's desire to change his adjustment to an external situation, the degree to which he is successful in accomplishing this is largely dependent upon the strength of those portions of the personality which are summed up as the ego. The caseworker is concerned with helping the client to handle his reality situation in a better way, and only the client's conscious awareness of this is utilized directly. While the caseworker must be aware of unconscious emotional conflict and its weakening effect on the ego strength, such material is not elicited nor worked with directly. However, awareness of this is necessary in order to keep casework treatment within safe limits and to enable the caseworker to formulate realistic treatment goals with the client. Berkowitz points out:

At the outset we search for ways of helping people acquire a degree of personal achievement or ego mastery in some important aspect of their lives which
will improve their social functioning. This kind of achievement by the client may be as varied as learning control of impulsive behaviour, making effective use of a social resource, or living more comfortable in a difficult situation . . . . It is true that our results may be accomplished entirely through a process of ego influence, with little or no reference to—or clarification of the past to the present, even though a substantial amount of information about the past may have been obtained for the purpose of diagnosis.¹

Dr. Franz Alexander points out that the ego becomes, after maturation, the dynamic core of behaviour. According to Freud, the ego's function is to carry out co-ordinated rational behaviour, designed to maintain the individual in a state of equilibrium with his environment. Alexander defines the tasks of the ego as follows:

1. Internal perception of instinctive needs,
2. external perception of existing conditions upon which the gratification of subjective needs depend,
3. the integrative faculty by which the ego co-ordinates instinctive urges with one another and with the requirements of the super-ego and adapts them to environmental conditions, and
4. the executive faculty by which it controls voluntary behaviour.

Through the latter, Alexander concludes, the ego can implement the results of its integrative function, which consists fundamentally in the rational cognitive faculty.²

Hollis elaborates on the function of the ego as follows:

The ego is the name for that composite of qualities through which the individual adapts himself to the outside world, securing from it the opportunity to express his fundamental drives and to meet his major

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needs. These qualities include the ability to perceive external realities and internal feelings, the ability to find ways of meeting internal needs through the environment in a fashion that will not only be satisfying but will bring the minimum of discomfort to others or to himself, the ability to foresee the outcome of various courses of action, to learn from experience, to weigh the advantages and disadvantages of his behaviour, to suppress and repress desires that cannot safely be expressed, in general to control, direct and harness his activities . . . . It is the task of the ego then, to find as much pleasure as possible, to avoid the creation of anger by frustration whenever possible, to protect us from both outer and inner danger in order to avoid the development of fear and anxiety and to do all this in a manner that will not arouse feelings of guilt.¹

The efficacy with which the ego discharges these varied duties, fluctuates in proportion to both internal and external stresses that the individual is experiencing at any given time. When a person comes to a social agency seeking help with a problem such as marital discord, his apparent ego strength may be diminished because of the stress-situation in which he finds himself. Because of this, the caseworker can only accurately assess the ego strength of a client, by taking into consideration a historical view; how he has performed in the past and solved problems in his life situation.

When the equilibrium between the individual and his environment is disturbed, the ego seeks to restore the balance by the use of mechanisms of defense. As has been noted in the previous chapter, these defensive patterns can be divided into three categories: flight, independence or

dependence. In order to cope adequately, the ego must be able to employ all three types of defences and employ them appropriately. If it cannot do this, the ego cannot effectively handle the anxiety inherent in a threatening situation. Alexander notes:

These defences are partly bulwarks which favour repression, such as over-compensation or rationalization, and partly vents by which the repudiated tendencies can find an outlet, such as projection, substitution, displacement, or turning impulses directed against external objects against the self.\(^1\)

While everyone uses defence mechanisms to survive, it is the effectiveness with which they are used that indicates the comparative health of the personality. A weak ego is often indicated, if the person has to cling to defences appropriate only to an infantile stage of development. In assessing ego strength, the caseworker must be aware of the kinds of defences utilized by the client, their effectiveness and their rigidity. If internal stresses are high, the ego may have to employ a multitude of defences, in a rigid system, in order to keep threatening impulses at bay. The use of these defences based on internal rather than external pressures, will cloud his perception of reality, decrease his chance of healthy interaction with the environment and his ensuing gratifications.

The criteria selected in this study, to evaluate ego strength were: (1) How accurately does the client perceive reality and how effectively does he cope with the

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\(^1\) Alexander, \textit{op. cit.}, p. 12.
environment? (2) What is his concept of himself? These two criteria were selected after study of psychiatric material pertaining to the structure and function of the ego, as being the two functions of the ego which caseworkers are competent to assess.

This was combined with a second element on which treatability was seen to depend, namely, "Willingness to use casework treatment."

Three ratings, "poor," "limited" and "good" were described for each of the three criteria selected to assess casework treatability, and the details are drawn together in Schedule 6, page 74; titled, "Suggested Criteria for Evaluation of Casework Treatability."

Using these criteria, ratings were made for each husband and wife in the fifteen cases, in this study. The results are shown on Table 3, page 75.

In Group I, the typical situation was that the husband was rated "poor," in both ego strength, and willingness to use the casework service. The wife's ego strength varied from poor to good, but typically, her willingness to use the service was rated "good."

It would appear that the casework treatment was quite properly focussed on the wives in this group, as they


<table>
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<tr>
<th>Criteria</th>
<th>Poor</th>
<th>Limited</th>
<th>Good</th>
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<tbody>
<tr>
<td>1. Perception of reality; and effectiveness of coping with environment</td>
<td>External situation distorted by internal conflict to such a degree that he reacts inappropriately to many situations. Employs many defence mechanisms when they are not truly required. Unsuccessful in decreasing anxiety and obtaining gratifications except transiently.</td>
<td>Ability to perceive reality in some situations that do not impinge directly on internal conflicts. Uses defence mechanisms more appropriately, but can be easily threatened. Obtains gratification from the environment in some areas.</td>
<td>Perceives reality accurately in most situations, except in situations of exceptional stress. Utilizes defence mechanisms appropriately to deal with stress. Obtains gratification from environment in socially acceptable way.</td>
</tr>
<tr>
<td>2. Concept of self.</td>
<td>Constantly feels threatened; extremely insecure in most areas of his functioning. Little confidence in ability to plan or to direct and control behaviour. Assumes either very dependent, very independent, or withdrawn position in relationships to others. Goals disproportionate to abilities. High degree of frustration. Cannot admit emotions to consciousness without distortion.</td>
<td>Feels adequate in some areas and obtains some gratifications. Relates well to other people who can offer protection and gratification. Threatened by new situations, and becomes insecure when equilibrium is disturbed. Overreacts to these situations. Somewhat unrealistic about goals but can carry some planning to completion.</td>
<td>Sees himself realistically in relation to other people and relates in a mature way; neither too submissive, or too aggressive. Sets healthy limits on own behaviour and obtains pleasure from environment. Can mobilize effective defences against his anxiety which is reality based. Does not over, or under react.</td>
</tr>
<tr>
<td>3. Willingness to use casework.</td>
<td>Only willing to come once or twice to the agency to &quot;tell his side,&quot; or to speak against spouse. No feeling that the marital situation should or could be changed; or, verbalizes a desire to have the situation changed but rejects casework help.</td>
<td>Considerable avoidance of interviews or came only when prompted by the caseworker. Considerable resistance, and ambivalence. Some gains made but these were minimal or sporadic, or not carried over into the home situation consistently. Limited acceptance of own responsibility.</td>
<td>Acceptance of the sort of help casework could offer; good acceptance of limits and of own responsibility. Came consistently and frequently for interviews and brought significant material to interviews. Minimum of inappropriate reactions to caseworker.</td>
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Table 3. **Assessment of Casework Treatability of Marriage Partners**

<table>
<thead>
<tr>
<th>Case</th>
<th>HUSBAND</th>
<th>WIFE</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Ego</td>
<td>Willingness</td>
<td>Ego</td>
</tr>
<tr>
<td></td>
<td>Strength</td>
<td>To Use Service</td>
<td>Strength</td>
</tr>
<tr>
<td>Group I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able</td>
<td>Limited</td>
<td>Poor</td>
<td>Poor</td>
</tr>
<tr>
<td>Brown</td>
<td>Poor</td>
<td>Poor</td>
<td>Limited</td>
</tr>
<tr>
<td>Crocker</td>
<td>Poor</td>
<td>Poor</td>
<td>Good</td>
</tr>
<tr>
<td>Daniel</td>
<td>Poor</td>
<td>Limited</td>
<td>Limited</td>
</tr>
<tr>
<td>Evans</td>
<td>Limited</td>
<td>Poor</td>
<td>Good</td>
</tr>
<tr>
<td>Most typical</td>
<td>Poor</td>
<td>Poor</td>
<td>(Variable)</td>
</tr>
<tr>
<td>Group II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fell</td>
<td>Limited</td>
<td>Good</td>
<td>Limited</td>
</tr>
<tr>
<td>Grenfell</td>
<td>Poor</td>
<td>Poor</td>
<td>Poor</td>
</tr>
<tr>
<td>Hall</td>
<td>Limited</td>
<td>Good</td>
<td>Limited</td>
</tr>
<tr>
<td>Inman</td>
<td>Limited</td>
<td>Good</td>
<td>Poor</td>
</tr>
<tr>
<td>Jackson</td>
<td>Limited</td>
<td>Limited</td>
<td>Poor</td>
</tr>
<tr>
<td>Most typical</td>
<td>Limited</td>
<td>Good</td>
<td>Poor</td>
</tr>
<tr>
<td>Group III</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>King</td>
<td>Limited</td>
<td>Good</td>
<td>Limited</td>
</tr>
<tr>
<td>Long</td>
<td>Poor</td>
<td>Poor</td>
<td>Poor</td>
</tr>
<tr>
<td>Manville</td>
<td>Poor</td>
<td>Limited</td>
<td>Poor</td>
</tr>
<tr>
<td>Nelson</td>
<td>Poor</td>
<td>Good</td>
<td>Poor</td>
</tr>
<tr>
<td>Ogden</td>
<td>Limited</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Most typical</td>
<td>Poor</td>
<td>Good</td>
<td>Poor</td>
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</table>
were the ones who were both able and willing to profitably use casework service.

In Group II, where the treatment was mainly focussed on the husbands, this again would appear to have been appropriate. The typical situation was that the husbands had limited ego strength, but were very much interested in casework help. The wives on the other hand, as a group, had poor ego strength and were unwilling to use the casework services offered.

In Group III, where the husbands and wives participated equally in casework treatment of the marital conflict, the typical situation was that both husband and wife were scored as "poor" in regard to ego strength; but both were scored "good" in terms of their willingness to use casework service.

Thus the focus of treatment on one or the other partner or, dually on both, seems to be decided primarily by the client's willingness to use the casework service, rather than on an assessment of the client's ego strength.

On the whole, considering all cases together, the women rated slightly better than the men in regard to ego strength as follows: seven rated "poor," five rated "limited," and three rated "good." The men rated; seven "poor" and eight "limited." In regard to willingness to use the service, the rating of the men was very close to that of the women.

Treatment Methods

When the caseworker has assessed the client's treatability, a plan for treatment goals and techniques can be
formulated. The methods used to help the client must be appropriate to the problem situation, to the client's ability to use help and the caseworker's skill with the different techniques. Except in the case of environmental manipulation, all of the techniques of casework, to be effectively used, must depend on the development of a positive relationship between the caseworker and the client. The depth of this relationship may vary with the treatment method used, but it should always offer the caseworker's understanding, warmth and concern, to the client. Only when assured of this sort of a response from the caseworker can the client share the true nature and extent of his problem. The classification of treatment methods used by Miss Florence Hollis in her book "Women in Marital Conflict" is used in this study; and may be summarized under the following headings:

1. Environmental Modification

When the client is unable to take action in regard to changing his environment, and the caseworker can do so effectively, this may be undertaken. Any such direct intervention by the caseworker must be based on a thorough diagnostic understanding of all the factors involved, and is done only if the client cannot undertake such steps for himself. Usually environmental modification is accompanied by psychological support, but the extent to which this second technique is

1 Hollis, op. cit.
involved varies from case to case.

2. **Psychological Support**

Psychological support does not seek to increase the client's intellectual understanding of his problem although this may increase as the process continues. The emphasis is, rather, on reinforcing his strengths; the healthy component of his personality. This is effected through a warm "good-parent" type of relationship between the client and the caseworker, which is designed to decrease tension and guilt, to increase self-confidence, and to encourage healthy functioning on the part of the client. While understanding and acceptance of the client's difficulties is basic, the caseworker must be able to set limits for the client also, when these are required.

Where this method promotes strength and growth through the experiencing by the client of a therapeutic relationship with a worker, it is often called, "experiential" therapy.

3. **Clarification**

Clarification is a process that may accompany psychological support. This technique stresses the development of increased understanding on the part of the client. Some people have a need to approach understanding through the intellect rather than the emotions; and this technique is more appropriate for them than the preceding one. The increased understanding of the client may be in regard to himself, other people with whom he is associated, or anything in his environment. In its
simplest form it may be almost only an intellectual exchange
between the client and the caseworker. On the other hand, it
may have a strong emotional component, depending on the subject
matter dealt with.

4. Insight Development

This technique should only be used as the main form of
treatment when competent psychiatric consultation is available.
It is used infrequently compared to the preceding two techniques
described. The relationship between the client and caseworker is
strong, deep, and laden with a strong transference element. It is
used for the most part, when the client is suffering only a mild
degree of neurosis or character disturbance. The client is
helped to a deeper understanding of how his inner conflict
distorts his view of reality. Insight development is usually
accompanied by psychological support and clarification.

The treatment methods used with the husbands and wives
in these fifteen cases are shown in Schedule 7, page 89, titled
"Treatment Techniques." Where the casework contact was such,
that none of the techniques could be used, this is shown by the
notation "of diagnostic value only." Three cases, one from each
group, have been selected to illustrate the material on which
these assessments of treatability were based, and the use of
treatment techniques.

Mr. and Mrs. Crocker were referred to the Family
Service Agency by the Metropolitan Health nurse when it became
apparent that their marital problems were at the root of their school-aged son's behaviour problems. They came to the agency together and the first interview was held with them jointly. From the beginning Mr. Crocker denied that there was any problem between him and his wife except the boy's behaviour, and, he added reluctantly, financial problems. Although he verbalized his desire for agency help and agreed to come for regular interviews, he made every effort to avoid these and missed arranged appointments because he was "too busy." He was not able to accept any exploration of his avoidance, or to recognize that he did not wish to face the interviews. This pattern of avoidance was followed in most of the areas of Mr. Crocker's life. He found it extremely difficult to face commitments in regard to his business and continually forced his wife into the position of making excuses for him when creditors tried to see him to make some arrangement about payment of debts. He also avoided assuming any responsibility in regard to the children whether it was discipline, or some outing that he had promised them, by saying that he was too busy, he was sick, or it was "not his job."

He came three times to see the caseworker; twice in the early part of the contact, obviously in response to pressure from his wife, and once, voluntarily, very near to the end of the treatment period with his wife, seven months later. In the first two interviews he kept the conversation on a superficial level, and continued to deny the existence of marital discord.
He obviously needed reassurance from the caseworker and spent some time talking about himself in a way designed to win the caseworker's approval. He was a very anxious man; fearful about his self-control. He used the defences of denial, overcompensation, repression, rationalization, and projection to a marked degree. He was not able to see himself realistically in relation to other people and felt either inferior or superior to them. Because of this, he was ingratiating with those whom he feared and domineering with those he felt he controlled. In spite of his elaborate defense structure, his behaviour at times was uncontrolled, and with very little provocation he abused his wife. His rages were not realistically related to the environment, but obviously the expression of severe internal tensions from the unconscious level.

When he voluntarily sought an interview with the caseworker, it was after seven months in which his wife had strengthened her own performance and been able to function in a much more positive manner toward him. His anxiety had decreased, and he had obviously come to make a "good report" to the caseworker. With his increased security, he was able to make good use of this interview and discussed plans for the summer enthusiastically. On this occasion to, he was able to speak of his feeling of having failed his son, and his desire to be a better father in the future. Although Mr. Crocker made it clear that he did not wish to continue the interviews, even now, for himself, he spoke in a very pleased way about how much
the service had helped his wife, and his desire that the caseworker would continue with her.

The fact that Mr. Crocker could accept the caseworker to this degree at least prevented him from being fearful about his wife's contact, and gave him some feeling of acceptance from what he evidently considered an authoritative person.

In addition to Mr. Crocker's present performance and his way of relating to the caseworker, the history indicated a poor prognosis, as Mr. Crocker had long followed a pattern of avoidance of difficulties, and his behaviour seemed dictated by impulse. His performance in the marital relationship had always been very limited, but his wife seemed to have been able to tolerate this, until the son began to reflect the problems in disturbed behaviour.

In contrast to Mr. Crocker, Mrs. Crocker had good potential for treatment. Her ego strength was judged to be good and she used the casework interviews constructively over a period of seven months, appointments being scheduled approximately every ten days. Mrs. Crocker evidently was carrying a burden of guilt that was related to her unresolved Oedipal conflict in regard to her parents, and was being expressed in the marital situation. The fact that her husband was twelve years her senior, and married to another woman at the time Mrs. Crocker contracted a common-law union with him, indicates acting out her desire to win father from
mother. She dated her present anxiety from the time that she had found out that her marriage to Mr. Crocker had alienated her from her church, which was Roman Catholic. This in turn could be related to her anxiety over her mother's health and the fear that "something would happen to mother." She rejected her son at the time of his birth, because "she could not like her husband at that time." That is when she "found out what it had cost her," (alienation from the church). Mrs. Crocker gained a great deal of relief from being able to speak of her previous common-law relationship with Mr. Crocker, which she had been unable to discuss with anyone else. She expressed a great deal of concern over "what the caseworker would think of her," but seemed to feel truly accepted and reassured by the caseworker. The caseworker supported her desire to be a good wife and mother and gave Mrs. Crocker confidence that she could deal with day to day situations as they occurred. Help was given in understanding the child's behaviour and concrete suggestions around handling of this were given. At Mrs. Crocker's request, an appointment was arranged for her with a priest, who again gave acceptance and understanding, affirming Mrs. Crocker's strengths and underlining her duties as a wife and mother. The caseworker had discussed Mrs. Crocker's problem with the priest previously, to further his understanding of the situation. Mrs. Crocker was helped to modify her rather "ideal" concept of her role as wife and mother and to feel less guilty about her negative feelings, also. Her
anxiety decreased as she was able to meet some of her dependency needs in the relationship with the worker and her performance in the home strengthened. In the relationship with the worker transference elements were apparent, and approval from a mother figure seemed to dissipate a considerable amount of guilt and fear. Both these people wished to preserve the marriage, and as Mrs. Crocker was able to give more affection to her husband, he responded to her by improving his own performance to conform more closely to her standards. Although Mrs. Crocker had underlying emotional problems that remained untouched by the casework treatment, a satisfying balance in the marriage was restored. She had good perception of reality and ability to cope with problems when the stress was not too great. She related in a positive way, and used the caseworker constructively for support. Her defenses were not rigid nor inappropriate and she could mobilize herself to handle problems once these were clarified with her, and she was supported in taking the necessary steps. Part of her internal conflict seemed to come from efforts to deal with a strict super-ego. The caseworker helped by functioning as an external, more permissive, super-ego, which the client might, through relationship and identification, also partially internalize.

Mr. Hall came to the agency seeking help in arranging a reconciliation with his wife, who had recently left him, taking their two and a half year old son with her. Mr. Hall
was extremely anxious; it appeared that his wife's desertion had shattered his defenses against his fearfulness about his masculinity. Much internal stress was evident, and although Mr. Hall was able to perform well in some aspects of his life, such as employment, he was not sure about his continuing ability to do so, doubted his controls, and was conscious of strong feelings of apprehension and fearfulness. He recognized that his hostility to others, particularly older men was very thinly veiled and handling this, gave him some discomfort. He used the defences of repression, substitution, projection, rationalization and conversion, to a marked degree.

Although his ego strength was limited, his willingness to use the service was good. He related quickly to the caseworker and was able to feel safe in a dependent relationship with him. He took the initiative in arranging appointments and was seen twice a week for a considerable period. When he became less anxious these appointments were spaced at once a week, then once every two weeks, and continued for a period of over a year. He accepted limits which were necessarily imposed on his use of the caseworker's time, well. Mr. Hall related to the caseworker as to a good father. With support and acceptance from the caseworker Mr. Hall was able to abandon some of his destructive defences and to strengthen the use of others that were constructive. He began to see his own involvement in the marriage problem, and the relationship of his personality patterns to this was clarified with him. Strengthened by the fact that many of his dependency needs were being met by the
caseworker, he was able to relate in a more mature way to his wife; be more tolerant of her problems and needs, offering her more understanding but at the same time imposing more realistic limits, consistently and objectively. He was able to recognize that some of his suspicions and anxieties about her were unrealistic, and part of his total feeling about women; and to control these feelings instead of acting on them.

Mrs. Hall was considered to have poor potential for treatment. She was rated "limited" in ego strength. Her defense pattern was that of withdrawal and excessive independence, to handle the anxiety engendered in the marital relationship. She evidently was weakly oriented to a heterosexual relationship and found it difficult to accept her husband's desire that she assume a dependent role. Unable to express her hostility, she reacted with depression.

After being seen twice by the male caseworker who interviewed her husband, she was transferred to a female caseworker. With both caseworkers she showed a great deal of resistance. She kept the conversation to superficialities, and was very controlling throughout the interviews. She was unable to accept clarification around her own involvement in the formation of the problems between her and her husband and continued to project the responsibility for the breakdown in the marriage on him. Because of her great need for independence she was not able to use, effectively, support given by the caseworker.
Both Mr. and Mrs. Nelson were considered to have poor ego strength but were rated good in willingness to use the service.

Both these people had a great deal of internal emotional stress that was being projected onto the marriage relationship. Mr. Nelson needed a frigid rejecting wife to protect him from his castration anxieties which stemmed from his unresolved fears about his father, and Mrs. Nelson needed an unsuccessful male on whom she could vent the rage she truly felt for her own father. In both these people, the ego strength was insufficient to handle the internal stress and the conflict was projected onto the external environment to such an extent that the environment was distorted, and their perception of reality was poor. Mr. Nelson felt insecure and hostile with everyone, but struggled constantly to repress his hostility. Because of his fearfulness of his own aggression and hostility he turned a great portion of this against himself, as being the safer alternative, and made himself the victim of numerous accidents at work; psychogenic headaches and stomach illness. He was conscious of a constant feeling of fear and depression.

Mrs. Nelson saw herself as being at the mercy of a brutal husband and an unsuccessful supplicant for help from authority figures in the environment. She was unable to ask for help for herself but asked continually for help for her husband. Again her ability to perceive the environment
realistically was very poor. She used conversion defences also, and was very much preoccupied with a legion of illness which seemed to have no physical basis. Both of these people came regularly, once a week to see the caseworker over a period of months. Some attempts at environmental modification were carried out. Mr. Nelson was referred to a Vocational Counsellor for a realistic assessment of his abilities in the area of employment. Although the results were very good and he scored very high on these tests, he was unable to mobilize himself to effect any change in the work area. Mrs. Nelson was referred for psychiatric assessment, and her co-operation in this was gained by the caseworker's interpretation to the family doctor, who in turn interpreted to Mrs. Nelson that she needed psychiatric help for herself. A diagnosis of possible schizophrenia was made and efforts continued to help Mrs. Nelson move towards treatment of her illness. Although Mrs. Nelson verbalized her acceptance of this clarification of her problem, she was not sufficiently mobilized to seek help. Her husband also, verbally accepted this clarification of part of the problem, but his need to keep his wife as a protective shield for his own neurotic fears was so great, that he, in fact, gave no support to the plan. Some financial assistance was given to the family at crisis points. Mr. Nelson slowly responded to clarification of his need to cling to a punishing wife and to verbalize his fear that he could not survive without her. He responded slightly to the caseworker's efforts to
help him test out his true strength in handling the environment. After a period in which Mrs. Nelson seemed to be considering moving towards psychiatric treatment for herself, she withdrew and continued to project her difficulties onto environmental problems which she continued to perpetuate.

Both Mr. and Mrs. Nelson used the worker to meet some of their dependency needs, but also constantly tried to ally the worker in their mutual battle. They frequently distorted the caseworker's words to use as weapons, one against the other, and were never able to verbalize their true feelings to the worker.

The techniques used were primarily support and environmental modification, with some attempts at clarification. The clarification followed the direction given by the psychiatric consultant.

In Group I, where most of the treatment was carried out with the wives, the techniques used were psychological support and clarification, in each case. The proportionate use of each technique varied from case to case. In some cases, the component of intellectual clarification was high, in others the main tool of the caseworker was the supportive relationship, which gave the client a new and strengthening experience. The five husbands in this group were treated by means of psychological support in four cases; in one case the contact was considered of diagnostic value only; the client was mentally ill. In one case environmental modification was
### Schedule 7. Treatment Techniques

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<tr>
<th>Technique</th>
<th>According to Husband</th>
<th>According to Wife</th>
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<tbody>
<tr>
<td><strong>Group I</strong></td>
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<tr>
<td>1. Environmental Modification</td>
<td>D</td>
<td>C,D</td>
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<tr>
<td>2. Psychological Support</td>
<td>A,C,D,E</td>
<td>A,B,C,D,E</td>
</tr>
<tr>
<td>3. Clarification</td>
<td></td>
<td></td>
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<tr>
<td>4. Insight Development</td>
<td></td>
<td>E</td>
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<tr>
<td>5. Diagnostic only</td>
<td>B</td>
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<tr>
<td><strong>Group II</strong></td>
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</tr>
<tr>
<td>2. Psychological Support</td>
<td>F,H,I,J</td>
<td>F</td>
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<tr>
<td>3. Clarification</td>
<td>H</td>
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<td>4. Insight Development</td>
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<td>I,J</td>
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<td>5. Diagnostic only</td>
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<td><strong>Group III</strong></td>
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<tr>
<td>1. Environmental Modification</td>
<td>N</td>
<td>N</td>
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<tr>
<td>2. Psychological Support</td>
<td>K,L,M,N,O</td>
<td>K,L,M,N,O</td>
</tr>
<tr>
<td>3. Clarification</td>
<td>K,M,N,O</td>
<td>K,L,M,N,O</td>
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<td>4. Insight Development</td>
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<td>5. Diagnostic only</td>
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also attempted. The level of treatment used with the husbands and wives would seem to be appropriate to the estimate made earlier of their treatability. In this group, the husbands were seen to have a low potential for casework treatment, and it is unlikely that they could have responded to any technique more threatening than psychological support.

In Group II, where the casework treatment was mainly carried out with the husbands, the techniques of psychological support and clarification were used together, in casework with four of the men. In one case, there was some insight development, also. In one case, psychological support only, was the treatment used. This was in the case of Mr. Grenfell, who was rated "poor" in ego strength and "poor" in willingness to use the service. The other four men were all considered limited in ego strength; one was rated as limited in terms of his willingness to use the service, and the other three were rated good.

The five wives in this group had a much lower potential for treatment. The treatment methods used, in working with them, were, therefore, appropriately confined to psychological support in two cases, and in one clarification was used, in a limited sense, together with psychological support. In two cases, the contact with the wives was considered to be of diagnostic value only.

In Group III, where the casework treatment was focussed dually on the husbands and wives, psychological support was combined with clarification in four cases with the
men, and in all cases with the women.

In one case, environmental modification was combined with support and clarification, and, in one case, only support could be used with one of the husbands.

Thus the techniques employed in treatment in these cases can be seen to depend on the assessment of the client's potential for treatment, and the sort of help that the client can best utilize. It is important that the diagnosis be accurate and that the treatment methods be appropriately used. The caseworker must be aware of the client's ability or lack of it to use clarification and insight, so that the opportunities possible from these techniques will not be denied the client. In some cases, although clarification of the true problem seems obvious, its effect on the client would be disastrous and the caseworker should be careful to give the less threatening support or modification of the environment.
CHAPTER 4

MOVEMENT IN MARITAL CONFLICT CASES

Any individual is in constant inter-action with his environment; movement and change are inherent in life. In every individual, the pull toward dependency or inactivity, is opposed by the pull toward achievement and activity. In casework treatment, the caseworker meets as much of these dependency needs as is realistically possible, but constantly supports and encourages the client to utilize his strengths to gain satisfactions in more comfortable, self-reliant functioning. Everyone does not have the same potential for independent functioning however, and the client must be helped to achieve at his own rate rather than according to some pattern of static perfection.

Accordingly, the caseworker seeks to help the client to attain positive movement or growth in terms of his ability to handle the problems posed to him by the environment. But while the course of casework treatment is in progress, external events may impinge on the client, acting as aids or deterrents to this positive movement. The amount of movement an individual client achieves varies from case to case. Movement may vary in direction as well as degree; that is, the movement may be positive or retrograde.

In the evaluation of any treatment program, an
assessment of movement achieved by the clients is imperative, as this is the test of the effectiveness of the treatment services. Such an evaluation would, hopefully, lead to enlightenment concerning which factors aided positive movement and which factors prevented it.

A subjective form of evaluation is made from time to time by caseworkers in regard to each case, in order to confirm or clarify diagnosis, treatment techniques and treatment goals. As these cases are presented by the worker in supervision, the evaluation becomes more objective. This is part and parcel of casework practice.

In recent years, research into this problem of measurement of movement in social casework practice is gradually aiding the development of accurate, objective and standardized methods. Perhaps the best known of these tools for measurement is the Movement Scale developed by Hunt and Kogan. In the present study, the assessments of movement in regard to the individual marriage partner has been experimented in, by an adaptation of this movement scale. Movement is defined as the change which occurs in a client, and/or his environmental circumstances during the period of casework treatment. The Hunt and Kogan scale measures movement per se rather than movement for which casework is responsible.

Four categories of evidence, in regard to movement, are considered in this rating scale. These are:

1. **Changes in adaptive efficiency.** This category includes such items as 'changed ability to get along with other people, changed efficiency in running a home, acquisition of new job skills, and changes in overt competence in any other area.'

2. **Changes in disabling habits and conditions.** This category includes such items as 'changes in attitudes, personality traits, and behaviour which is inimical to good social relations, changes in delinquent tendencies, and changes in level of anxiety, in basic motivation, and in health.'

3. **Changes in attitude or understanding as evidenced from the client's verbalization.** This category includes such items as 'accepting counsel, changes in attitude toward self and others as shown in what the client says, changes in attitudes toward and understanding of community resources and the discernment of relationships between present behaviour and feelings and in events in the client's personal past.'

4. **Changes in the environmental situation.** This category includes such items as 'changes in living quarters, clothes and furnishings, changes in the behaviour of other people toward the individual, and changes resulting from child placement or the institutionalization of a psychotic.'

Each client's movement is studied by rating his performance and situation in regard to these four categories of factors and locating it on a scale of seven intervals. The mid-points of these intervals are numbered, thus: +4, +3, +2, +1, 0, -1, -2. +4 is the score denoting the largest amount of positive movement or improvement, and is illustrated by an "anchor case." +2 degree of upward movement is about one-half the change of +4; the status of the client should be

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distinctly better in several areas at closing than at opening the case. +2 is illustrated by an "anchor case." + one degree of upward movement should be in a range approximately half that of +2; the status of the client should appear clearly better in some aspect or aspects at closing than at opening.

0 degree may mean "no net movement"; the status of the client is essentially the same at closing as it was at opening, or else gains in one area are balanced by losses in another. This degree is also illustrated by an "anchor case".

-1 degree of downward movement is the amount of deterioration in a range approximating half that illustrated for -2. The status of the client should appear worse at closing than at opening, but the deterioration should show in fewer areas or be less severe than that in the anchor case for -2.

-2 degree of downward movement. The status of the client should appear distinctly worse in several aspects at closing than at opening. Although all four types of evidence for deteriorative change need not be present, definite decrease in adaptive efficiency or increase in disabling habits and conditions must be present. This is illustrated by an anchor case.

Each client is judged in terms of his own movement and not in terms of any absolute standard of achievement; and independently of the degree to which he reached treatment
goals set by the worker. Thus one individual, rating +4, if he started lower at the opening of the case, might actually be more poorly adapted to the environment than one who rated +2.

Presumably, positive movement by one or both of the marriage partners could effect an improvement in the marital relationship between them, or could cause the dissolution of the marriage. Any direct correlation in degree of change cannot be assumed. In the present study, the method attempted is to make as objective a judgement as possible in regard to change in the marital relationship, using that developed by Miss Hollis in her book, "Women in Marital Conflict."

Miss Hollis distinguishes here, three degrees of change in marriage adjustment, namely; "considerable improvement," "some improvement," and "no improvement." These classifications are based on the degree of change rather than the absolute state of the marriage after treatment. In this respect her method of measurement is similar to the Hunt Kogan Movement Scale. For example, one case rated "considerable improvement," at the end of casework treatment, might still by absolute standards, be a less "happy" marriage than another rated "somewhat improved" or "no improvement," if there was much more difficulty in the marriage, at the opening of the case.

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1 Hollis, Florence, Women in Marital Conflict, Family Service Association of America, New York, 1949.
Miss Hollis considered the following changes in one or both partners to be evidence of improvement: lessening of hostility toward partner; lessening of anxiety caused by the marriage; reduction of suffering caused by the marriage; increase in pleasure in the marriage.

The degree of estimated permanence of these changes also influenced the placing of a case in the "somewhat improved" or "considerable improvement" category. If some hazard to the marriage was actually removed or counterbalanced or if a definite improving step such as a constructive separation was taken, and held to, or if there was sufficient increase in understanding to make it seem likely that the change would hold, the case was classified "considerable improvement." Real evidence of change had to be shown by actual behaviour either reported by the client or observed by the worker. These principles were also applied to cases which resulted in separation. The separation was considered an improvement, if it resulted in greater happiness or less hostility, anxiety and/or suffering to both partners, or to one partner and not to the detriment of the other.

If the separation resulted in improvement for one partner, but increased the difficulties of the other, the case was considered to be within the "no improvement" category.

These definitions of the degrees of improvement have been used in this study, with an anchor case selected to
illustrate each category. The other twelve cases were then matched to these anchor cases, and were rated accordingly. (See Schedule 8, page 108, titled "Movement, and Improvement in the Marriage."

"No improvement"

The Nelson Case

The Nelson case has already been discussed in Chapter 3 in terms of their treatability and treatment methods used by the caseworker. Mr. and Mrs. Nelson were interviewed very frequently for a period of more than a year. They came, in the beginning, for help with the financial situation, but each quickly moved into a discussion of the disturbed behaviour of their spouse. Financial aid for the family was obtained, but the situation remained as precarious as ever, with new debts simply taking the place of the old. Mrs. Nelson's need for psychiatric treatment was clarified with both partners. Mrs. Nelson considered admitting herself to a mental hospital for treatment but was ambivalent about so doing and received no support from her husband in regard to this plan. Although Mr. Nelson recognized the problem, his neurotic need for this hostile wife was so great that he could not mobilize himself to take any step that would effect his wife's committal. The emotional relationship between the partners seemed to deteriorate; with more overt hostility and more anxiety in both partners. Finally,
Mr. Nelson, who had taken a job out of town, returned home less and less frequently. He became involved with another woman and began to drink heavily. Mrs. Nelson seemed to sense her loss of control over her husband and moved, with the children, to her husband's parents' home in another province. Since making this move, she has written to the caseworker saying the move had been a mistake, and asking to be referred to the Family Service Agency in that city. Her letters seem to indicate further deterioration in her mental health.

This case was placed in the "no improvement" category as the separation had only increased both marriage partners' anxiety and suffering. While the psychiatric consultant had seen separation as a constructive step for these two people, it was also felt that psychiatric treatment for both was essential. Some improvement in the future may be possible, as Mr. Nelson is at least testing out his ability to live without his wife, who used him only as a target for her hostility. Because of this attempt on Mr. Nelson's part to emancipate himself from the neurotic marriage, he was rated plus one in terms of his individual movement. Because Mrs. Nelson's behaviour became more disoriented and confused, she was rated -1. She may, in the future, be forced to accept psychiatric treatment, by her mounting anxiety.

However, during the period that the case was open,
no improvement on the marriage relationship could be observed.

There were two other cases placed in this category; the Daniel case and the Inman case.

The Daniel Case

The Daniel case had been opened twice previously by the Family Service Agency. The marital relationship was very deteriorated with acute conflict in all areas. Both partners seemed to be very disturbed people, with little ability to use casework help, and little motivation for change. Both continued to project the responsibility for failure in the marriage, on their spouse. In spite of their verbalized dissatisfaction, they seemed locked in neurotic conflict. Mr. Daniel was rated -1 in terms of individual movement and Mrs. Daniel was rated no movement.

The Inman Case

In the Inman case, Mrs. Inman was rated no movement; she was seen once and expressed her desire to keep things as they were and her belief that she could not change. Mr. Inman was seen three times and seemed to gain release from his guilt feelings and to be able to consider his marriage more objectively. He was rated +1 in terms of his individual movement. The marriage relationship was considered to have shown "no movement" however, as Mr. Inman withdrew from casework treatment at this point, before any change in the relationship could be observed.
"Some Improvement"

The Crocker Case

Mr. and Mrs. Crocker came to the Family Service Agency seeking help with the marital problems which, they had been advised, were producing the disturbed behaviour of one of their sons.

Mr. Crocker was not able to accept the fact that there was emotional conflict between himself and his wife. He was seen three times by the caseworker, and was rated "no movement" in regard to his individual adjustment. In discussion, Mrs. Crocker was able to see her own contribution to the conflict situations at home, in regard to her husband and the children. Gradually she was able to speak of her strong feelings of guilt about the marriage, and to relate this to her feeling of anxiety and tenseness which dictated her behaviour at home. She was able to see that her behaviour was such that she often provoked her husband's hostility. She verbalized her wish to be punished for the "sin" she felt she had committed in living with and later marrying this man. (Because Mr. Crocker had been married before and divorced, Mrs. Crocker had been alienated from her church by her marriage.)

She was able to find relief from much of this guilt through the acceptance and approval of the caseworker; and finally, after a period of several months with the caseworker's help, she discussed the situation with a priest.
Although she could not be re-instated in her church, the priest was able to give her considerable comfort, underlined the positives in the situation, and emphasized her social responsibilities in regard to her husband and the children. Thus strengthened, she was able to be much more accepting of her husband, and to feel more positively toward him. She also improved her relationship to the children, and became more effective in handling her husband's competition with the children, for her attention. She was much more relaxed, happier, and more confident at the end of the casework treatment. Her reports of the improved situation at home were confirmed by her husband when he came in, voluntarily, for an interview toward the end of the contact. Mrs. Crocker was rated +2 in individual movement and the marriage was considered to show "some improvement." It was placed in this category rather than "considerable improvement" as Mrs. Crocker still had conflict about the marriage that could not be reached by casework techniques, and some guilt and anxiety would continue to arise. Also, since Mr. Crocker had not increased his understanding or changed his adjustment, he would continue to present real difficulties in the marriage. However, at that time, he was responding positively to Mrs. Crocker's increased ability to meet his needs.

Seven cases, in all, were placed in this category, namely;
In all of these cases, but one, there was positive movement on the part of one partner but no movement on the part of the other. In one case, both partners were rated +1 individual movement.

"Considerable Improvement"

Ogden Case

Mr. and Mrs. Ogden were referred to the Family Service Agency for help with the marital problems, by Child Guidance Clinic, where they had sought help with the problem behaviour of their oldest son. They were separated at that time, but were considering reconciliation "for the sake of the children." Mr. Ogden was projecting all of the blame for the deterioration in the marriage, on his wife, saying that she was a dependent child rather than a woman. His attitude was that his behaviour, on the other hand, had been reasonable and that he had done everything that he could to "make his wife over" and to make the marriage succeed.

Mrs. Ogden had lost all of her feeling of self-worth and was unable she said, to trust her own reason, since she always appeared to be in the wrong. She wanted her husband back at any price but wondered if she could live in a
situation that was so unhappy for her. Both partners said they had had difficulty since the beginning of the marriage ten years ago; they had been separated for approximately a year.

Casework treatment was carried on for a period of one year, with the focus dually on both partners. During this period, Mr. Ogden moved back with his wife and children, and installed the family in a much larger and adequate house. He was encouraged to make this move only if he could see more positives in the reconciliation than its being "for the children's sake." He was able to see that he wanted to be part of a family group; that he "did not want to end up alone," and that if he were to avoid this self-imposed isolation he must re-examine and try to improve his relationship with his wife. He gained insight into his way of relating to others and the fact that this pattern of isolation pervaded all of his relationships; that he "was too hard on other people and too hard on himself." He was able to become more relaxed and, with this, less demanding.

In discussion with the caseworker, he was able to bring out positives in regard to his wife and to see that he had had a need to devalue her. He said he was seeing her differently now as he "saw her through your (the caseworker's) eyes." He restored to Mrs. Ogden many of the areas of responsibility that he had formerly denied to her, and for the first time in several years, they began to share interests and
activities together.

Mrs. Ogden, who had handled her anxiety by a retreat into dependency and depression, quickly regained some feeling of self-esteem and confidence in her own abilities, as she experienced the caseworker's acceptance and approval. She was able to express some of her hostility concerning her husband, rather than turning it against herself. As she made fewer demands on him for the affection and support he could not give, his attacks on her became less frequent and less devastating. Mrs. Ogden was helped to gain an understanding of her husband's behaviour and became more tolerant of his shortcomings and less threatened by them. She was able to recognize that her husband was not able to give her all of the things that she wanted in an emotional relationship, and the relationship had been further strained by her unrealistic and excessive dependency on him. In spite of some continuing lacks, she was able to recognize that her husband did provide her with many of the things that were important to her, and to see the relationship in better perspective.

Her ability as a housekeeper increased; she was able to be more aware of the children's needs and to function as a better mother, and her depressions almost disappeared. She became hopeful about the future and confident that she "would not hit rock bottom again, no matter what happened." She said her husband was pleasanter to her now than he had been at any time during the marriage, and she felt more his equal.
Mr. Ogden was rated +2 in his individual movement; Mrs. Ogden was rated +3.

Five cases out of the fifteen were rated "considerable improvement."

Group A. Mr. and Mrs. Brown
Group B. Mr. and Mrs. Fell
           Mr. and Mrs. Hall
Group C. Mr. and Mrs. Manville
           Mr. and Mrs. Ogden

Some of the cases showed "considerable improvement" even when the focus was primarily on one partner, as in Groups A and B. However, in every such case, there was movement on the part of both partners, rather than just one partner. The latter was primarily the case in the "some improvement" category.

In one of the cases of "considerable improvement" the male partner's movement was -2, while the female partner's movement was +4. This was the Brown case, in which Mrs. Brown was able to recognize and to deal with the fact of the husband's mental illness. She had him committed for treatment and functioned constructively toward him through this, still striving to preserve the marriage, but on a much healthier basis. She used the caseworker's help to effect this, and later accepted referral to a psychiatrist to seek help with her deeper emotional problems which had lead her to submit to her husband's paranoidal domination. Because the marriage was fraught with intense conflict at the opening of the case, and
such effective steps, which seemed to promise permanent improvement had been taken by Mrs. Brown, the case was considered to warrant "considerable improvement" classification.

Thus, reviewing all fifteen cases; improvement in the marital relationship did not seem directly correlated to the focus of treatment on either partner or on both. All categories of improvement existed in all three groups. However, improvement did seem to be related to individual movement. If both partners were rated positive individual movement, in most cases, "considerable improvement" in the marriage adjustment occurred. If only one partner was rated positive individual movement, in most cases, only "some improvement" occurred in the marriage relationship. Positive movement was much greater on the part of the wives when they were the focus of treatment, and on the part of the husbands, when work with them was the primary focus. In the cases where the focus was dual; on husband and wife, the movement on the part of the marriage partners was similar in direction and degree. There was "no improvement" in 20 per cent of the cases; "some improvement" in 46.7 per cent of the cases; "considerable improvement in 33.3 per cent of the cases.

Factors Influencing Movement Achieved by the Male Partner

The question of what factors influenced movement, contributing to success or failure, in a case, follows logically once an appraisal of movement has been made. These
### Schedule 8. Movement, and Improvement in the Marriage

<table>
<thead>
<tr>
<th>Cases</th>
<th>Male Partner</th>
<th>Female Partner</th>
<th>Marital Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Able</td>
<td>0</td>
<td>+1</td>
<td>some improvement</td>
</tr>
<tr>
<td>2. Brown</td>
<td>-2</td>
<td>+4</td>
<td>considerable improvement</td>
</tr>
<tr>
<td>3. Crocker</td>
<td>0</td>
<td>+2</td>
<td>some improvement</td>
</tr>
<tr>
<td>4. Daniel</td>
<td>-1</td>
<td>0</td>
<td>no improvement</td>
</tr>
<tr>
<td>5. Evans</td>
<td>0</td>
<td>+2</td>
<td>some improvement</td>
</tr>
<tr>
<td><strong>Average situation</strong></td>
<td><strong>-0.6</strong></td>
<td><strong>+1.8</strong></td>
<td>some improvement</td>
</tr>
<tr>
<td>6. Fell</td>
<td>+2</td>
<td>+1</td>
<td>considerable improvement</td>
</tr>
<tr>
<td>7. Grenfell</td>
<td>+1</td>
<td>0</td>
<td>some improvement</td>
</tr>
<tr>
<td>8. Hall</td>
<td>+3</td>
<td>+1</td>
<td>considerable improvement</td>
</tr>
<tr>
<td>9. Inman</td>
<td>+1</td>
<td>0</td>
<td>no improvement</td>
</tr>
<tr>
<td>10. Jackson</td>
<td>+1</td>
<td>0</td>
<td>some improvement</td>
</tr>
<tr>
<td><strong>Average situation</strong></td>
<td><strong>+1.6</strong></td>
<td><strong>+0.4</strong></td>
<td>some improvement</td>
</tr>
<tr>
<td>11. King</td>
<td>+1</td>
<td>+1</td>
<td>some improvement</td>
</tr>
<tr>
<td>12. Long</td>
<td>0</td>
<td>+1</td>
<td>some improvement</td>
</tr>
<tr>
<td>13. Manville</td>
<td>+1</td>
<td>+2</td>
<td>considerable improvement</td>
</tr>
<tr>
<td>14. Nelson</td>
<td>+1</td>
<td>-1</td>
<td>no improvement</td>
</tr>
<tr>
<td>15. Ogden</td>
<td>+2</td>
<td>+3</td>
<td>considerable improvement</td>
</tr>
<tr>
<td><strong>Average situation</strong></td>
<td><strong>+1.0</strong></td>
<td><strong>+1.2</strong></td>
<td>some improvement</td>
</tr>
</tbody>
</table>
two questions; how to measure movement, and what influences movement, are subjects of intensive study by research workers in social work today.

While a detailed analysis is beyond the scope of the present thesis, certain factors seemed related to the degree of movement in these fifteen cases and will be discussed in the following pages.

The factors which appeared, from the material in these records, possibly pertinent, were as follows.

1. Relative ability of the partners to perceive problems
2. Performance in the husband in the masculine role
3. The pattern of the marital relationship (the problem of excessive dependency)
4. Ego strength
5. Willingness to use casework service
6. The partner who came first to agency
7. Sex of the caseworker
8. Rivalry between the spouses for the caseworker
9. Casework techniques used
10. Attitude of spouses to each other and to the marriage.

The cases were regrouped from Schedule 8, according to the degrees of movement; "retrograde movement," "no movement," "minimal movement" (+1), and "distinct movement" (more than +1).

Table 4 on the following page presents a comparison of the men and women as they were located in these groups. The discussion will be limited to the male partner.

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Table 4. Cases grouped According to the Degree of Movement

(Based on Schedule 8)

<table>
<thead>
<tr>
<th>Retrograde Movement</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Brown</td>
<td>Mrs. Nelson</td>
<td></td>
</tr>
<tr>
<td>Mr. Daniel</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No Movement</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Able</td>
<td>Mrs. Daniel</td>
<td></td>
</tr>
<tr>
<td>Mr. Crocker</td>
<td>Mrs. Grenfell</td>
<td></td>
</tr>
<tr>
<td>Mr. Evans</td>
<td>Mrs. Inman</td>
<td></td>
</tr>
<tr>
<td>Mr. Long</td>
<td>Mrs. Jackson</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minimal Movement (+1)</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Grenfell</td>
<td>Mrs. Able</td>
<td></td>
</tr>
<tr>
<td>Mr. Inman</td>
<td>Mrs. Fell</td>
<td></td>
</tr>
<tr>
<td>Mr. Jackson</td>
<td>Mrs. Hall</td>
<td></td>
</tr>
<tr>
<td>Mr. King</td>
<td>Mrs. King</td>
<td></td>
</tr>
<tr>
<td>Mr. Manville</td>
<td>Mrs. Long</td>
<td></td>
</tr>
<tr>
<td>Mr. Nelson</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Distinct Movement (+2 or more)</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Ogden</td>
<td>Mrs. Brown</td>
<td></td>
</tr>
<tr>
<td>Mr. Fell</td>
<td>Mrs. Crocker</td>
<td></td>
</tr>
<tr>
<td>Mr. Hall</td>
<td>Mrs. Evans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mrs. Manville</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mrs. Ogden</td>
<td></td>
</tr>
</tbody>
</table>
1. Relative Ability of the Partners to Perceive Problems

In the groups where the movement was retrograde, and there was no movement, the men perceived fewer problems, and of a less diverse nature than those perceived by their wives. Also, they presented the problems as being a result of their wife's performance rather than their own.

In the minimal movement group, and in the group which achieved distinct movement, most of the men perceived more numerous problems and of a more diverse nature, than those presented by their wives. As opposed to the proceeding groups, these men were able to recognize, to some degree, their own responsibility in the formation of the problems.

Preston, Mudd and Froscher, in their study regarding the factors which influence movement make this comment:

Movement is generally negative or minimal for clients who in the first interview present their spouses in an unfavourable light and who either accept all blame or put all blame on their partners for the marriage difficulties, rather than acknowledge that both are at fault.1

2. Performance of the Husband in the Masculine Role

In the group of retrograde movement cases, the men were rated poor in their performance in the masculine role in most of the areas judged. They were considered to be poor in all of the areas of emotional relationships. There were no "good" scores. There was a generally better performance in the male role by the men in the group rated "no movement."

1 Preston, Mudd, and Froscher, Social Casework, p. 110.
The majority of the ratings were limited; two scores of good occurred in the group. The score of the group achieving minimal movement approximated that of the group of no movement cases. They were however, considered to be better economic providers. The men who achieved distinct positive movement scored much better in their performance in the masculine role. They all rated "good" both in relationship to their children and as the economic provider of the family. Like the other groups however, they were failing in respect of their relationship to their wives.

3. The Pattern of the Marital Relationship (The Problem of Excessive Dependency)

This factor seemed relevant only in that the pattern of a dependent husband and an aggressive wife occurred only in groups of no movement and minimal movement. These men seemed to regard themselves as appendages to their wives, and if she was participating actively in casework treatment, they were content to leave the responsibility for change with her. The degree of dependency on the wife seemed pertinent to movement. If the husband could transfer some of this dependency on the caseworker, a relationship seemed to develop. If he persisted as seeing himself as dependent on his wife, and no other, this did not occur. In some of these cases, the aggressive wife was the one who utilized casework services to effect change, and this seemed more acceptable to both partners.
4. **Ego Strength**

Both of the men whose movement was retrograde, were considered psychotic. In one case the psychosis was confirmed by a psychiatrist; in the other it was suspected by a psychiatrist. In the case of Mr. Brown who rated -2 movement, his deterioration seemed to be in response to his wife's positive movement. This phenomena has often been noted in casework with marriage partners, one of whom is psychotic or pre-psychotic. That is, as one gets better, the other gets worse. This also held in the Nelson case, where Mrs. Nelson's movement was retrograde while her husband achieved positive movement. Among the no movement and minimal movement groups of cases, half of the group were considered "poor" in ego strength; half were considered "limited."

In the cases where the men achieved distinct positive movement, all the men were rated "limited" in regard to ego strength. None of the men in these fifteen cases were rated as "good" in regard to ego strength.

5. **Willingness to Use Casework Service**

Generally the men who were placed in the retrograde and no movement group were rated "poor" in terms of their willingness to use the casework service. The men who achieved minimal positive movement, as a group, were more willing to use the service. Three were rated "limited"; two were rated "good," and one rated "poor." All of the men who achieved distinct positive movement were rated "good" in willingness
to use the service.

6. The Partner who came First to the Agency

In both cases, where there was retrograde movement on the part of the husbands, the wives came first to the agency to apply for service.

In the group where there was no movement on the part of the husbands there were three cases in which the wife came first to the agency, and later persuaded her husband to come in. In the other case, both partners came together, having been referred by another agency. In the minimal movement group, there were four cases in which the husband came first to the agency. In the other two cases both partners had been interested in coming to the Family Service Agency, by another referring agency. Where distinct positive movement was achieved by the husbands, there was a variation. In one case the husband came first, in one case the wife came first, and in the other case, both partners came together, being referred by another agency.

There is therefore, a slight indication that positive movement is related to some extent, to the fact of which partner applies to the agency for help. This was also indicated in the study by Preston, Mudd and Froscher. They comment: "Movement is also more likely to occur in self-referred clients or in cases referred by another professional person than in cases in which referral is by another agency,
by the partner or by another private individual."  

7. Sex of the Worker

The sex of the worker did not seem influential in the retrograde movement cases. One case was handled by a woman; one case was handled by a man. Both of these male clients were so ill that it is doubtful if they could have related to a worker of either sex.

Three of the four cases in which no movement occurred on the part of the male partner were handled by female caseworkers. One was handled by a male caseworker. In none of these cases was a relationship established between the client and the caseworker.

In the minimal movement group there were four cases handled by male caseworkers; two were handled by a female caseworker. In one case handled by a female caseworker it appeared quite obvious that the male client could not have related to a male caseworker. (Jackson case.) In the other case handled by a female caseworker, it became apparent, and was later confirmed, that the man should be seen by a male caseworker as a relationship with a woman provoked too much anxiety for him to handle. When this transfer was attempted, the client withdrew. He achieved positive movement, +1. If the case had been handled by a male caseworker he might have achieved more positive movement. (Nelson case.)

In the group where distinct movement occurred, one

---

case was handled by a female caseworker; two by a male caseworker. In the case handled by the female worker, it appeared that this was appropriate to the client's stage of development. The client verbalized that he had no wish to talk to a man; "in my experience it is always a woman who understands," he said. This man was able to derive support from a dependent relationship with a woman; and with this to effect changes in his attitudes and situation that rated a +2 score in regard to movement. Ideally, when he had been helped to a certain level of performance, he could have been transferred to a male worker, in order to give him a therapeutic experience with an accepting male. Before this could be done, the client withdrew; apparently because he could not tolerate the competition with his wife, for the caseworker. (Ogden case.)

It is apparent that in this small group there was more positive movement in the male partner among those cases handled by a male caseworker, rather than a female caseworker.

8. Rivalry Between the Spouses in Regard to the Caseworker

This did not seem to be a factor in the retrograde movement and no movement groups. This is to be expected as a relationship between the caseworker and client did not develop. Rivalry between the spouses appeared in four of the cases of the minimal movement group. In one case it was handled by assigning the male partner to his own male caseworker. (Manville)

In another case the Family Service Agency
caseworker worked with the male partner, and the main work with the female partner was carried on by the referral agency. (Jackson)

In one case, periods of intensive interviews with the partners were staggered. (King)

In one case the rivalry was not handled early enough. When transfer of the male partner was attempted, he withdrew. (Nelson)

In all of the cases of distinct movement the element of rivalry for the caseworker by the partners appeared, and had to be handled. In the two cases, Fell and Hall, periods of interviews with the partners were staggered by the male caseworker. In the Hall case, an attempt was made to transfer the wife to a female caseworker but this was unsuccessful, except for evaluation purposes. Later, after the husband had become more secure, the male caseworker continued interviews with the wife. In the Ogden case, staggered interview periods were not planned by the caseworker. However, this was the way it was handled by the partners themselves. The male partner verbalized this by saying that "somehow he and his wife were vying for the caseworker's attention, and that when one was coming in, it was better if the other did not."

9. Casework Techniques Used

In the groups of retrograde movement and no movement, the casework techniques were primarily psychological support,
with some environmental modification. In all of the cases of minimal and distinct movement, the technique of clarification was used, in addition to psychological support. In two cases environmental modification was also used.

Thus in all cases, in this group of positive movement, the technique of clarification was used in addition to the supportive technique. The selection of techniques depends not only on the nature of the problem but on the client's ability to profit by the particular techniques, and the worker's ability to use them. The vehicle for any technique is the relationship between client and caseworker and, as has been pointed out, in most of the cases where no movement occurred, the relationship could not be established.

10. Attitudes of Spouses to Each Other and to the Marriage

The two men whose movement was retrograde, voiced a great deal of hostility toward their spouses, and tended to see the conflict in the marriage as their wife's fault. Mr. Brown wanted the marriage to continue but only on his terms. Mr. Daniel felt that the situation was hopeless and "gave the marriage four years."

In the group where there was no movement, a similar attitude was evident. Mr. Able and Mr. Evans were very hostile to their wives and felt that they had been shown no consideration by them. Mr. Able said he was determined to get a divorce; Mr. Evans continually threatened his wife that he intended to leave her if "things didn't change."
Mr. Crocker denied that he and his wife ever quarrelled. Mr. Long felt the problem centered around his special needs which his wife could not meet. He wanted the marriage to continue, but felt he could not change his own behaviour and was doubtful that his wife would stay with him if he did not.

There was less verbalized hostility in the male partners of the minimal movement group, in regard to their wives. More need, if not more overt desire, for the marriage to continue was verbalized.

All of the three men who achieved distinct positive movement had an intense need to preserve the marriage. Discussion of their spouse was hostile at times, but included some positives.

Further mention should be made of the paper presented at the National Conference of Social Work in May, 1952, by Mrs. Emily H. Mudd, which dealt with this subject. She was reporting on a study of the factors that influenced movement in case records of married men and women who had been counselled in connection with a marital problem. The research was based on the records of the Marriage Council of Philadelphia. The study referred to was part of a research program which, it was hoped, would "lead to a complete validation of movement indices as well as provide useful knowledge about the factors that promote and inhibit thera-

1 Preston, Mudd, and Froscher, Social Casework, p. 103.
This study yields exact information about the degree to which selected factors were found to be significant in relation to the movement in the case records of 96 men and 115 women, all of whom had been counseled in connection with a problem which arose after marriage. Factors that seemed to affect the nature and degree of movement in casework were grouped as (1) biographical; (2) situational; (3) counselling; (4) personality organization.

1) **Biographical** factors, including age of client, length of marriage, socio-economic status, religious background, religious activity, and education.

2) **Situational** factors, including factors peculiar to the client's problem and to the marriage relationship.

3) Factors related to the **counselling** process, including the techniques of counselling used with the client.

4) Factors related to the organization of the client's **personality**. The case records were then examined by two teams of professionally trained persons, (mainly caseworkers, psychiatrists, or psychologists) who made independent analyses, using a prescribed check list. The results were then compared in conference and disagreements were reconciled by further study of the case record.

Although the authors point out that this study represents only a beginning in the study of the determinants of movement, the following were some of the general conclusions drawn.
1. The results on the study of biographical factors point in a familiar direction—clients are people rather than statistics. Age, education, and the other bases on which the population is often fractioned seem not to play any essential role in determining movement in counseling.

2) The evidence points strongly in the direction of the fact that the determinants of movement are multiple and complex. In no case has any one determiner given correlation beyond the forties, despite the fact that specific aspects of client experience will correlate as high as .80 with judged movement.

3) There is some evidence to support the view that the setting of a permissive, encouraging atmosphere and relationship is the principally helpful function of the counselor.

4) There is substantial evidence to support the conclusion that, if both marriage partners come for counseling, husbands and wives counseled separately and independently, although usually by the same counselor, move together; that is, if one improves, the other improves and if one retrogresses the other retrogresses. This is shown by the relatively high correlations between those spouses who both come for counseling. As yet we have not studied intensively cases in which only one partner comes for counseling.1

This article illustrates the complexity of the study of factors which influence movement in casework, and indicates a course which can be followed by further research into the subject. It might be noted that in this study carried out on the records of the Marriage Council of Philadelphia, the items to be explored were known to the caseworkers, and therefore, it could be expected, would be more exactly noted in the record than is usually the case. In addition, schedules which were completed by the clients, in

1 Preston, Mudd, and Froscher, Social Casework, p. 111.
regard to biographical items, and information about the marriage, were used to furnish further information. Since such items are often omitted inadvertently from records, such a device would seem important to a detailed, accurate study of this subject.
The primary purpose of this thesis has been exploratory: to examine the available data and to suggest methods of analysis and classification in an important area of human welfare—marital relations. More concern is being evidenced about the question of successful casework treatment of the husband in marital conflict cases. What sort of problems does he experience? Is he, as well as his wife, being reached by the casework treatment program? Some of the issues concerning caseworkers in family agencies are whether it is essential that both marriage partners be seen, and when this is so, how treatment can best be handled in terms of the method of involvement, the timing, and the assignment of caseworkers. Some of these issues have been clarified.

Only a small number of cases which illustrate these problems were selected for this study, (although a considerable number were examined) because principles and lines of exploration were more important at this stage than an attempt at a representative or statistical cross-section. The cases were, however, divided into three groups, with five cases in each. In all cases both husband and wife were interviewed. These groups were:
Group I. Cases in which the treatment plan was focussed mainly on casework with the wife.

Group II. Cases in which the treatment plan was focussed mainly on casework with the husband.

Group III. Cases in which the treatment plan was focussed equally on casework with the husband and wife.

The main objective of the thesis was to define criteria for analyses of the various important components which might have affected these different degrees of focus on the husband, in the handling of these cases.

The performance of the husband in the masculine role was seen as one area requiring analysis. Five criteria were suggested, based on current source material. These were:

1) His performance as an emotional partner of the wife.
2) His performance as a sexual partner of the wife.
3) His performance as a father.
4) His performance as economic provider for the family.
5) His performance as a social and cultural standard setter.

Closely allied to this question of the husband's role in the family group, is the question of the sort of inter­relationship which exists between husband and wife. This matter was also studied in these fifteen cases, and five basic patterns distinguished. These were:

1) Submissive husband, dominant wife.
2) Submissive wife, dominant husband.
3) One withdrawn mate, one demanding mate.
4) Both mates struggling for control.
5) Both mates excessively dependent.

It is important to add that there were no examples, among these cases, of a mature, interdependent relationship
between husband and wife. There is obviously little likelihood of such people coming to family agencies for help with marital stress at the present stage of development and acceptance of such programs. As a broader conception of the service gains more acceptance in the community, it would seem likely that more cases would be handled of a less acute sort of marital discord.

It is hardly necessary to emphasize that these two facets; the husband's performance in the masculine role, and the basis of the interrelationship between him and his wife, would be basic to the understanding of any marital conflict case. When an assessment of the women's performance in her feminine role is added to this, a clear picture of the marriage would emerge, with both its gratifications and conflicts, its comparative degrees of health and neurosis.

All of the fifteen men studied in these cases, were failing to perform adequately in the emotional areas of their roles in the family group. While most of them performed adequately as far as their life external to the family was concerned, they were failing both to gratify, and to find gratifications in their relationships to their wife and children. It would appear that most of them were clear about their need to provide economically for their families, and to conform to external socio-economic standards. They appeared to accept this responsibility and struggled to perform in these areas. This seemed to give them some feeling of
adequacy and worth, which sustained them in spite of considerable insecurity in the marital relationship.

Their inability to perform in the emotional areas in a mature way, was significant when viewed in relation to their histories. Most of these men had experienced traumatic relationships in childhood, with either father or mother, or both. Their parents had been people who themselves had experienced difficulty in their sexual identifications. Thus the male client, generally, had not had an opportunity to successfully work through the oedipal situation, and to accept and integrate standards from a mature male figure.

Considering the fact that elements of a continuing oedipal conflict were present in most of these clients, it becomes apparent that in each case, the sex of the caseworker assigned to work with them on an intensive basis should have been carefully considered.

The assignment should have been made on a diagnostic formulation of the client's stage of emotional development, rather than on the routine basis used. Such a way of working would demand a great deal of flexibility in agency structure regarding the assignment of cases, but might well be economical in terms of more effective casework.

If the casework is to be on a fairly intensive level, it is likely that the relationship between the client and worker will be a deep one, containing elements of transference which may aid or deter treatment. In such cases, it is
important that the client's feelings about his parents and his identifications with them be considered, as he will tend to project these feelings onto the caseworker. Since negative transference elements must be kept to a minimum if casework help is to be effective, it would seem best for the client to be assigned to a caseworker of the same sex as the parent with whom the client experienced the most security, or the parent with whom he is struggling to identify. In considering the assignment of the male client, much depends on the stage he has achieved in the resolution of his oedipal feelings about his father and mother.

There should also be enough flexibility to allow transfer of a client from the worker of one sex to a worker of the opposite sex, when this would afford the client an opportunity for a further growth-producing experience. For instance, a male client who had, in the main, found most of his satisfactions in his relationship with his mother, and had been unable to resolve his feelings about his father through identification with him, might find, in the beginning, a relationship with a male caseworker too threatening. However, when he had been helped to a certain stage of security by a female caseworker, he might then be able to move into a therapeutic experience with a male caseworker, who would function as an accepting father person.

The practice now seems to be that the caseworker to whom the case is assigned, interviews both marriage partners,
unless there are strong contra-indications. If intensive casework is planned with both, the element of rivalry between the spouses for the caseworker must be given consideration, and, if indicated, an early division of the case effected.

Except in a few of the cases, this was not done. It must be borne in mind that both the husband and wife in marital conflict probably have residual, unmet emotional needs which were not gratified by the parents. If the casework relationship is deep and transference elements present, feelings which the client once had about the parents may be reactivated. This makes it very difficult for the client to share, with the spouse, the relationship to the caseworker. It would appear that a decision regarding the case being handled by one caseworker or two, should be carefully made in each case, if intensive work is planned with both marriage partners.

Excessive emotional dependency on the part of the men seemed to be the most frequent emotional problem. If a relationship could be developed with the client, the caseworker was able to utilize these dependency needs in treatment. When the client was not able to transfer some of his dependency needs to the worker, he continued to seek gratification, unrealistic as it might be, from the spouse. In such cases, casework had to be planned with the spouse. None of these men seem to have handled their dependency needs with
much maturity.

It was striking that this sample of cases lacked any example of a man with a strong, secure, masculine identification. One may speculate as to whether, in Western culture, such men do not avoid contact with social agencies, or indeed any source which treats "emotional problems." Concern with such matters and discussion of intimate emotional relationships might seem incompatible to them, with their concept of what represents masculinity. Perhaps, too, the traditional staffing of social agencies by women, and the oft encountered attitude of wives that they are invoking the authority of "the welfare" against their husbands, has done little to assure the masculine client of a welcome from such agencies. It would seem important that the staff of an agency which works with marital counselling cases have an appropriate balance in number of male and female workers. Also, interpretation of the program to the public should be balanced in regard to this aspect of male participation in marital counselling.

Considering the possibility again, that wives sometimes seek marital counselling as an attempt to control or threaten their husbands; and perhaps have given this punitive interpretation to the spouse, it is unfortunate that most of the caseworker's attempts to involve the male partner were carried out through the wife. It would seem better that a direct approach to the male partner be made by the caseworker, so that a correct interpretation can be given. In so doing,
the caseworker also indicates interest in the husband as a person in his own right.

The timing of the involvement of the second partner is also an interesting question. Some source material indicates it is important to involve the second partner as soon as possible, after the first has been seen. Other authorities hold that it is imperative to form a relationship with the partner who first applies for help before an attempt is made to involve the second. In all of the cases studied, it appeared the caseworkers had moved to involve the second partner as soon as possible. It is true that in some of the cases there was pressure from the first partner for this to be done; but there was no attempt by the caseworkers to prevent this happening. Some thought might be given to the implications of this readiness to involve the second partner. The caseworker is not yet sure of the ability of the first partner to use the casework service; there has not yet been time to formulate a diagnostic picture of the first client's difficulties. The first client may, without the support of a relationship with the caseworker, be insecure enough or unconsciously motivated to distort the facts presented to the caseworker, in regard to her own contribution to the marriage difficulties. If the spouse is involved too soon, and the element of rivalry introduced, she may well find it difficult, if not impossible to ever do so. Then too, a certain amount of projection may be present in the first
partner's account of the marriage problem. If the caseworker moves immediately to involve the second partner, this may be taken as an indication that the caseworker sees the partner at fault, and reinforce the first partner's defense of projection. In any case it places the caseworker into contact with both partners, presumably offering casework service to both, before a diagnostic understanding of either client has been reached and all the facets of treatment planning considered. On the other hand, the partner not involved may feel left out. Also, seeing both partners may give a clearer picture of the total situation. Each marital conflict case presents a different problem and each must be weighed separately in regard to the involvement of the second partner, and when it should occur.

In those cases where the treatment was mainly carried out with one partner, it is interesting to note the relationship between which client came first to the agency, and the focus of treatment. In Group I, where the focus was on the wife, in four cases out of five, the wife was the person who applied to the agency for service, and an attempt was made to involve the husband later. In the fifth case, the husband and wife came for the first interview together; but it was obviously at the wife's insistence.

In Group II, where the focus was on the husband, in four cases out of five, the husband applied for service, and the wife was involved later.
The sex of the worker would also seem to have some relationship to the focus on one partner or the other. In Group I, where the casework was primarily carried out with the wives, four of the caseworkers were women. In the fifth case the wife had requested a male caseworker be assigned.

In Group II, where the men might be considered to have been the primary clients, the casework was carried out, in four cases, by a male caseworker. In the fifth case, there was no question of which partner would be the focus, as casework was being offered to the wife by another agency; which was the treatment plan formulated in conference by the two agencies.

The focus of treatment in these three groups also seems related to the relative treatability of the marriage partners. However, one of the criteria used in this study for treatability was "willingness to use the service." It seems probable that this willingness was, in turn, affected by the fact of which partner applied for help first, and the sex of the worker assigned to handle the case.

The treatment methods used were predominately those of psychological support and clarification. A tendency to stress clarification was noted in the recording, although perhaps not present in the actual interviews, whenever the client appeared able to use this. While there is no doubt of the value of increased understanding of his problem by the client, it is also important that the caseworker offer a
therapeutic relationship to those clients who can use it. This unspoken, emotional component of the learning experience is something the caseworker is uniquely able to offer the client. An important implication is that more information about the kind of relationship developed between the caseworker and client, as well as the use made of it, by the client, should be included in the recording.

This study shows an improvement in the marital relationship to be possible, irrespective of the focus on the wife, the husband, or both marriage partners. However, in all cases both partners were seen by the caseworker more than once. A study using a control group in which only one partner was seen, comparing it to a group in which both partners participated equally in treatment, is an obvious next step in research.

In most cases where there was considerable improvement in the marriage relationship, positive movement had been achieved by both marriage partners. This indicates that a higher degree of improvement might be expected if both partners co-operate well in treatment. In turn, this is dependent on many factors regarding the personalities of the marriage partners, the sort of relationship between them, the skill of the caseworker, and agency structure. It is possible however, to affect some improvement in the marriage if only one partner achieves positive movement.
It seems that there can be no doctrinaire approach to treatment planning with the two marriage partners. A plan which might augur considerable improvement in one case, might be quite ineffective in another. In this area, as in casework generally, each case must be considered carefully, weighing all of the factors possible, with the treatment plan being tailored to the needs of the clients and their individual ability to use the casework service.

The purpose of this study was to explore the role of the male partner in marital conflict cases, and the planning of the caseworker in regard to the husband's participation in treatment. The study has raised questions which should merit consideration by the caseworker in formulating the plan of treatment in such cases; it also indicates some of the factors which may act as deterrents to the successful casework involvement of the male partner. Like the work with the Movement Scale, there are two stages demanding the accumulation of research material; (a) the measurement of the situation; (b) intensive analysis to explore the causes of improvement or failure. This thesis, being an exploratory one, touched on a large number of areas superficially only; any one of which might well be made the subject of a further, detailed study.
BIBLIOGRAPHY


