MARITAL COUNSELLING: FOLLOW-UP STUDY OF MARRIAGE GUIDANCE CLIENTS:
PERCEPTIONS OF THE AGENCY, THE PROCESS AND OUTCOMES

VOL. I

PATRICIA ANNE HUNT

Thesis submitted for the degree of
Doctor of Philosophy

UNIVERSITY OF ASTON IN BIRMINGHAM
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Summary of the Thesis

This study is a consumer-survey conducted with former Marriage Guidance
Council clients. The objectives were to identify and examine why they
chose the agency, what their expectations and experiences were of
marital counselling and whether anything was achieved.

The material was derived from tape recorded interviews with 51 former
M.G. clients (17 men and 34 women) from 42 marriages and with 21
counsellors; data from written material and a card-sort completed by
the research sample; and the case record sheets of the research
population (174 cases).

The results from the written data of clients showed that 49% were
satisfied with counselling, 25.5% were satisfied in some ways but not
in others, and 25.5% were dissatisfied. Forty-six percent rated they
had benefited from counselling, either a great deal or to some degree,
4% were neutral and 50% recorded they had not benefited. However the
counsellors' assessments were more optimistic. It was also ascertained
that 50% of the research sample eventually separated or divorced
subsequent to counselling. A cross-check revealed that the majority
who rated they were satisfied with counselling were those who remained
married, whilst dissatisfied clients were the ones who unwillingly
separated or divorced. The study then describes, discusses and
assesses the experiences of clients in the light of these findings on a
number of dimensions. From this it was possible to construct a summary
profile of a "successful" client describing the features which would
contribute to "success".

Two key themes emerged from the data. (1) the discrepancy between
clients expectations and the counselling offered, which included mis-
match over the aims and methods of counselling, and problem definition;
and (2) the importance of the client/counsellor relationship. The
various implications for the agency are then discussed which include
recommendations on policy, the training of counsellors and further
research.

KEY WORDS

    (1)   MARRIAGE GUIDANCE
    (2)   MARITAL THERAPY
    (3)   COUNSELLING
    (4)   CONSUMER-SURVEYS

ACKNOWLEGMENTS

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INTRODUCTION

The rationale for embarking on this research project came from several sources. In their review of the marital research field in Great Britian the Home Office working party report "Marriage Matters" (1979) drew attention to the "notable" fact that there is:-

"a paucity of systematic research and development work concerned with marital problems and marital work ..." (p 89)

This fact in itself made a research venture evaluating the effects of marital counselling an attractive one. Hopefully such a research project would be useful in rectifying, to some degree, this lack.

However, I particularly wanted to do research that would be useful to practitioners and trainers in marital therapy, relevant to marital work in Great Britain and of particular use to National Marriage Guidance Council (N.M.G.C.). Further comments in "Marriage Matters" (1979) strengthened these views. For example, the working party were concerned because the research that had been undertaken so far had:-

"a poor record judged by the extent to which it had influenced practice" (p 89)

and they go on to remark:-

"very many practitioners find it difficult to fit even relevant findings into their work and discover that much published material does not speak to their pre-occupations and dilemmas" (p 90)

These comments offered a challenge to potential researchers to produce something relevant and useful to practice. I was, in theory, well

fitted to accept this challenge because, in addition to having an interest in research, I was a trainer in marital counselling and a supervisor of marital counsellors, as well as being a counselling practitioner, within M.G. and thus had both an expertise in the subject and a familiarity with the agency. Moreover because of these roles, it was likely that any relevant or useful findings could more readily get translated into the training and practice of M.G. counsellors.

Again "Marriage Matters" reinforced this potentially fruitful combination of interests by pointing out:-

> "there is a striking dearth of research and development work by those in professional services or by people who collaborate with them" (p 90)

and later by stating:-

> "...that practice, training and research are closely interrelated and that agencies and practitioners need to be helped to struggle with the implications of these interconnections" (p 97)

and further by recommending:-

> "...that particular attention should be paid to practice-linked research" (p 97)

However there are drawbacks in undertaking research in one's own agency and the potential biases that this might entail are addressed elsewhere (chapter 3 pp 113-115).

I, too, had discovered that there was a paucity of British based marital research material when I had undertaken a literature survey on marital counselling for myself in 1977. What I found was mostly American, and I had wondered too, in passing, why N.M.G.C. - a major

organisation in Great Britain concerned with marriage counselling and marital problems - scarcely featured in the marital therapy literature field.

It was evident that this particular lack of research in marital work in Great Britain had resulted in practitioners having to rely on studies emanating from the U.S. to inform and develop new thinking in the field. Perhaps this reliance on American material had contributed to the seeming split between research and practice. Do findings based on research with white, middle-class Americans have a relevance to British counsellors "pre-occupations and dilemmas"? Thus, an additional interest in undertaking this research project would be to discover how applicable some of the American findings might be to the marriage counselling settings and clients in Great Britain.

Shortly after the publication of "Marriage Matters", the N.M.G.C. expressed firm interest in conducting a detailed consumer survey of M.G. clients. In particular they wanted to know what, if anything, clients gained from marital counselling and the extent to which the service met their needs and expectations. It was hoped that the information gathered in this way would help to improve the service to clients and contribute information on the training needs of counsellors.

Although the idea of asking clients about the service had been around for several years, it had never been attempted for a variety of reasons. In addition to lack of funding and resources, there were doubts amongst counsellors about the ethics of contacting clients who had finished counselling and had not initially agreed to, or

anticipated being approached by a researcher. Questions were also raised about the invasion of privacy, whether it would be a breach of confidentiality and whether it was contrary to the spirit of a counselling relationship which includes respecting a person and not using him or her. There was some reluctance too, amongst counsellors, to have their work examined. (These concerns are commonly raised in relation to seeking consumer opinion on psychotherapy or social services, (see Mayer and Timms, 1970 pp 18-19). They will be addressed in more detail in chapter 3 p 108).

However, perhaps because of the report "Marriage Matters" the climate seemed more favourable in 1980. M.G.C's and counsellors were more open to considering the usefulness of research and because I had helped with conducting a pilot study "to test the water" in 1978, I was asked to undertake the research project which is the subject of this thesis.

So this research developed out of a real interest in knowing whether, marriage guidance counselling was really relevant to the consumer-clients; a genuine desire to do research that was useful and easily translatable into training and practice, and which would influence the work in M.G.; a curiosity to know if American research findings had a relevance to the British scene and because N.M.G.C. asked me to do it. At the time the research project was being planned there were no other related studies near fruition, so there was the added stimulus of being a pioneer.

The first three chapters are concerned with a detailed description of the agency (N.M.G.C.); a review of the literature in the fields of consumer surveys and marital connselling and in areas of psychotherapy that are of particular relevance to the findings in this research

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study; and a detailed description of the methodology and research design. Chapters 5-9 present the results from the research plus discussion, looked at from a number of viewpoints viz:- rating scales and perceived outcomes; clients; counsellors; the counselling relationship; and the counselling process. Chapter 10 focusses on the main issues that have arisen from the findings and makes recommendations on administration and policy matters, training and practice, and for further research. Chapter 11 provides a brief summary and conclusions.

CHAPTER 1:   THE AGENCY: NATIONAL MARRIAGE GUIDANCE COUNCIL

INTRODUCTION

Before describing the structure of the National Marriage Guidance Council (N.M.G.C.)in detail, the agency needs to be set in a context.

Marriage Guidance counselling in Great Britain started in 1937 and has steadily grown as a recognised therapeutic intervention for marriages that are in trouble, to the extent that M.G. centres can now be found in most towns and cities, and in 1984-85, a total of 239,000 interviews were given to clients with marital problems. The N.M.G.C. has become a well established fairly well-known "respectable" institution, and M.G. counsellors who are, in the main, (and always have been) selected, trained volunteers have almost shaken off the amateur "do-gooder" image of the past.   M.G. is now recognised as offering a service of professional quality and is well-known enough to be the butt of cartoons!

Marital counselling does, however, occur in other settings.   Another national agency is the Catholic Marriage Advisory Council (C.M.A.C.), who provide a specialist Catholic marital service. The Jewish Marriage Counselling Service has a more limited coverage and operates similarly and the Scottish Marriage Guidance Council is similar to N.M.G.C. but is separate from it and serves only Scotland. All of these services use trained volunteer marital counsellors.

In addition, a limited amount of marital therapy takes place within the psychiatric and psychological services, in child and family guidance clinics and, to a much less extent than formerly, the Probation and

Social Services. The volume of specific marital therapy done by the statutory services remains small however in comparison to the work done by N.M.G.C. and the other agencies mentioned above, although family therapy is a therapeutic intervention which is being used increasingly with marital and family problems.

There are however two London based professional specialist marital agencies - both independant - who are also used as training agencies in marital work. The Family Welfare Association (F.W.A.) and the Institute of Marital Studies (I.M.S.). Indeed the I.M.S. has had a profound influence on the style of marital counselling that is undertaken by M.G. counsellors. Theories and approaches to marital work which are taught on M.G. counsellor training came originally from the work done by the Family Discussion Bureau which later changed it's name to the I.M.S. The I.M.S. has close links with N.M.G.C. and offer advanced training on marital casework and aspects of supervision to N.M.G.C. personnel. Lastly, an institution which has a particular interest in research in all aspects of marriage, is the Marriage Research Centre, Central Middlesex Hospital.

THE STRUCTURE OF N.M.G.C.

The National Marriage Guidance Council (N.M.G.C.) is the major nationwide organisation in Great Britain concerned specifically with marital problems and marriage counselling. It is a voluntary independent organisation with a charitable status and is a company limited by guarantee and not for profit.

The first Marriage Guidance Council (M.G.C.) was founded in 1937 by a

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small group of clergy, magistrates, doctors and social workers, in response to a growing concern about the increasing divorce rate, who believed there was a need for an agency which would offer specific help to people with marital difficulties. Originally they envisaged clients would require guidance (even advice) on legal, medical and spiritual problems, however a more psychotherapeutic approach to marital problems evolved gradually in the 1950's. The original aim too was to "mend" marriages. This view also changed as marital counselling developed.

The initial work was undertaken by volunteers and this has remained an important characteristic of its organisational culture, even when schemes of payment to counsellors were introduced on a limited scale in the 1970's. Recognised by the Government in 1947, the N.M.G.C. was recommended for financial support from public funds and it has retained this structure since - preserving its status as a voluntary organisation, but receiving a regular grant from the Home Office for the selection, training and in-service support of volunteer counsellors, who provide a marriage counselling service with national coverage to people who wish to contact directly and ask for an appointment.

N.M.G.C. is a federal body which consists of representatives of the 150 constituent local Marriage Guidance Councils (M.G.Cs) which are situated throughout England, Wales and Northern Ireland. The local M.G.Cs are autonomous, vary in size and structure and are responsible for their own funding, management and recruitment of personnel. They provide a counselling service which operates from approximately 450 centres (Heisler 1984). They are members of N.M.G.C. because they are committed to the objectives of N.M.G.C. and accept the national standards for the provision of a counselling service, the national

system for selection and training of counsellors and the tutorial supervision offered by the N.M.G.C. Regional staff for the continuing in-service support of counsellors. They also accept the leadership and policy decisions made by the Executive committee, for whom they have voted. This body consists of 18 representatives from local M.G.Cs in the 6 regions plus approximately 10 co-opted or ex-officio members. The Executive committee is served by 6 advisory boards which mainly consist of professional people in allied fields. An annual general meeting is held each year for the Council representatives from the 150 consituent M.G.Cs and the Executive committee to meet and make policy decisions.

N.M.G.C. headquarters is at Rugby and consists of adminstrative offices, the central training college where most of the basic training of counsellors takes place, and a specialist bookshop. The Council employ a small body of full-time professional staff (20) who work both at Rugby and in the 6 regions of the country. They co-ordinate the work, maintain standards, implement policy, and are responsible for the selection, training and in-service support of the volunteer counsellors and also for developing and supporting the M.G.Cs. In addition a body of tutors, who have been recruited from the ranks of the counsellors are "employed" (ie. they earn fees) to implement the training programme and provide the in-service support of counsellors. There are approximately 1,800 volunteer counsellors supervised by 100+ tutors and in 1980, the year the clients in this project received counselling, approximately 34,000 new cases were seen and 181,000 interviews given*. (N.M.G.C. 1981)

* The statistics for 1984-85 are 41,000 cases involving
   239,000 interviews (N.M.G.C. 1985)

THE IMAGE OF MARRIAGE GUIDANCE

It is perhaps worth considering the role that M.G. plays in society in
the 1980's. Elsewhere it is noted that the image of the M.G.
counsellor in the 1950's and 1960's as the amateur "do-gooder" has
gradually been replaced by a view that he or she can provide a service
of professional quality. M.G. has become more widely known and is now
established as a "respectable" institution, which has a public image.

Evidence of its public image can be gleaned from how it is portrayed in
the media. M.G. features in cartoons and jokes (usually involving
marital conflict). It has been mentioned as the place to go when a
marriage is in difficulty in "soap operas" like "East Enders", and it
was the subject of a serial called "Couples" in the 1970's. That M.G.
is better known is demonstrated by the fact it is regularly recommended
by "agony aunts" like Marjorie Proops, Claire Rayner and Mary Grant.
M.G. has also been the subject of numerous articles in newspapers and
magazines. How it is portrayed publicly will of course affect clients'
expectations from the agency. (These expectations are considered in
some detail in this research in Chapter 6).

Indication that M.G. is now respected and respectable comes from the
fact it is nowadays sometimes called upon to give evidence or opinion
on marriage or family related subjects to such bodies as the Law
Commission (on the financial consequences of divorce); the D.H.S.S.
(on sex therapy services; on human fertilization and embryology); and
to various Government departments, eg. The Select committee on
violence in marriage; the Select committee on one-parent families
(Finer Committee); and most recently an inter-departmental enquiry on

conciliation.

The press regard M.G. as an authority on marriage and family matters and frequently ask for comment from M.G. on issues that are currently in the news,(for example, in relation to the Gillick debate on birth control for girls under the age of 16, and in respect of D.E.S. proposals for sex education in schools).

Evidence that M.G. is regarded as providing a marital counselling service of professional quality is based on the fact that other professionals like Doctors, health visitors, solicitors, social workers refer clients to M.G. and the training bodies of these and various other professions seek to engage M.G. trainers to provide short in-service courses on topics like counselling, sex and marital work.

THE COUNSELLORS

Recruitment and Selection People who are interested in volunteering to become an M.G. counsellor first make an informal contact with their local M.G.C. to learn about the work, the commitment required, and what the training entails. The M.G.C. may then decide to sponsor them to attend a day selection conference arranged by N.M.G.C., which usually takes place centrally (at Rugby). Selection conferences are staffed by 3 selectors, one of whom is an experienced selector in a comparable field of work, eg. social work, or psychiatry. Eight candidates spend a day on a variety of activities designed to evaluate their suitability for training as a counsellor. These consist of individual interviews with selectors, personality tests, and various group exercises. Currently, approximately 50% of applications are accepted to become trainee counsellors. Candidates with varying qualifications and

experience are selected. The majority are aged between 30 to 50 with a preponderance in the 35-40 age group. However, counsellors in their 20's and some over 50 are also accepted. Most of the candidates are married, although there is no bar to single, separated, divorced or widowed people. More attention is paid to how people have used their life experiences than to their marital status. Women outnumber men by nearly 4 to 1. Many of the women are housewives who wish to use their previous training and experience in such varied spheres as social work, teaching, medicine, occupation therapy and nursing to good advantage while their families are young. The men are mainly in full-time employment who undertake counselling either to complement their professional work - for instance teachers, lecturers, ministers, personnel officers, social workers or youth leaders - or to gain additional satisfaction in personal service. However, during the selection process, the selectors are primarily looking for personal qualities rather than academic attainments.

Training, Supervision and Assessment At the time the present study was conducted the basic counsellor training consisted of 6 48 hour residential courses, which took place at the college at Rugby. Trainee counsellors attended approximately 1 section of training per term, so basic training normally took 2 years to complete. A new counsellor training progamme was introduced in January 1985. This still consists of 6 48 hour residential courses which are linked in pairs, and training still takes approximately 2 years to complete. However, in addition, during that time, counsellors are now also expected to attend 3 training days in the region.

Counsellors are expected to attend fortnightly case discussions

locally, which are usually led by experienced N.M.G.C. staff, although occasionally qualified external consultants are used. They are also required to accept supervision on their casework through regular contact with their tutor. Each counsellor in training attends 2 90 minute tutorials per term, but more may be arranged if there is a need. Supervision is on a one-to-one basis and the focus is the work with clients, the counsellor's own professional development and the integration of training into practice. Briefly, the role of the tutor is to teach, support, and assess. An extensive basic training reading list is provided and counsellors are expected to read widely. (See appendix 13 for book list). There are also opportunities to attend additional training events in the regions if they wish.

After a short period of observation of experienced colleagues and the first section of training, counsellors normally start work with clients under the guidance of their tutor. * The whole ethos of M.G. training is concerned with the development of skills and knowledge based on practical experience and is based on the belief that each complements the other. It is because trainee counsellors work with clients at a relatively early stage in their training, that the selection system is so stringent. The content of training is concerned with counselling skills, case management, counselling theory, theories of personality development, marital interaction and family dynamics, the social context, sexuality and sexual problems, and there is also a component of training designed to help the counsellor develop greater self-awareness and sensitivity to others in order to work more freely,

* With the new training, counsellors start work after
  the 2nd 48 hour course.

effectively and creatively with clients. Broadly speaking, the counselling approach is client-centred, but the theories mainly used to inform the understanding of marriage and relationships are derived from psycho-dynamic thinking. A wide range of training methods is used and the emphasis is on the active participation of trainees within a small group setting. Lectures, informal seminars, case studies, counselling skills exercises, role play and simulation exercises, the use of audio/visual equipment and material and awareness groups, are all employed. Assessment on their competance to practice is a continuous process, and the counsellor is encouraged to take an active part in this assessment during training. An internal accreditation certificate is awarded on successful completion of basic training and 3 years practice as a counsellor.

Counsellors' Workload The normal load of a counsellor is 3 hours face-to-face contact with clients per week or 120 hours of counselling per year. This is the basic required minimum commitment which is agreed at the outset of their training. In practice quite a few counsellors do more hours counselling per week - 4 or 5, and a few M.G.Cs operate a paid counselling scheme whereby hours worked over and above 3 hours voluntary commitment are paid for, so a small proportion of counsellors may work 6 to 10 hours per week. Although the work is mainly carried out by volunteers, the M.G. service is widely recognised as offering a service of professional quality.

THE CLIENTS AND THE WORK

Any person can approach M.G. for help and in fact the majority of cases (70%) are self referred (Heisler 1984). However a proportion of

clients get directly referred or are recommended to approach M.G. by other agencies, or professionals like G.P.s., psychiatrists, solicitors, or the C.A.B. (Heisler 1984).

As a result, the potential client population is very diverse, bringing as it does a wide range of problems of varying intensity and a variety of needs and expectations from the agency. Thus counsellors may be required to work in a number of different ways and there could be considerable differences in the duration of their contact with clients. Some clients require a befriending relationship, whereas others may benefit from psychodynamic psychotherapy. By the same token, whilst one interview may provide a cathartic experience, or just answer a query for one person (or a couple), others find that the first interview opens up a whole complex of problems which requires more lengthy counselling. The intended focus of work with clients is their marriage or relationship, and as the findings of this research demonstrate people generally approach M.G. hoping for help with this part of their lives.

In the majority of M.G.C.s the demand for the service exceeds the capacity to provide it. As a result it is unusual for clients to be able to walk in and be seen immediately. Many M.G.C.s have to operate some kind of waiting list. Counselling normally takes place in M.G. centres, although some councils also operate from a number of smaller outposts which may be located in places like health centres. Clients are not visited in their own homes- nor are counsellors.

It is usual for each counselling session to last for 1 hour and clients are rarely seen more frequently than at weekly intervals. It is not a requirement that both partners attend for counselling, although more

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couples are doing so than previously (Heisler, 1984) and the proportion of joint interviews increases annually. For example the statistics for 1984-85 show that 43% of interviews were with women, 18% were with men and 39% were with couples. (N.M.G.C. 1985). This shows an increase on the figures for 1980-81, the year the clients in this study came for counselling, when the statistics for interviews were 46% with women, 22% with men and 32% were joint interview (N.M.G.C. 1981).

There are problems endemic to defining and measuring social class, but for the purposes of gathering statistics, N.M.G.C. determine the class of clients by use of the Registrar General's classification of occupations. M.G. clients come from a cross-section of social groupings and are broadly similar to that of the general population. There is, however, an over-representation of clients from social classes I and II and a corresponding under-representation in social classes III and IV (Heisler 1984). (See chapter 4 table 4:10 p 161).

Clients present with a wide variety of problems - emotional, practical or both. Early adjustment difficulties are commonly presented, but so are problems in long standing marriages, where application to M.G. often comes at the point of marital breakdown. Sexual problems are also frequently brought (Tyndall, 1983). Although the majority of clients are in their first marriage (70% of males 69% of females), many clients are in a second or subsequent marriage (17% of males 18% of females) (Heisler, 1984) and increasingly the experiences of step-parenting and "blended" families are brought as presenting problems. Increasingly too, the changing status of women in society is causing marital problems (Tyndall 1983) (This latter point can be illustrated by some of the findings in this research where it appeared that a

wife's increased independence precipitated problems in 6 cases. (See chapter 6 p 240)

On average each marriage receives 5 counselling sessions (5 hours). However 43% of clients only attend once or twice, whilst 10% receive over 10 interviews (Heisler 1984).

OTHER SERVICES PROVIDED BY N.M.G.C.

The description of N.M.G.C'S activities so far has focussed on the side of the agency that delivers the counselling service and this has been described in some detail because the research project is an enquiry into the experiences of clients who came for counselling to that agency. However, the agency has other spheres of interest, some of which contribute to the "public face" of M.G.

Education It is important to mention briefly that alongside the marriage counselling service, there is an education service concerned with marriage and family life. Some M.G. counsellors are also concerned with this side of the organisation's activities and are involved in a variety of education projects with a very wide range of client groups. For example with young people in schools and colleges, engaged couples groups, parents in pre-natal clinics, or with special groups like prisoners or borstal boys.

Contract Training Work In addition N.M.G.C. regularly offers each year, short publicly advertised courses on aspects of counselling for people other than their own counsellors. They also respond to requests from other professions to provide tailor-made courses on counselling, or marital problems and allied topics.

<u>Marital/Sexual Therapy Service</u> N.M.G.C. also provides a specialist service for specific sexual problems. Marital Sexual Therapy (M.S.T.) clinics have been established in nearly a third of the M.G.Cs throughout the country and experienced M.G. counsellors have received additional specialist training in treating sexual problems using a behavioural approach. The treatment programmes developed by Masters and Johnson (1970) in the U.S. in the late 1960's to help with specific sexual difficulties form the basis of this approach and their intensive treatment plan has been modified and adapted so that it can be offered over a longer period of time.

<u>Publications</u> There is also a small publications department which is responsible for publishing and promoting booklets on marriage , family life and sexual matters, as well as for the production of N.M.G.C's journal "Marriage Guidance". The journal gets a wide enough circulation for it to be found in some University libraries and to be read by members of other caring professions like doctors or social workers.

<u>Research</u> In 1972 the very small research department which had been part of N.M.G.C. since the mid 60's was enhanced by the appointment of a full-time research officer, located at N.M.G.C. in Rugby. Although a limited budget prevented, for some time, anything more than small scale statistical research - using records, or occasional postal questionnaires - a number of modest projects were undertaken, for example a nationwide survey of clients characteristics in 1975 (Heisler and Whitehouse n.d.), a closer investigation of the "one interview" client (Heisler 1980), and an evaluation of the efficacy of

the M.S.T. service (Crowhurst 1981). These projects helped to establish the need for, and an acceptance of, a more systematic evaluation of the various activities of the agency of which the present study is a further example.

MARITAL COUNSELLING

Before describing the particular approach to marital counselling that is generally employed by M.G. counsellors and which is taught in basic counsellor training, it is useful to consider it first in general terms.

The words counselling and psychotherapy can probably be regarded as synonymous in academic literature. Indeed Patterson (1973) after reviewing their use concluded:-

> "that there are no essential differences between counselling and psychotherapy in the nature of the relationship, in the process, in the methods or techniques, in goals or outcomes (broadly conceived) or even in the kinds of clients involved." (p XIV).

The word "casework" can also be regarded as being similar, each word usually being used by a different discipline to describe a similar process. Casework is the social work term, counselling is the term used in educational or more general non-medical settings, and psychotherapy is the term used in medical, psychological and psychiatric settings. Nevertheless, a therapist whose training has included a psycho-dynamic perspective would probably argue there is a difference, and that counselling is concerned with conscious external behaviour whilst psychotherapy is concerned with the inner world and the negotiation between unconscious processes and external behaviour.

A counsellor whose job was, for example, in careers guidance, and whose prime task was to help clients make conscious rational decisions about future work, might agree with this view. I would argue that counselling and psychotherapy as defined above, are on a continuum with considerable overlap between these two ways of working. Certainly counselling, and marital counselling as practiced by M.G. counsellors can frequently be concerned with the negotiation between unconscious processes and external behaviour. Indeed the concept that there is an irrational unconscious element affecting behaviour (including the selection of a marital partner) is one of the cornerstones of the theory of marital interaction taught to M.G. counsellors. (See Dicks 1967).

It also needs to be noted that the terms counselling and psychotherapy have different connotations for some writers according to length of treatment, the client population and the type and severity of the problem. Psychotherapy is typically associated with long-term intervention often with clients (or patients) who are quite handicapped with a severe problem and who are sometimes even mentally disturbed. Whereas counselling is often seen as being short-term, undertaken with clients who are either seeking to promote growth and self-fulfilment or need limited help to get over a life crisis.

There is, however, conceptual confusion and for the purposes of this thesis I will be using the words psychotherapy, therapy, counselling and casework interchangeably. This terminology will also reflect the fact that ideas and research findings have been drawn from a variety of disciplines and indeed serve as a reminder that marital therapy or counselling in particular spans several disciplines.

Strupp (1978) explores the various definitions of psychotherapy, its history and the controversies surrounding its practice at some length. He concludes:

> "In broadest terms psychotherapy is concerned with personality and behaviour <u>change</u>. The patient who seeks help for a psychological problem desires change, wants to feel or act differently and the psychotherapist agrees to assist the patient in achieving this goal (p 4).

He goes onto state:

> "psychotherapy is a <u>collaborative</u> endeavor or partnership in which the patient ... is expected to play an active part ... the process of therapy is designed not to change patients but to help patients change themselves" (p 4)

He notes that:

> "no single definition of psychotherapy has found universal acceptance" ... but "most therapists agree however that psychotherapy involves both a human relationship and techniques for bringing about personality and behavior change" (p 5).

Interestingly he makes no distinction between the conscious and the unconscious processes that might play a part in the therapeutic endeavour. He is referring to individual psychotherapy but marriage counselling or marital therapy can be described similarly, although the focus of attention is more specific. Clients come for therapy because they are experiencing marital troubles or marital conflict and the focus is on the marriage or relationship rather than on the two people in that relationship as individuals. Marital counselling or therapy is still concerned with change, but normally the focus is change within the relationship. The individuals in the relationship may wish to feel or act differently but usually it will be in relation to their partner.

Because M.G. counsellor training focusses on the interaction between couples (See Dicks 1967), M.G. counsellors may be concerned to help clients see how the feelings and behaviour in one partner sets up a certain kind of reaction which lead to feelings and behaviour in the other. The aim then would be to help clients modify this interaction. The process of marital therapy, however, is still concerned with helping clients change themselves, and still remains a collaborative effort between the counsellor and the the partners in that relationship.

The work is often but not always, with both partners in that relationship - sometimes they are seen, together (conjointly), but at other times they are each seen separately. Occasionally two therapists are involved with a client couple. Each therapist works with one of the partners and they meet together as a foursome for conjoint work at some stage. (eg. Guthrie and Mattinson 1971). However, sometimes one partner refuses to participate in therapy, and counselling has to proceed with the partner who has sought help. It is important then that therapy is still concerned with the relationship, and the interation between partners, rather than with the attending partner as an unattached individual (See Bennun, 1985)

The M.G. Approach   As stated earlier (p 34) broadly speaking, the counselling approach adopted by M.G. counsellors is client-centred (Rogers 1951) underpinned by psychodynamic thinking. The client-centred approach can be illustrated by the description of counselling in "Marriage Matters" (1979):

> "the counsellor offers the client a relationship in which he may discover himself and find resources within himself - and within his marriage - by which to help himself and find his own way; in short, to enlarge his area of freedom and to move within it". (p 5/6)

Implicit in this approach is the avoidance of advice-giving - something which is alluded to in "Marriage Matters" (p 5) and which was explicitly stated by M.G. counsellors interviewed by Timms and Blampied (1980):

> "Whatever else (counselling) is, it is not advice giving" (p 155).

This particular feature of the client-centred approach was something that caused difficulties for clients in this research project.

The use of psycho-dynamic theory to inform the M.G. counselling approach probably originated from the fact that doctors and psychiatrists were involved with the M.G. movement from its beginnings and it was reinforced later by M.G.'s close links with the Institute of Marital Studies, who were in turn influenced by the psycho-analytic thinking emanating from the Tavistock Clinic.

As stated earlier the favoured therapeutic approach employed by M.G. counsellors and taught to them during training includes the notion that there are unconscious processes at work within and between people, which then affect how they behave.

The counsellors' basic reading list (see appendix 13) illustrates the kinds of theories and approaches that are used in M.G. For example counsellors are expected to have some understanding of the underlying

dynamics of family and marital relationships, how the past can affect present functioning and so on. (An approach which has been succintly described by Daniell, 1985)

The "new" counsellor training which started in 1985 now includes (somewhat belatedly) some teaching on the social and cultural factors that can affect marriage and families. Because M.G. takes "allcomers", counsellors have to learn to work with many types of problems and situations. They may see a couple together, or they may only have the chance to work with one partner. There is little opportunity however to work in co-therapy, mainly for practical reasons.

SUMMARY

This chapter has focussed on the agency setting in which this research project took place. First by locating N.M.G.C. within the context of marital counselling in Great Britain, and then by describing the structure of the organisation and its image in society.

The selection and training of counsellors was described, followed by a description of the clients and the work of the agency. Finally marital therapy was considered in general and M.G.'s approach to marital counselling described in particular.

CHAPTER 2: REVIEW OF THE RELEVANT LITERATURE

INTRODUCTION

A study of the literature relevant to this research project evolved in the following manner. I was asked to undertake an evaluation of M.G. counselling, preferably through the medium of a consumer-survey with former M.G. clients, the purpose of which would be to improve the M.G. service, which could include changing or strengthening M.G. counsellor training. Thus my starting point in a survey of relevant literature was to learn more about client-consumer surveys, to get guidance on the most useful and appropriate ways to conduct them and to discover the most potentially useful areas to investigate as well as to find out what previous researchers had learned about clients' responses to counselling, psychotherapy and social work interventions. If possible, it would be helpful to find some similar research, which had been undertaken with a marital agency, in order to eventually make comparisons.

In fact the client-studies which were most influential in helping to think out the research design of this project were those by Maluccio (1979), Mayer and Timms (1970) and Strupp et al (1969), none of which were conducted specifically with a marital agency. However, three other projects, which were in the process of being completed, came to my notice. They were important because they all involved the M.G. agency and each contained data from interviews with former M.G. clients. These too affected the design of this project, and eventually their findings provided useful material to add to the findings from this research. (Brannen and Collard 1982, Keithley 1982, and Timms and Blampied 1980).

As the research project progressed, and even while the interviews were being conducted and transcribed, it became evident that certain questions and issues which had already been briefly considered during the examination of the literature on marital therapy were emerging as important to this research and needed to be pursued further. For example, what part joint interviews played in the helping process; whether in fact both partners needed to attend for marital therapy; even what constituted a good outcome from marital therapy. This led to a more detailed examination of some of the research literature on marital therapy and the review of marital research by Gurman and Kniskern (1978a) was a particularly valuable resource.

In the final process of analysing the data and writing, it became clear that there were key themes which recurred over and over again both in this research and also in the findings of other consumer studies. For example, a pervasive theme was the discrepancy between clients expectations and hopes from counselling, and what counsellors offered. This led to thoughts on how findings, which were clearly significant because they kept coming up in research, could be better translated into improving training and practice. Thus, an examination of the literature in areas in counselling and psychotherapy that were particularly pertinent to the findings from this research ensued. For example, literature on contracts and contract making, on advice giving, on factors affecting drop-out rate from therapy etc. were identified and studied.

This chapter is, therefore, divided into three sections. The first and major section considers research which used clients' evaluations as a method of assessing a therapeutic service or therapeutic approach. In

particular the studies which are most relevant to this project are considered in detail. From this follows a brief summary of the issues which affected the design of this project and the key themes that emerged from the examination of the client-consumer research. The second section looks at relevant marital therapy research, and the third section considers the research literature which particularly pertains to some of the findings emerging from this project, like drop-out rate from therapy etc.

I. CLIENT SURVEYS

Background A systematic search of the literature for client studies,
not only led me to the relevant studies but also to the debate on the
whole issue of whether clients' opinions of a service are worth
considering and whether this type of research is valid or useful. This
is discussed in some detail in the next chapter on methodology.

Two recent studies using clients' perceptions and evaluations of
counselling/casework services by Brannen and Collard (1982) and
Maluccio (1979) comment on the general paucity of literature in this
field, although they note there is a growing interest in clients'
appraisals of the services provided by psychotherapists, social workers
and counsellors. It was interesting then to discover that clients'
opinions of psychotherapeutic help had been sought as early as 1948
(Lipkin 1948) and that there were a number of studies in the 1950's
which compared clients' and therapists views of a service. (For
example, Heine, 1953, Kogan, Hunt and Bartelme, 1953, Graham and
Blumenthal, 1955, Blaine and McArthur, 1958 and Board, 1959). The fact
that these studies often revealed a marked disparity in the judgments
of clients and therapists added an interesting historical dimension to
similar findings in later studies, including this present research
project. Two notable studies in the early 1960's by Feifel and Eells
(1963) and Strupp, Wallach and Wogan (1964) set the scene for the
growing interest in consumer studies in social work, counselling and
psychotherapy and two important studies at the end of the 1960's - an
American one by Strupp et al (1969) on patients' views of their
psychotherapy and a British study by Mayer and Timms (1970) on clients'
perceptions of the casework offered by a social work agency -
considerably stimulated further research on client opinion. Indeed

Maluccio (1979) refers to Mayer and Timms' (1970) "The Client Speaks" as a seminal work.

It was these three works (Maluccio, 1979, Mayer and Timms, 1970 and Strupp et al 1969) which were influential in the development of this current research project, both in stimulating ideas and in selecting the research design. In particular, Maluccio (1979) and Mayer and Timms (1970) had conducted their research in agency settings that were similar to Marriage Guidance, and thus adopting a similar research approach might allow me to both draw on and add to their research findings.

The studies by Maluccio (1979) and Mayer and Timms (1970) were both conducted in family service agencies that provided a service that approximated to the kind of service offered by Marriage Guidance Councils. For example, initial approaches for help were made by clients themselves; they were not usually referred by other agencies and were thus self-motivated. The counsellors approach to helping or casework was underpinned by psychotherapeutic insights but it was not psychotherapy in the pure sense. Although neither of the organizations used volunteer counsellors as M.G. does, they were both charitable independent organizations and thus not unduly affected by political or statutory considerations. In both studies, the data had been gathered through in-depth interviews with clients and counsellors. Unfortunately, (for the purposes of this research), although both included clients with marital problems - 34% of clients interviewed by Mayer and Timms and 34% of the client population in Maluccio's study - the main focus of these studies was not on how clients perceived marital counselling as such, but on how the entire client group reacted

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to the casework approach offered generally.

Mayer and Timms (1970) This British study was conducted with 61 clients of the Family Welfare Association (FWA), on the service they received from FWA workers in 1967. The FWA is a long-established independent social work agency. At that time it was well staffed with professionally qualified social workers, and it acted also as a training agency. It is based in London and its clientele are predominantly working class people, who elect to seek help, so are not therefore subject to any statutory enforcement.

The researchers made efforts to obtain samples of satisfied and dissatisfied clients (through examination of case records) and the material was gathered by in-depth interviews with clients in their own homes using a tape recorder. The interviewers were carefully selected and trained by one of the researchers. A sample of the social workers (9) who had been involved in the cases were also interviewed. The interview with the clients focussed on (a) the factors that led the clients to seeking help from FWA and (b) the factors or conditions responsible for the clients' satisfaction or dissatisfaction with the services received. By and large clients came to the agency with 1 of 2 purposes in mind - either they needed help in dealing with someone else like a spouse or a child, or they wanted "material assistance". The findings were set out to reflect these 2 categories of clients and the reasons for satisfaction and dissatisfaction with the service provided by the FWA were considered in each category.

Mayer and Timms presented some interesting observations on the social networks and informal resources of clients and how these influenced clients' help-seeking behaviour (something that is explored further by

Brannen and Collard, 1982), in addition to looking at the part played by referral agents in the help-seeking process. They also offered insight into the attitudes and feelings of clients seeking material assistance. However, of relevance to this present research, were the important findings concerning the clients who sought help with inter-personal problems. Some of these findings had already been noted by previous researchers and they have been echoed many times since. They were concerned with the clash of perspectives between clients and workers - a finding which is replicated in the present research study. The dissatisfied clients in Mayer and Timms's study were in the main dissatisfied with the approach adopted by the worker whom Mayer and Timms label "insight-oriented", which usually led to a series of misunderstandings, in particular over methods of problem solving. For example, dissatisfied clients were often particularly puzzled by the lack of advice and guidance, whereas satisfied clients encountered workers who were less "insight-oriented" and so offered an approach which was more "supportive-directive" - thus being more compatible with the clients' expectations. In discussing their findings, Mayer and Timms explored whether working class attitudes - in particular the attribution of difficulties to external events or conditions and an inability to think easily in interactional terms - meant that the "insight-oriented" approach could not be used with persons from a working class background. They did not however advocate its abandonment, but suggested there was a need to consider alternative ways of combating the difficulties it raised.

Although Mayer and Timms remains a land mark in client-consumer research, this study still suffers from the disadvantage of a small worker-selected sample and lack of comparative data.

<u>Maluccio, (1979)</u> This American study is more recent and was influenced by Mayer and Timms's work and an acknowledged wish to replicate it and expand on the findings. The aim of the study was to explore questions like:- how do clients view the helping process?; what do clients perceive as the outcome of a helpful process?; and how do clients' views compare with those of social workers?

The study was conducted with 33 clients of a sectarian family service agency located in an inner city area, who had recently terminated their contact with the agency in 1975. In addition the social workers involved with the cases (11) were interviewed. The agency was affiliated with the Roman Catholic Church although in practice it operated independently of the Church. The social workers were full-time and professionally qualified. The material was collected by in-depth interviews in the clients homes using a tape recorder.

Maluccio structured his report by focussing on the various phases of counselling - the beginning, the middle and termination - and the various difficulties and satisfactions in each phase. He also evaluated outcomes, the client/worker relationship and the agency environment, and he compared the views of clients with the views of their workers regarding their shared experiences. Although findings were presented under each of the above headings, the major finding again appeared to be in the realm of disparity. Maluccio pointed to a variety of discrepancies (between clients and workers) in respect to role expectations, orientation to problem solving, significance of crucial points in their engagement, satisfaction with the course and outcome of the service, and sources of influence on the outcome. He went on to state:

"Crucial differences occur especially in the beginning and ending phases. In a sense, client and worker start from divergent perspectives, gradually converge as their engagement proceeds and again move in different directions as it comes to a close". (p 184)

He devoted some effort to discussing the reasons for the discrepancies, which included consideration of variables like the client-worker relationship, the interactional environment, and the contracting process; and he suggested the need for further research on the complex interacting forces affecting the process and outcome of client/worker engagement (as opposed to studies on simple linear relationships).

Amongst other things, Maluccio added to Mayer and Timms's study by high-lighting the fact that disparity between worker and client may not necessarily be a problem related to social class. Maluccio's sample were predominantly "white, Catholic, middle class women" (p 177) yet they were often just as puzzled by the value of "just talking" and the lack of activity on the part of the worker as Mayer and Timms's clients were.

The acknowledged limitations of this study concern (a) the interview as the chief instrument of data collection (b) the retrospective nature of the study, and (c) the possible bias of a single researcher's analysis and interpretation of the data. However the fact that Maluccio used data from the interviews with workers to illuminate his findings added a useful dimension to his research. Nevertheless the small sample of 33 clients who were acknowledged as being "white, Catholic, middle-class women" cannot be viewed as typical of social work clients generally and indeed did not properly represent the client population

of this agency. They differed in other important characteristics also. For example, the sample had received more interviews with their workers than the client population (44% had had 13 + interviews whereas only 7% of the client population had this many).

As stated earlier, Mayer and Timms (1970) and Maluccio (1979) both provided an important starting point for this research. However, there were a number of other consumer studies which provided useful background reading, for example, Llewelyn and Hume, (1979), Brown and Manela, (1977), Sainsbury, (1975), Beck and Jones, (1973) and Strupp et al (1969) (who also contributed to ideas on how to evaluate the counsellor/client relationship). Although each had findings which were useful to consider in relation to client opinion on counselling/therapy/casework, each also had dissimilarities with this current research, and thus they do not lend themselves to direct comparisons.

For example, Llewelyn and Hume's (1979) study had a narrower focus. They reported on 37 patients who had received either behaviour therapy or psychotherapy and who completed a questionnaire on aspects of therapy they found useful. Their study was designed to discover whether relationship or "non-specific" factors were more useful in treatment than behavoural, or psychotherapeutic "techniques". They concluded that they were and described some of the activities clients particularly valued, for example, "getting reassurance and encouragement". Although interesting in confirming a hypothesis (that clients would report non-specific factors as being more useful), this study suffers from the limitations inherent in the use of questionnaires for obtaining information, namely, that the reasons why this should be so cannot then be explored in greater depth with the clients.

Brown and Manela's (1977) research was concerned with clients satisfaction with the counselling in a court-related marriage and divorce counselling service. It was therefore mainly concerned with clients who had already filed for divorce, although the aims of counselling could also include exploring possibilities for reconciliation as well as helping people to understand what went wrong and fostering a positive divorce adjustment. They interviewed 429 men and women and interestingly, despite the diversity of clientele (in terms of marital situation and their goals), 75% reported that they found the services offered helpful. In addition, they were able to identify the aspects they found helpful, for example, gains in understanding, expressing feelings, getting emotional support, increased communication, etc. However, Brown and Manela also identified the unhelpful factors. These were linked with discrepancy between counsellor and client over expectations and goals for the outcome of counselling and dissatisfaction with the counsellor. Some of the discrepancy occurred as with Mayer and Timms' (1970) and Maluccio's (1979) clients, over the wish for more specific solutions or suggestions.

The fact that 75% of their sample reported they found the service helpful needs to be viewed with caution. Only 65% of the clients eligible for the study participated fully and Brown and Manela acknowledged that because of this they had a disproportionately higher number of whites, women and higher educated blacks in their sample. Moreover they noted that the pattern of non-participation in the research parallels the pattern of drop outs from and dissatisfaction

with counselling. Thus, although they do not state this, it is likely that less than 75% of the _users_ of the service find it helpful.

Sainsbury's (1975) study was concerned with a different clientele. He interviewed families who had been referred to the Family Service Unit (FSU) in Sheffield, and he described the families as typically those caught in the "cycle of deprivation". He was interested in learning from "multi-problem" families more about _their_ perceptions of the help they had received with a view to extending the understanding of clients impressions of casework - something which from his summary, conclusions and suggestions, appears to have been achieved.

Sainsbury's work reinforced that of Mayer and Timms as it found that the clients were not always sure of the point of the casework and found it difficult to see what the workers were driving at. They sometimes bore with the workers out of a desire not to offend them or from fear of losing the material help they were able to dispense. The group of respondents came from a very specific segment of society chatacterized by the "multiplicity of intractability of their problems and needs" (p 3) and this limits the study from being applicable generally although this is recognised by Sainsbury.

Beck and Jones' (1973) study was with Family Service Agencies in America. Although it was concerned with cases where the primary focus was marital work, it was a much larger survey than the client studies described so far (more of a census) and was conducted by means of a questionnaire sent to 1,257 cases. From the 58% response rate, Beck and Jones obtained some global findings on satisfaction with the service provided by the agencies, and assessments from the clients on whether their problems were better, the same, or worse. There was no

possibility of discovering what these categorisations actually meant to the respondents however, and a 58% response rate is, in any case, likely to have produced a skewed sample of users of the services.

Beck and Jones' (1973) study was later replicated by Dailey and Ives (1978), with one particular American family agency - the Family Service Bureau - the overall goal being to measure the effectiveness of the service as experienced by clients. They extended their survey to all types of cases (641), so did not confine it to marital counselling. They used the questionnaire devised by Beck and Jones, but employed a variety of methods (mail, telephone, interview) to obtain data. Because the project actively engaged the agency's workers in the research (as interviewers), both the experience and the findings were used to evaluate, strengthen and revise programmes in the family agency. For example, the discovery that there was lower change potential in the long term cases, indicated a need to re-consider the productiveness of carrying cases for a long time (i.e. over 30 interviews). At the other end of the spectrum, because it was discovered that client improvement rose at 5 interviews, there was obviously a need to consider ways of holding clients who show signs of terminating after 3 or 4 interviews and extending contact long enough to bring about movement and some goal achievement.

Both these comparatively large surveys provided affirmation that it is worth asking clients to evaluate a service, and also that statistical data can be obtained which gives rise to hypotheses which can be tested with more detailed, smaller-scale research. For example, in relation to this latter study, a question posed by Dailey and Ives was whether clients from a lower socio-economic status required different casework

skills. However the limitations of both these large surveys are that they provide global findings which tantalize because they cannot supply detail. For example, although in the Beck and Jones study 2/3rds of the group of cases with marital problems showed improvement (according to clients' and counsellors' ratings), we do not learn the detail of that improvement, or the precise form it took, or even the criteria the raters were using to judge. Similarly in Dailey and Ives, it is not possible, for example, to discern why lower socio-economic class clients reported less improvement than others, and what criteria they were using. However, to be fair, this type of large scale census research does not claim to be able to provide such detail. Certainly one of Dailey and Ives' overall goals was to measure the effectiveness of a service using numbers big enough for comparison, with a view to having a base from which smaller more precise studies could be mounted in the future.

By contrast, Strupp et al's (1969) study on patients' views of their psychotherapy, although conducted by means of a mailed questionnaire, investigated in more detail some of the aspects of the helping process and focussed in particular on factors in the client/therapist relationship which might account for therapeutic change. Their research was based on 2 samples of clients and perhaps it was because they conducted their research with psychotherapy patients from a higher socio-economic background, who had had long periods of therapy, they had patients who were capable both of saying more, and of putting it more eloquently. Not only did Strupp et al's research differ from this current study because the information was gathered by questionnaire, it was also different because Strupp et al made a definite decision to eliminate from their sample early drop-outs from therapy and concentrate on patients who had had substantial contact with a

therapist. In fact the patients in the first sample had received therapy that typically lasted 28 months (166 interviews) whilst the patients in the second sample had received between 26-49 hours of therapy. In summary their findings indicated:

> "In general the patient's favourable evaluation of his therapist was associated with the subjective experience of positive therapeutic gains, whereas the negative attitudes towards the therapist were found to be associated with an unsatisfactory subjective experience of therapy". (p 16)

Thus their discussion focussed particularly on the relationship between the patient and therapist and helpfully identified and discriminated between the characteristics, attitude and behaviour of the therapist that were most likely to promote the establishment of a good relationship (and thus change). For example, they stated that:

> "a 'good therapist' was seen as keenly attentive ... having a manner that patients experienced as natural and unstudied saying or doing nothing that decreased the patients self-respect, at time giving direct reassurance, never criticizing and leaving no doubt about his 'real' feelings. By contrast the following characteristics were seen as incompatible with the 'ideal' therapist; causing (allowing) the patient to experience intense anger toward him; making him feel 'just another patient'; using abstract language; ... failing to understand his 'real' feelings; passivity (... 'doing nothing'); and being neutral (... lack of interest and concern)". (p 77)

It needs to be noted however that Strupp et al's findings were based on a very select sample of clients. They were from the higher socio-economic class range, they had undergone long-term psychotherapy - indeed they were only selected for the research if they had had 25 interviews or more and there were no "drop-outs". Thus they would constitute a sample who were, in the main, favourably disposed to therapy and who had learned how to be a client/patient. It is then not

surprising that Strupp et al were able to record that 77% of their sample had benefited from therapy and that only 9% were dissatisfied with therapy.

Although each of these studies was different from the current research in an important way, for example because it had a narrower focus, or took place in a different setting, used a different method of gathering data, or used a different kind of consumer, each nevertheless provided useful findings and ideas to set alongside the discoveries made in this research.

Fortunately, since embarking on this research, a number of studies using client perceptions of counselling services have recently been completed which includes 5 that have focussed specifically on marital counselling (Timms and Blampied 1985, Cramb and Hills n.d., Oldfield 1983, Brannen and Collard 1982, Keithley 1982, Weidenkehr et al 1981, Timms and Blampied 1980). Of these, 3 used M.G. clients and they have, therefore, been able to provide data which has lent itself to direct comparison with the findings in this present research.

For example, the monograph by Timms and Blampied (1985), which is based on their report to the Catholic Marriage Advisory Council (CMAC) (Timms and Blampied 1980), describes a research project which has many similarities with this present research. It is an account of a project conducted with 50 clients from 32 cases and 17 counsellors in 2 marital counselling agencies (CMAC and NMGC) and it claims to be the first to apply the perspectives of consumer research to the field of marital counselling, whilst including the perceptions of the counsellors of the same experience. The clients and counsellors were interviewed and the

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tape recorded accounts were transcribed and analysed by 3 research workers. The interviewed clients were more or less equally divided between C.M.A.C. and M.G. (15 cases from C.M.A.C. and 17 cases from M.G.); they represented 31 marriages and 1 unmarried client; and contained a similar proportion of men and women (26 women and 24 men). Although the client sample was similar to the sample in this present research in terms of age, length of marriage, number of interviews, there were more couples and more men interviewed. Other important differences were a higher proportion of cases where both partners were involved in counselling (than would be the case nationally); all 1-interview cases were screened out; and the clients were not randomly obtained, but provided (or selected?) by the counsellors who volunteered as research subjects. There was too, more focus on the counsellors' viewpoint of the counselling process. The first account (Timms and Blampied 1980) clearly stated that the research had not been an exercise in evaluation, but designed to provide a description and so there was no attempt to quantify any findings. Nevertheless, it is useful in providing clients' perceptions for comparison with this present research, for example, on the counselling process, on how counselling ended and on the counsellor/client relationship etc., and Timms and Blampied provide a particularly useful account of the counsellors' views of the work which captures both the struggle they have and the muddle they are in over defining their roles and their tasks in counselling. Overall, Timms and Blampied highlighted the complexity of the task of distinguishing the various strands and themes that need to be attended to when considering the counselling process, something which has been equally evident in the analysis of the data from this present research. For example, they referred to the complexities of problem definition; the process of seeking help generally and in approaching a marital agency in particular; and the

various interlocking strands that make up the whole experience of counselling. They set all this within the context of the social scene and people's informal networks. From this they concluded there was a need for an inter-related study to compare and contrast the "help" given in social work situations, with counselling and with "ordinary" helpfulness. Timms and Blampied achieve very well their stated goals, which were to describe and throw light upon the complex (even secret) process of counselling. They have never claimed that theirs was a scientific or authoritative study, so the fact that the clients were unrepresentative of M.G. cases nationally and were, in all probability selected by the counsellors (rather than randomly obtained) cannot really be objected to. However the fact they decided not to evaluate or quantify any findings is a limiting factor in this study.

Brannen and Collard (1982) also used M.G. clients in their study. Their research on help-seeking behaviour by people whose marriages were in trouble was conducted with 48 clients from 28 marriages. Two agencies were involved. Fourteen of the cases had been offered help within a medical setting (a hospital marital service) and had, in the main, been referred by their G.P.s; and 14 cases had sought help from a non-medical setting (Marriage Guidance) and thus were self-referred. The object of the research was to investigate the process of becoming a client, but not surprisingly, it included the views of the clients on the services and on the counselling process. Half of the interviewed clients were men and half were women and like the Timms and Blampied study, the interviews were tape recorded, transcribed and then analysed by several research workers.

Like Timms and Blampied, Brannen and Collard focussed on the social

context of people's help-seeking behaviour, how this affected their definition of their problem and their approach to seeking help generally. In addition they investigated the part played by clients' informal social networks in the help-seeking process; clients' attitudes to the disclosure of problems; and the critical life events that might have preceeded their current marital difficulties. This data is useful because it enlarges the picture of a person's circumstances prior to him becoming a client. This was something which Timms and Blampied commented on as being important in illuminating the subsequent counselling experience, but about which counsellors seem generally lacking in curiosity.

By their own admission, the sample of clients interviewed from M.G. was not very representative. This was because Brannen and Collard were dependent on the goodwill of the counsellors to mention the research project to their clients and only a few did so (and may have been selective in this). Obtaining the hospital marital service clients seemed easier. However, the initial research interview appeared to form part of the first step in their intake and treatment as clients (so they could hardly refuse) and it is possible they might have thought their continued treatment depended on their co-operation. These clients were always in couples, because the service only accepted for referral cases where both partners would attend. Because the service specialised in sexual problems, it is possible too, that there was a higher incidence of cases with sexual problems. The research interviews were conducted early during the counselling process and in some instances, they may have been experienced as part of the counselling. For this reason, it is possible that some of Brannen and Collard's findings were unique to this kind of situation, for example, men having difficulty with self-disclosure.

Brannen and Collard's study provided useful data on clients' expectations and experiences of M.G., as well as views on their counsellors, to set alongside the findings in this present research. For example, Brannen and Collard commented on clients puzzlement or dissatisfaction with the lack of advice, and the preference, by men in particular, for a more active or directive counselling approach. These issues are pertinent to the findings in this research and are thus discussed in some detail later in this thesis.

It was not the intention of this study to evaluate the marital counselling services, or indeed to quantify any of the findings. The object was to describe the process of seeking help and the factors involved in this process. There is, therefore, no neat way of summarizing Brannen and Collard's findings. The diffuseness of their findings is perhaps a limitation of this study. So too was their method of obtaining the client sample mentioned earlier.

Keithley's (1982) research was conducted with M.G. clients who had been referred by their G.P. to the M.G. counsellor attached to a General Medical Practice.

The practice of attaching counsellors to surgeries and health centres is a relatively recent innovation, so her investigation is of particular interest in evaluating the worth of doing this. The aim of the research was to describe, discuss and assess the impact of a Marriage Guidance counselling service in a General Medical Practice, and the assessment included clients' evaluation of whether they had received any help and, if so, what kind of help. In total, 83 clients

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(56% of the sample approached) were interviewed along with 2 of the 3 M.G. counsellors involved in these cases and the 5 G.P.s of the practice. Although the sample of clients Keithley obtained to interview was more random than those in the studies by Brannen and Collard (1982) and Timms and Blampied (1985), whose clients were, in the main, selected by the counsellors, many of their characteristics were unrepresentative of M.G. clients generally (according to the N.M.G.C. 1975 Client Survey by Heisler and Whitehouse n.d.). For example, there was an under-representation of 1-interview cases and an over-representation of cases which had had 11 interviews or more. Social classes I, II were over-represented (46% of those interviewed) and there was a preponderance of female clients interviewed (75%). These clients were also different in one other important respect - they were clients who had come to M.G. via their G.P. and many would not have approached M.G. themselves.(See Keithley 1982 p 214). Moreover, the counselling had been undertaken by an unrepresentative sample of M.G. counsellors in that all 3 were fully trained and experienced. The fact they were also all female does not in itself make them unrepresentative (the ratio of men to women counsellors in M.G. is 1-4), but it would have been useful also to have interviewed clients of a male counsellor.

Nevertheless, Keithley's research offers data which contributes to the picture of M.G. counselling and much of it adds directly to the findings of this current research. For example, she looked at what clients found rewarding and disappointing about their counselling experience and discovered how some clients were quite puzzled over the value of "just talking" whilst others found talking a great relief. She also identified that the benefits of counselling included easier communication between spouses and increased understanding, whilst

dissatisfaction was often centred on what was percieved as the "inadequacies of counselling" (p 218), meaning the non-directive nature of counselling, the passive role of the counsellor and the lack of expert advice (see p 220). She examined the termination of counselling and the helpfulness or otherwise of counselling from a variety of stand-points. Interestingly, just as in this present research, she also discovered a disparity in the assessments of clients, counsellors and G.P.s on the helpfulness of counselling, and usefully discussed the criteria each used. In particular, her study provided much useful information on the factors which are important to consider in the attachment of a M.G. counselling service to a G.P. setting.

Keithley's main findings include the discovery that clients reacted overwhelmingly positively to the provision of a counselling service at the Medical Centre - far more so than their reactions to the counselling they had received. Over two-thirds mentioned the advantages of the link between the G.P. and the counsellor.

Over half the interviewed clients reported they had found counselling to have been substantial or lasting help, one quarter reported some degree of help, whilst the remaining fifth had not found the counselling experience a helpful one.

Her conclusions centre mainly on the issue of the provision of a counselling service within a General Medical practice. She considers the clients evaluations on the helpfulness of counselling along with the assessments of the counsellors and the G.P.s and relates the contribution of such a service to the concept of team care. She notes that the arrangement has the potential to increase both M.G.'s access

to a wider range of clients, as well as enabling clients to have an alternative (perhaps easier) route to M.G., and she also considers the effects of the provision of such a service on the workloads of the G.P.s.

The limiation of her study in relation to the applicability of her findings to M.G. clients generally has already been mentioned, i.e. that her sample was not representative of M.G. clients nationally. However Keithley emphasized herself that her "study makes no claims to general validity and applicability" (p 343).

So although each of these studies using M.G. clients and undertaken more or less concurrently, is unique and different in important respects - for example, Timms and Blampied's including C.M.A.C. clients, Brannen and Collard's focussing more on the process of seeking help, and Keithley's being concerned with M.G. counselling in a G.P. setting - they each add considerably to the volume of knowledge about M.G. clients generally, which hitherto had been gathered mainly by statistical survey methods. This present study contributes further with more detailed data.

OTHER RELEVANT STUDIES

Two other recent client studies focussing on marital counselling were by Cramb and Hills (n.d.) and Weiderkehr et al (1981) and were with M.G. clients in New Zealand and Australia respectively. They provided findings on the effectiveness of marital counselling in those agencies, and used data gathered by questionnaire and written tests, rather than by personal interviews with clients. Although each provided useful

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information which adds to the knowledge of marital clients generally, both suffered from the limitation imposed by questionnaires and tests using global measures. For example, Weiderkehr et al found that more men than women discontinued counselling after separation from their spouse but had no data to explain why this was so. They drew a conclusion from this (that men do not require a support mechanism to adjust to separation) but this had not necessarily been indicated by the clients. They also found that more clients, regardless of presenting problem, felt that things were "much better" after 3 or 4 counselling sessions (as opposed to 1 or 2). But the authors and reader have to speculate on what "much better" meant, and why it happened after 4 counselling sessions and not 2.

Another interesting recent client follow up study by Oldfied (1983) adds to the breadth of views by British clients on counselling generally. Although her research was with clients who had mainly received individual psychotherapy - she interviewed 52 clients who had attended for counselling at the ISIS Centre Oxford - her findings have some relevancy to the findings in this current research. For example, she delineated the helpful and un-helpful factors in the counselling relationship and, as has been done in so many previous consumer research studies, drew attention, yet again, to the difficulties clients have with the quietness or passivity of the counsellors and the dissatisfaction with their lack of advice and guidance.

Her study is largely descriptive with chapters on the reasons why clients seek psychotherapeutic help, their hopes and expections from therapy, their view of what happened in the counselling sessions and their opinion of the helpful and unhelpful factors and the outcome from

therapy. It is perhaps a pity that clients who had had less than 4 interviews were excluded from her study (33% of her research population came into this category), and that little attempt was made to measure and evaluate the experiences, by the researcher. For example, she divided clients into age groupings and linked their problems to the tasks and dilemmas associated with that stage in the life cycle. But it would have been quite valuable to know whether any particular age group was more receptive to or helped by counselling.

KEY THEMES

A review of the research on clients' perceptions of a helping process or service in psychotherapy, counselling and social work, led to an identification of key themes or issues.

1. Discrepancy Theme The word "expectations" occurs frequently in client-consumer research studies and it is often reported that clients expectations from the service are at odds with what the service and workers offer. However it should perhaps be mentioned here that Duckro et al (1979) have made the point that it is important to distinguish between anticipations and preferences when considering these expectations - although none of the fore-going studies made this distinction - and that what clients anticipate from the service and what they prefer, or hope for, might be different. It is possible, too, that what they hope for from therapy is much more clearly defined in their thinking than what they anticipate the service will offer.

Having said that, although a major recurring theme in the literature has been the discrepancy between clients' expectations from the service, meaning both what they anticipated and what they wanted, and

what the service provided - something which was identified as early as 1955 by Graham and Blumental - discrepancy, or a clash of perspective between clients and workers is a theme which has permeated the whole helping process. There is a disparity in their respective jugdgements on the helping process, the outcomes of that process (of therapy or counselling or casework) and discrepant views on the therapeutic factors in the counselling encounter. There are even differences in the way clients and workers view the clients' difficulties - the main difference being over how each conceptualizes the problem. Frequently much of the disparity is due to the fact that clients and workers come together with quite different perspectives on the helping process - the client coming with anticipations often based on assumptions, or experience of other "helpers' and with hopes and preferences for what he wants, whilst the worker comes with an approach to problem solving based on a theoretical model, which he falsely assumes the client will accept and know about. These differences are rarely made explicit or discussed, hence the continuing discrepancy and "Kafka-esque quality about worker-client interactions" (Mayer and Timms, 1970, p 77). (For example, Timms and Blampied 1980, Maluccio, 1979, Lishman, 1978, Dailey and Ives, 1978, Brown and Manela, 1977, Beck and Jones, 1973, Silverman, 1970, Mayer and Timms, 1970, Strupp et al, 1969, Ballard and Mudd, 1958).

2. The Relationship Theme The second major theme is that the critical factor in whether counselling is successful or not is the quality of the relationship that is established between the counsellor/therapist/caseworker and the client. (See for example, Rees and Wallace, 1982, Maluccio, 1979, Strupp et al, 1969). Time and again this was a conclusion which then led to debate on the qualities

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required by the therapist, the conditions needed in the therapeutic
encounter, or the ingredients necessary in forming a therapeutic
alliance etc. For example, Strupp et al (1969) state:

> "It seems evident that the amount of improvement noted by a
> patient in psychotherapy is highly correlated with his
> attitude to the therapist. The therapist's warmth, his
> respect and interest, his perceived competence and activity
> emerged as important ingredients in the amount of change
> reported by the patient" (p 77).

And later:

> "(the patient's) positive attitude to the therapist proved to
> be closely related to success in therapy" (p 116)

One way of maximising the possibility of the relationship being a
productive one is to attempt to reduce the discrepancies described
above which led to dissatisfaction and misunderstandings. However,
Maluccio (1979) suggests there are qualities in the relationship that
can even overcome the discrepancy problem. He states:

> "... the client-worker relationship ... seems a critical
> factor that serves to counteract or overshadow the possible
> negative impact of other variables such as differences in
> their expectations or orientation toward problem solving.
> Disparities between clients and worker are minimised as their
> relationship grows" (p 186).

Maluccio does however also point to the fact that a contracting process
helps in the workers' and clients' efforts to cope with their
differences.

The somewhat repetitive findings from client-consumer studies reviewed
led to the identification of these twin themes of discrepancy and the

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importance of the client-counsellor relationship. They are significant
and relevant to this current study because they pervade, at almost
every level, the findings here as well. They will be considered again
along with the question of why they appear to be unheard or at least
not acted upon, in the concluding chapter.

LESSONS LEARNED FROM THE SURVEY OF CONSUMER RESEARCH

Identification of the pervading themes led to an informed consideration
of the areas which should be investigated in this current research.
For example, it seemed important to enquire into clients' expectations
(both their anticipations and preferences) of the agency and to see how
these differed from what they were offered, and also to get their
perspectives on the helping process - was it what they hoped
for/anticipated/wanted and what was helpful/unhelpful. In addition, it
was felt that the client-counsellor relationship should form a detailed
area of enquiry.

This close look at consumer research helped with decisions about
research design. These are dealt with in more detail in the following
chapter, but here are some brief examples. Because the research by
Timms and Blampied (1985), Keithley (1982) and Brannen and Collard
(1982) had been conducted with "selected" samples of clients, it seemed
important to make every effort to get a truly representative sample of
former M.G. clients by as random a means as possible, to include every
type of client - including one-interview clients. Equally it would be
important to obtain clients who had been counselled by the whole
spectrum of M.G. counsellors. In addition, although it quickly became
apparent that personal interviewing would provide, for the purposes of
this research, more useful data than mailed questionnaires, it also

became evident that compromises would have to be made to do this. For example, because the research project was being undertaken solely by one person (unlike the similar studies by Timms and Blampied 1985, Brannen and Collard 1982, and Mayer and Timms 1970), the material gathered had to be capable of being handled by that one person. Thus it was important to have a sample size that was big enough to encompass a representative sample of clients, yet small enough for the volume of material (bearing in mind the intention to obtain both a breadth and depth of clients experiences of counselling) not to become overwhelming. It was also decided that whilst descriptive-exploratory studies provided interesting accounts of clients' experiences of counselling (for example, Timms and Blampied 1985, Oldfield 1983, Brannen and Collard 1982), it was more useful to have some figures to attach to findings. This too meant that the sample size and composition had to be valid enough for some tentative generalizations to be made.

These compromises, the reasons why they were made, and the long series of decisions that had to be made about research design are discussed in the next chapter.

II. RESEARCH LITERATURE ON MARITAL COUNSELLING

<u>Background</u> The second area of research that needed to be examined in order to add to the thinking behind the findings in this study, was the research literature on marital therapy or counselling. Despite the fact that marital therapy can occur in psychiatric and clinical psychology settings as well as in social work and counselling fields, or perhaps indeed <u>because</u> it spans a number of disciplines, there is a lack of systematic and co-ordinated research in this field both in Britain and elsewhere. However, although early reviewers of the literature (Beck 1975, Gurman 1973, Goodman 1973, Olson 1970) complained about the meagreness of marital research literature, it has received more attention in recent years. As a result, a review of the research in marital and family therapy by Gurman and Kniskern (1978a) takes into consideration over 200 relevant studies. This review provided a useful starting point in helping to identify specific research articles in areas that emerged as being relevant to some of the themes and findings in this current study. In addition, their summaries of the trends that emerged from their examination of different groupings of studies led to conclusions that could be usefully set alongside the findings in this present study for comparative purposes. Although Gurman and Kniskern's review was helpful in locating research studies concerned with therapist, patient and treatment factors in marital therapy, an area that was particularly important to this present research was their assessment of studies on improvement rates, outcomes of marital therapy and deterioration, and the conclusions that emerged as a result.

<u>Outcomes from Marital Therapy, including Deterioration</u> For example,

after examining 36 studies on the improvement rates for the different

forms of non-behavioural marital therapy (conjoint, individual, group,

concurrent/collaborative) plus 25 studies that were designed to compare

these different forms, Gurman and Kniskern (1978a) concluded

categorically:

> "Couples benefit most from treatment when both partners are
> involved in the therapy, especially when they are seen
> conjointly". (p 883)

Equally, when comparing the different rates of deterioration according

to the 4 types of marital therapy, they discovered that not only did

individual therapy for marital problems produce an unimpressive

improvement rate, but it also has a higher deterioration rate. They

therefore concluded:

> "Individual therapy for marital problems is a very
> ineffective treatment strategy and one that appears to
> produce more negative effects than alternative approaches".
> (p 883)

Both of these important conclusions were relevant to areas of enquiry

and findings in this present research and they are considered both in

the discussion on joint and individual interviews in Chapter 9 as well

as in Chapter 5 on outcomes.

Because improvement rates and outcomes from marital therapy emerged as

being one of the central issues in this research and because this then

posed the question of what factors contribute to "successful" marital

therapy, a more detailed examination was undertaken of some of the

studies concerned with outcomes from marital therapy. In particular

those studies which made comparisons between different forms of marital therapy (eg. Bennun 1984, Cookerly 1980, Cookerly 1976) were looked at, in addition to the study which investigated the factors that led to deterioration in marital work (Gurman and Kniskern 1978b). For example it seemed worth examining further how some studies had come to conclude that conjoint therapy led to a more successful outcome, and what criteria they used to define success. It also seemed worth looking at research that found no such conclusive evidence, and indeed made contrary discoveries. Two studies that can be contrasted in these respects are Bennun (1984) and Cookerly (1980).

In their review of marital research Gurman and Kniskern (1978a) identified different types of marital therapy thus:-

Conjoint: where both partners are treated together in the same interview

Individual: where only one spouse is treated in individual sessions

Concurrent/collaborative: where both partners are seen separately and concurrently, either by the same therapist or by 2 different therapists

Conjoint group: both spouses are treated together with other couples

However Cookerly (1976 and 1980) added 2 more categories - concurrent group (both spouses treated in separate groups) and individual group (only one spouse is treated in group sessions), - but specified that in these types of treatment the purpose remained one of resolving marital problems and not individual difficulties.

In his 1980 study, Cookerly built on his previous research (1976) which had shown that conjoint therapy was the best form of treatment for marital problems. He followed up his original research sample 5 years after therapy and used his original outcome categories to evaluate them again. These were:-

divorce with poor outcome,

divorce with moderate outcome,

divorce with good outcome,

married with poor outcome,

married with moderate outcome

married with good outcome.

Again he found that a conjoint form of therapy provided better outcomes. 56% who primarily had this form of treatment remained married 5 years later, whereas only 30% who had the non-conjoint forms of marital therapy remained married 5 years after therapy. Cookerly also looked at the timing of divorce post-therapy in the couples seen conjointly and those seen non-conjointly and found that those seen conjointly divorced sooner after therapy. His analysis of his data overall led him to conclude:

"Conjoint forms (of therapy) resulted in fewer and better divorces and better marital outcome for those remaining married 5 years after marital therapy" (p 396)

He appears to define a "better divorce" as one which occurred within one year after therapy and included a "constructive" and "amicable" dissolution. A "better marital outcome" included an improved

relationship or even "remarkable growth with superior love relationship". (p 395)

On the surface these findings seem to provide a powerful argument for conjoint interviews. However, it seems unwise to attribute all the benefits to the treatment without considering the variables that may have been at work during the intervening 5 years (between therapy and follow up) or the fact that the form of treatment the clients chose originally may have reflected the state of the marriage.

Bennun's (1984) study is interesting because he discovered no such clear cut findings and in fact provided some support for the use of individual therapy for marital problems providing it keeps to a dyadic focus and involves the non-attending partner. By this Bennun means that:

1. the content of the sessions with the individual is balanced between the needs of the attending partner and those of the couple;

2. the part the untreated partner plays in the marital distress is kept in mind;

3. the goal of individual treatment format is for both partners to understand their respective contributions to the problem;

4. the various skills that are practised and learned in the individual sessions need to be communicated and shared with the non-attending spouse.

His research with 36 couples was designed to compare 3 approaches to marital work:- conjoint treatment, couples groups and treating one partner alone. The treatment with all groups was behavioural, focussing on communication, problem solving and contingency contracting. Although there was no difference in the outcomes for each group, there was a significant difference in the rate of change between each group. For example the couples treated conjointly showed a more rapid improvment initially.

One of the weaknesses of this research is that the researcher was also the therapist with each of the groups. Thus, not only was he aware of the aim of the research and the hypotheses being tested when he was undertaking the therapy, but also his preference and skills with one of the forms of intervention may have affected the outcomes. It is worth noting that Gurman (1973), in his initial review of marital research, was particularly critical of the studies where the author of the study and the therapist were the same person. He commented that this arrangement was:

"hardly on the side of investigative objectivity" (p 149)

In addition, the finding that individual therapy was as effective as the other forms of marital treatment needs to be viewed with caution because, as the author noted, this form of intervention was undertaken with single partners from couples where both partners had been prepared initially to accept any form of treatment. Thus, the non-attending partner was co-operative and interested. Would it work as well with couples where one spouse refused to attend therapy? Bennun addressed

this problem, to a certain extent, in a later article on unilateral marital therapy and suggested ways in which the partner who refuses to attend can be involved. (See Bennun, 1985 pp 14-17)

Gurman and Kniskern's (1978b) study on deterioration in marital and family therapy provided a much fuller account of this phenomenon, already described in their review of marital research (Gurman and Kniskern 1978a), which was based on the analysis of over 200 reports and studies. They stated:

> "In summary, it appears that approximately 5 to 10 percent of patients or marital or family relationships worsen as the result of marital-family therapy" (p 5)

and then usefully added illustrations of apparently deterioration-producing clinical experiences and considered some conceptual issues relevant to the definition of deterioration. Again they noted that deterioration appears to be much more common in individual and group marital therapy than in conjoint or concurrent-collaborative therapy.

In addition their description of the factors (in the therapist, the client, and treatment) which might contribute to it happening, supplied criteria which could be set alongside the data and experiences that emanated from this research. For example, in summarizing the factors which were likely to contribute to deterioration occurring in marital-family therapy, they painted a composite picture of a therapist with poor relationship skills; who directly attacks "loaded" issues and patients' defences very early in treatment; who fails to intervene in or interpret intra-family confrontations; and who does little to structure and guide in the initial stages of therapy or to support family members. They noted that such a style was even more likely to

be counter-therapeutic with patients who have weak ego-defences or feel threatened by the nature or very fact of being in treatment.

Who attends for Marital Therapy   The issue of the respective merits of individual and conjoint marital therapy and their beneficial or deterioration-producing effects - evident in both the research literature and the findings from this current research - led on to an interest in who attends for marital therapy. For example Smith and Hepworth (1967) Hurvitz (1967) and Sager et al (1968) were helpful in considering and discussing the effect on the absent partner when only one member of a couple is in therapy. Whilst Ehrenkranz (1967) and Rice (1978), mindful of the dangers inherent in seeing only one partner, went on to advocate joint work for marital problems, arguing in particular that therapy was enhanced by the husband's participation. The male partner is typically seen as the most reluctant to attend therapy and this has led to him being given particular attention in some research studies. For example, Wattie (1973) in her study on short term casework concluded that husbands were more likely to enter marital therapy if it was time-limited; and Mendonca (1982) in considering personality correlates and brief marital therapy outcome, focussed on husbands' traits as being the main determinant for improvement.

In addition, other marital therapy research relevant to this study was also looked at. For example, studies on therapist factors like experience level, skill and gender, and treatment factors (in addition to type of interviews) like length of treatment. These are referred to where applicable, in the discussion on results.

III.   OTHER RELEVANT RESEARCH LITERATURE

As the issues and themes emerged from this current research, they provoked a renewed exploration of research literature in a number of specific areas, in both the fields of marital and individual therapy. For example, it became apparent, because of the incidence of one-interviews and of premature termination from counselling, that it would be useful and necessary to know more about "drop-out" rates. The realisation that the quality of the relationship between counsellor and clients was crucial, led to an examination of the studies in this area, and the persistently reported wish for advice led to a search for literature on this. It became evident that many of the problems and misunderstandings that occurred in counselling might have been minimized if the protagonists in the counselling endeavour had had a more clearly defined contract. This led, therefore, to an examination of the literature on contracts and a particular interest in the kind of contract that might be feasible between a couple and a therapist.

The following briefly surveys the literature in these areas. However findings from most of these studies are referred to, in the relevant place, in the body of the thesis.

"Drop-out" Rates From the body of literature on premature termination, it was useful to learn more about the effects of early interviews on subsequent therapy (eg. Pearlman 1977, Lieberman 1968) as well as discovering more about "drop-outs" or premature termination from therapy and to know more about the factors that contributed to this happening. (eg. Eisenthal and Lazare 1976, Tessler 1975, Silverman 1970 and 1969). For example, the importance of dealing with clients' expectations from therapy came up time after time as being a factor in

whether clients continued in treatment or not. Another factor that recurred in the findings on premature termination was the part that therapists played in the occurance, either through their behaviour - usually lack of activity, or their attitude - because they felt negative about the clients. (eg. Shapiro 1974, Shapiro and Budman 1973). Much of what was reported was in accord with the findings in this present study.

For example Silverman (1970), whose study with social work clients reflected the puzzlement expressed by M.G. clients, found that clients queried the value of "just talking". This led to her discussing what clients defined as "helpful" behaviour. Similarly clients in the study by Shapiro and Budman (1973) criticized the worker because "he just listened ... he should have directed more" (p 61) - a comment that was echoed many times by clients in this present study. Shapiro's (1974) article was particularly useful in drawing attention to therapists' counter-transference reactions (meaning the ways therapists felt about and responded to their clients) and the part these played in clients dropping out of therapy.

Another useful study was the one by Heisler (1980) because it was on M.G. clients. She categorized the different types of one-interview cases seen by M.G. counsellors and her findings suggested that the drop-out category contained more individual interviews than conjoint ones and more clients who were already separated from their spouse. There was some indication too that the counsellor failing to engage with the client (possibly for those reasons stated by Shapiro 1974) could have accounted for some of the drop-outs.

The Need for Advice and Guidance Obtaining some advice was a persistently reported hope by clients in other studies as well as in this current research (see for example, Maluccio 1979, Brown and Manela 1977, Silverman 1970, Mayer and Timms 1970). Thus the studies by Ewalt and Kutz (1976) and Reid and Shapiro (1969) were useful in considering the practice of advice giving and identifying the various helpful and unhelpful factors involved

For example Reid and Shapiro (1969) investigated clients' desire for advice and caseworkers' use of advice in an era when advice-giving was definitely viewed as "bad practice". However, they found that practitioners who made little use of advice had to contend with the client's demand for it, and their dissatisfaction, whereas a small amount of advice-giving (possibly in the form of suggestions) avoided client dissatisfaction and thus promoted a better working relationship. Ewalt and Kutz (1976) took note of these findings, explored the literature on advice-giving and then further delineated the circumstances in which advice could be acceptably used and the various forms it could take. (viz:- in the form of a suggestion or a leading question; a suggestion based on profession opinion; or a directive statement). From their research they confirmed a view proposed earlier by Reid and Shapiro that whether or not the clients had followed the advice, it had usually had the effect of stimulating them to find new ways of dealing with their problems.

The Characteristics of the Counsellor and the Therapeutic Alliance

Because the quality and the nature of the relationship between the counsellor and clients emerged as being particularly crucial to what happened in counselling in this research, it was important to learn

more about the various factors which contributed to an effective therapeutic relationship, and, in particular, the factors or characteristics brought to it by the therapist. Fortunately this is a well researched area in psychotherapy and indeed Gurman and Razin (1977) devoted an entire volume to this alone. Garfield and Bergin's (1978) volume on all aspects of psychotherapy research provided an excellent source book and contained 2 chapters that were particuarly relevant to the client/counsellor relationship - Parloff et al's (1978) review of the research on therapist variables and Garfield's (1978) review of the research on client variables. Another review of psychotherapy research by Meltzoff and Kornreich (1970) provided a chapter on research on the actual therapeutic relationship, which included a section on the research done on the effects of transference and counter-transference in the relationship (pp 461 - 464). They noted here that little research had been done on these phenomena.

More specifically Dryden (1982) identified the important strands in the establishment of a satisfactory therapeutic alliance (meaning a helpful working relationship between client and therapist); Shapiro (1974) considered the effects of negative counter-transference on the part of the therapist in the establishment of a relationship; and Temperley (1979) and Lishman (1978) discussed the effects of the negative transference of the client (meaning - the feelings and attitudes belonging to a past relationship which get irrationally and inappropriately displaced onto the therapist); whilst Goldstein (1962) considered therapists' preferences for certain clients and how this was likely to affect the relationship. The findings from these studies are discussed in more detail in the chapters on the counsellors and the counselling relationship (Chapters 7 and 8) where their relevance to

the findings in this research is made apparent.

In addition, another area of particular interest to this current research was the material on the dynamics of a therapeutic alliance between a couple and a therapist, as clearly this involved a different kind of negotiation to the relationship or therapeutic alliance between an individual and a therapist. The complexities of the alliances required in marital work were considered by Gurman (1981) who commented wryly:

> "Accomplishing the goal of husband/wife collaboration is itself a major undertaking, and the simultaneous achievement of a working patient - therapist alliance often seems to be an insurmountable task". (p 85)

However, Gurman usefully went on to address the 3 dimensions that needed to be attended to simultaneously in the building of a therapeutic alliance. These were:- therapist and each marital partner; therapist and the couple qua couple; and the husband-wife pair. Broderick (1983) also considered the "art of establishing triangular rapport" and suggested that attention must be paid to three forms of symmetry to facilitate this process. These were (a) spacial symmetry - meaning where each member of the therapeutic triangle sits in relation to each other. (b) temporal symmetry - meaning the need to allow each partner equality in their speaking time and (c) moral symmetry. This latter involves the therapist using an approach which conveys there are two sides to every question, and that the couple are "partners in pain" rather than saint and sinner or villain and victim. Broderick also considered the issue of coalitions and the complexities of transference and counter-transference and their effects on therapy. Smith and Grunebaum (1976) addressed the issue of the different

motivations and thus the consequent roles that partners brought to a therapy situation which were likely to sabotage the establishment of working alliances in marital therapy.

This literature was helpful in both determining what might have hindered the counselling encounter and in formulating suggestions for strengthening counsellor training.

Contracts   The findings from this current research led to further examination of research on premature termination;   clients' expectations and in particular their need for advice;   and the ingredients necessary for an effective therapeutic relationship etc. This naturally led on to the need to consider the issue of agreements and contract making with clients and the literature on this, as this seemed of fundamental importance to rectifying some of the difficulties that had been identified.   For example Garvin and Seabury (1984), Rhodes (1977), Seabury (1976) and Maluccio and Marlow (1974) all emphasised the need for negotiation in order to obtain a congruence between clients' and therapists' expectations, their respective aims from therapy, and the tasks and roles each would have - if therapy was to have any chance of coming to a successful conclusion, and moreover, advocated it as a way of reducing the incidence of premature termination from therapy.

This literature then added a fruitful area to consider in relation to the theme of discrepancy which had been so pervasive throughout the literature using client evaluation of therapy.   For example both Rhodes (1977) and Seabury (1976) offered useful guidelines on the process of contracting with social work clients, Seabury suggesting that a

contract should be dynamic and flexible, capable of being negotiated and re-negotiated, and Rhodes identifying areas which would need clarifying in that process. Both suggested that contracting should take place over a series of sessions in the initial phase of counselling and Seabury acknowledged the difficulty of translating the concept of making a contract into practice. However both saw it as a way of minimising discrepancy.

It was further necessary to look at the literature which extended the concept of contracting to the kinds of agreements that might be needed in marital work. Although both Broderick (1983) and Gurman (1981) discussed the factors that needed attention in a therapeutic alliance between a therapist and a couple, only Broderick offered any guidelines on how these might be translated into a specific contract (see Broderick 1983 pp 67-90). In addition to identifying the areas that needed attention in a triangular contract, he also addressed difficulties like partners having incompatible non-negotiable goals, and when the goal is divorce. Although Dryden and Hunt (1985) also predominantly addressed the factors to be considered in establishing a therapeutic alliance in marital therapy, they also mentioned the process of negotiation that was required and advocated that a contract should allow for both negotiation and re-negotiation. In fact, from a survey of the literature on contracts in marital therapy, it seems there is scope for more thought to be given and more research to be done on contracting with couples and thus more guidance offered on how to go about this tricky task.

<u>Conclusions</u> This brief section has highlighted the literature in areas of psychotherapy that emerged as being particularly notable for further investigation from the findings of this research project. However numerous other research studies are referred to in the body of the text. For example, identifying helpful factors in psychotherapy led to reference to research on non-specific factors in therapy (eg. Ryle 1980, Strupp and Hadley 1979, Llewelyn and Hume 1979); trying to discover ways in which the first therapy interview could be experienced as more productive and satisfying led to an examination of research on preparation for therapy or role induction techniques (eg. McCaskill and McCaskill 1983, Orne and Wender 1968) and so on.

IV. SUMMARY AND CONCLUSIONS

This chapter has attempted to survey the literature relevant to this research project. The major part of the chapter focussed on the field of research using client surveys and client follow-up studies which evaluated psychotherapeutic, social casework and counselling services. This was then narrowed down to considering the studies concerned with marital work agencies, in particular the 4 recent studies using M.G. clients, and these were examined in greater detail. From this it was possible to identify 2 key themes that pervaded the literature. One was concerned with the discrepancies that occurred at all levels between clients and workers or agency, and the other pointed to the importance of the relationship established between client and worker, which seemed to override all other factors in therapy. In addition it was possible to identify some lessons on the execution of consumer research which were useful for the design of this project.

The second part of the chapter considered relevant research material on marital therapy; and finally the areas of psychotherapy research that emerged from the findings of this research as warranting more attention, were identified and described.

CHAPTER 3: METHODOLOGY AND RESEARCH DESIGN

INTRODUCTION

Before embarking on a description of the research design and the rationale for adopting a particular approach, it might be helpful to describe the history of the development of this research project as each stage influenced the eventual decisions that were made.

History of Research Project

1977   I completed a literature survey on marital counselling which revealed a scarcity of British material.

1978   N.M.G.C., perhaps influenced by the deliberations of the Home Office Working Party on Marriage Matters, started to consider how best to evaluate the M.G. service and I was asked to help.

1978   I carried out the first pilot study to investigate this using 8 clients who replied to an advertisement in the "Manchester Evening News".

1980   Encouraged by and wanting to build on the discoveries from the first pilot study, N.M.G.C. decided they wished to embark on a more detailed investigation of former M.G. clients, and I was asked to undertake this.

1980   Time spent on literature search, reading and talking to other

researchers.   Research design evolved.

1980/81   Second pilot study undertaken with Leicestershire M.G.C.

clients to test interview schedule, rating scales etc.

1981   Main study embarked on using former clients of Manchester

M.G.C.

The programme thereafter:-

1981   Interviewed clients

1982   Interviewed counsellors

1982/83   Transcribed data.

1983   Analysed data.

1983/84   Wrote report for N.M.G.C.

1985/86   Writing up of thesis.

On the basis of the knowledge gained from considering relevant earlier studies, and the preliminary work, by 1980/81 I had a much clearer idea of the type of research design that would help towards answering some of the quite basic questions the agency wanted replies to like: "Does Marriage Guidance counselling do any good?" and "Is the service provided what clients want and require?"

It had become obvious from the early work, and in particular from the reading, that in order to get detailed information that would usefully contribute to the management of service delivery, and counselling practice, I would need to develop a research design which involved semi-structured but in-depth interviews, with the widest possible

spectrum of M.G. clients. These two criteria in themselves involved conflict and compromise.

To get opinion from a wide representative sample of clients from which conclusions about M.G. counselling generally could be drawn, required gathering information from a substantial number of clients whereas to get to the complexity of the experience by in-depth interviewing meant that the number had to be manageable for the work and for the analysis to be carried out by one person. In addition, for a while, there seemed to be some incompatibility between doing research that was academically respectable whilst being relevant and useful to the agency that had commissioned it. Would research that was basically descriptive, exploratory and interpretive be academically legitimate or would it need to include statistics on a large quantity of clients? Again a compromise had to be made. There was enough evidence from descriptive, exploratory consumer research undertaken so far to be able to justify it's design and methods, but it seemed valid and important to include some statistical data as well, despite the fact it would not be based on large numbers of clients.

These examples illustrate the long series of decisions and compromises that had to be made before the final research design was complete.

The following chapter, therefore, describes the objectives of the research, the rationale for adopting the research design to achieve these objectives and various issues that had to be resolved in the process. This is then followed by a brief description of the preliminary pilot work. The next chapter goes on to describe in detail the methods used in the main study, which were formulated as a result of these preliminary considerations, and ends with the limitations that

were imposed by the use of this particular research approach.

OBJECTIVES OF THE STUDY

The objectives of this study were to carry out a consumer-survey with former Marriage Guidance clients to establish why they chose the agency; what factors contributed to their choice; what their expectations were from the agency; what happened during counselling; how they felt about their counsellor; what if anything was achieved through counselling; and what had happened to them since counselling. Basically the aim was to obtain descriptive and evaluative comment on the service generally, the process of counselling and the outcomes for them. The purpose of the study was to obtain information that could be used to improve the Marriage Guidance service by pinpointing the areas which might need further attention by the agency, for example by identifying categories of clients who do not respond well to the M.G. counselling approach, or by discovering what happens when clients arrive with misconceptions about the work of the agency. In addition, it was expected that the study would raise a number of issues about the practice, and hence the training of counsellors that would lead to suggestions for modifications and improvements in the training. And finally that it would identify a number of specific areas where further, more focussed research could be usefully carried out.

This study sought to build on previous research, particularly that of Mayer and Timms (1970) and Maluccio (1979), but with the added dimension of confirming the enquiry to the experience of a specific form of therapeutic intervention, namely, marital counselling. In addition it provided an opportunity to augment the findings of concurrent

studies using M.G. clients. (Timms and Blampied, 1985, Keithley, 1982, and Brannen and Collard, 1982).

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I. METHODOLOGY: RATIONALE

Qualitative Research The basic choice of research design is usually posed as being between quantitative and qualitative methods. Broadly speaking quantitative research is defined as being more concerned with the objective analysis or measurement of a volume of material, in order to test pre-conceived hypotheses and predictions. Whereas qualitative research is conceived as being open, flexible and responsive to the empirical nature of the phenomena being investigated. The emphasis is on complexity, richness and depth of data rather than volume. This method is likely to discover, or generate theory from data rather than test or verify existing theory (see Glaser and Strauss 1967). It can also be called "naturalistic enquiry" (Denzin 1979).

Weiss (1966) considers the merits of both approaches in the study of complex situations. Although he acknowledges that quantitative and qualitative research (which he refers to as analytic and holistic) are seen usually as quite distinct alternatives, he considers that they represent quite different ways of interpreting the task of research, but are not necessarily inherently incompatible with each other. However, he concedes that the holistic oriented investigator may find

> "the empirical generalisations based on precise measurement of observables irrelevant to the systematic interrelation of variables" (p 205)

while the analytically oriented investigator may find

> "the mixture of concrete detail and close interpretation ... to make manifest the nature of the system ... impressionistic and unrelated to true hypothesis development" (p 205).

He comments that it is sometimes argued that the holistic (qualitative) approach is essentially exploratory, hypothesis generating and, therefore, preliminary to the more definitive testing, analytic (quantitative) approach. However, he considers that in practice either approach may support the other and each, in any case, has different aims.

There are a number of advocates of qualitative methodology (Filstead 1970, Blumber 1969 and Glaser and Strauss 1967) who are both able to justify its approach and convincingly defend it from its critics. For example Glaser and Strauss note, as Weiss does, that critics of the flexible qualitative approach label it as unsystematic, impressionistic, or exploratory. However Glaser and Strauss cogently argue the case for its credibility, plausability and trustworthiness. They defend its level of accuracy stating that comparative analysis of different slices of data can correct inaccuracies. Their main argument is that there is a value in research which, by repeated analysis and examination of complex data generates new perspectives, hypotheses and theories, which thus have particular relevance to the area under research.

They describe the end product as grounded theory. They state:

> "a discovered grounded theory will tend to combine mostly concepts and hypotheses that have emerged from the data, with some existing ones that are clearly useful" (p 46).

Frank (in Strupp et al 1969) also commends this naturalistic approach for psychotherapy research in the foreward to the book by Strupp et al

(1969) and he is critical of the quantitative approach as a method of getting results that are relevant to psychotherapists. He states

> "Most researchers (of psychotherapy)... have selected questions of study from the basis of amenability to statistical measurement and control rather than relevance, so that results decrease in significance as they increase in precision and reliability..." (Foreward)

The arguments by Weiss (1966), Glaser and Strauss (1967) and Frank (Strupp et al 1969) both affected the choice of research design and lent credability to the one chosen.

This research is deemed to be qualitative research for the follwing reasons. It's aim was to explore and describe the experiences of counselling of a relatively small sample of clients. It's methods included in-depth interviews which would be likely to provide detailed, perhaps complex subtle and interrelated data. And the objective of analysing this data would be to discover patterns of meaning, identify themes and generate theory to explain the phenomena discovered. It is acknowledged that some of the findings, might be regarded as impressionistic. Also because it was both exploratory by intent and involved a small sample, it raises a number of questions and issues that need to be the subject of further research.

However, the fact that repeated analysis of the data from a variety of perspectives led to and helped develop many of the theories and ideas put forward in the discussion of the data, suggests that it at least achieved the objective proposed by Glaser and Strauss (1967) of discovering grounded theory.

However, there were powerful additional reasons for adopting this type of research design.

It was important that the results of any research should be useful and relevant to the agency and capable of being readily translated into recommendations for service delivery. Moreover, the Home Office working party report Marriage Matters (1979) had made a strong plea that marital research should be relevant to practitioners and had endorsed the qualitative approach as a method of achieving this. They recommended:

> "that particular attention should be paid to practice-linked research" (p 97)

and considered that research in marital problems and marital work should adopt an approach that was:

> "less to do with the testing of hypotheses formulated by others than with the generation of theory which helps to make sense of a usually complex experience" (p 91).

Marriage Matters (1979) also provides justification for exploratory research on the grounds that since marital research is in its infancy, this is the appropriate approach. They acknowledge:

> "For practical purposes much of the necessary practice - linked research is exploratory at this stage in the development of marital work ... a good deal of work will and should be undertaken in order to explore methodological problems: statistical techniques are unlikely to be at a premium in such circumstances". (p 98)

Thus they supplied the mandate to adopt this type of research design.

<u>Client-consumer Opinion Research.</u> Research using client perspectives
is a paricular form of qualitative research and this type of research
has also had it's advocates and it's critics. Their views on the
strengths and weaknesses of this approach were also considered
carefully in relation to the design of this research project.

Early advocates were Graham and Blumenthal (1955) who, finding wide
discrepancies between the casework provided and what clients expected,
(meaning what they anticipated and what they preferred or wanted in
therapy) said:

> "A vast field for productive research lies in the co-
> operation with our clients and in finding ... ways in which
> we can improve our services (p. 94).

After careful consideration of previous studies on the problem of
taking into account the reports or responses of the protagonists in a
therapeutic situation, Feifel and Eells (1963) concluded:

> "The involved parties in psychotherapy are still in the most
> favoured position to provide ... promising leads concerning
> what takes place (p. 310).

They also noted that harmful as well as positive aspects of the
therpeutic experience should be examined and commented:

> "Undesirable features in psychotherapy have been neglected in
> most investigations (p. 310).

Mayer and Timms (1970 pp. 9-11) set out a number of reasons as to why
client oriented studies have a value.

1. They might well sensitize researchers to "new" considerations.

2. It is essential that researchers keep the door open to new variables - of which clients are an important source.

3. They can help to refine what is currently known or believed to be true about treatment.

4. Client studies provide an alternative available source to researchers intent on locating variables significantly related to outcome.

In addition, Beck and Jones (1973) stated that some of the potential benefits from asking clients about the services that they have received included the fact that clients could provide an indispensable source of a assessment on the outcomes of psychotherapeutic casework intervention; they were more aware of changes that taken place in their life situations and could evaluate these changes from their own perspectives. Strupp et al (1969), too, suggested that patients were more able to pick out what was critical and significant to them in their therapy.

Maluccio (1979) debated the change in both practitioner and research opinion on the value of clients' perceptions of a social work service and stated that his book:

"Exemplifies this growing interest and the expanding role of client feed-back in service delivery". (p 4)

By the time Rees and Wallace (1982) came to review the studies on clients' evaluations of social work services, the question of whether it was productive to use client evaluation was not even asked. It was perhaps taken for granted that clients' views would be worth considering.

As a great advocate of soliciting the client-consumers' view of mental health services, Morrison (1979), has used both in-patients and out-patients in the evaluation process. A champion of civil liberties, clients rights, and consumer protection, he suggested, for example, that psychiatric hospital services had client advisory boards. He stated:

"Again, I would argue that only the client-consumer is in a good position to evaluate the services received" (p 7).

However, Gurman (1973) in a critical review of marital therapy research, pointed out the unreliability of using client self-reports in assessing outcome in marital therapy, although he has not written on the value of client surveys as such. However it is fair to say that this criticism was made within the context of assessing studies that had only used client evaluations to measure outcome from marital therapy. He stated that client self-report was a useful dimension in itself if used with therapists' evaluations, independent judges' evalutions and/or behvioural data. He was making a plea for the use of multi-dimensional assessments.

Shaw (1976), in a thoughtful analysis of a number of consumer studies carried out in Britain, questioned the usefulness of the views of consumers on services provided by Social Services. His contention was

that it was difficult to know when the opinion of the consumer had been understood properly and he queried how these views could, in any case, be utilized in the formulation of policy. He was critical of the research methods used, in particular of the fact that studies were descriptive and over-reliant on intensive interviewing, which he saw as a poor independent measure of what actually happened in helping relationships. He cautioned against relying overmuch on consumer opinion and suggested there were four elements that needed to be taken into account when considering the efficacy of a service viz:- the clients' perception of what is offered; the workers' perception of what is offered; the official description of the service; and the actuality of what service is given.

Faced with these conflicting opinions as to the value of this type of research it was important to rely on the sound academic arguments of people like Feifel and Eells (1963), Mayer and Timms (1970) and Beck and Jones (1973) on the merits of having a consumer pespective on a service, whilst paying close attention to the specific points made by critics like Shaw (1979) when drawing up the research design.

Whilst it was evident that some of the limitations of using client evaluations of a service would be, for example, that clients perceptions would be affected by a selective memory, coloured by their circumstances and current life situation and thus their frame of reference, it was also evident from the findings of existing consumer research that clients could provide new insights, (for example, into the effects of the protagonists in the helping encounter meeting with totally different attitudes to problem-solving).

It has to be acknowledged that client opinion provides only one dimension of what happens in the helping process, and one perspective on whether it was successful or not. Nevertheless, it is valuable in contributing to an understanding of the process. This view is supported by Strupp and Hadley (1977) who have not only identified that there are different perspectives on the helping process and different definitions of success from therapy, according to who makes the evaluation, but also point out there are different views on what constitutes "mental health" (and from this one can also add "successful marriage"). They acknowledge that clients, therapists and society will all be using different criteria in their evaluations and that the different criteria arise from the vested interests each bring to the evaluative task, but they do not consider that the difference negates the validity of the evaluations made from any one perspective, but rather highlights the unique value inherant in each. Fiske (1975) considers that it is important to understand the difference in perceptions and judgements from each evaluative source, in order to identify the unique components. Thus it can be argued that this consumer study has a value in adding to the growing body of knowledge on the helping process from one of the equally valuable evaluative sources, namely the clients.

Conclusions In order to justify the methodology and research design, arguments have been put forward for the use of:

1. Qualitative methods in order to provide variety and depth to the perspectives and facets of the helping process, on the basis that this is the most appropriate and useful approach to this type of enquiry, which is designed to generate hypotheses and theories leading to practical recommendations.

2. A design which seeks client opinion on the grounds that this is a legitimate and valuable way of evaluating a service, whilst acknowledging it provides only one dimension of the service offered. It can however be justified by arguments by Strupp and Hadley (1977) and Fiske (1975), who suggest that each party in the therapeutic endeavour has a different perspective, and all are valuable in completing the picture. Because each party is using different criteria in their evaluations, establishing the criteria used by marital clients in evaluating the counselling encounter is in itself a worthwhile exercise.

II. METHODOLOGICAL PROBLEMS

General Issues concerned with the Use of Clients

The survey of research literature which used client-consumer opinion, plus the reading on qualitative research design highlighted a number of areas that needed to be carefully considered when using clients or former clients in research projects. For example, Giordano (1977) addressed the methodological problems of using clients for research purposes and drew attention to a number of factors which were relevant to a project of this nature.

Organisational -v- Client Perspectives For example, Giordano commented on the way those conducting this type of evaluative research cling to their own organisational perspectives when designing the questions to be asked, ignoring, at this earliest stage, the clients' views. He suggested that this may be combatted by involving clients in the construction of the initial questionnaire to ensure the items included reflect the clients' perspective as well as those of the organization.

In the second pilot stage of this study, clients were asked to comment on the questions posed and modifications were made as a result of their opinions. For example a question was added - "How are things for you now?" - as a direct result of a suggestion by a pilot client.

Discrimination in Assessments Giordano (1977) also drew attention to the need to consider the degree to which clients were able to draw a distinction between their relationship with their professionl worker and any assessment they may make in his or her effectiveness (or the organisation's effectiveness).

Rees and Wallace (1982) also commented on this and suggested that clients are often confused and rate they are satisfied with a service because they like their worker, even though they have received little or no benefit.

Alternatively as Beck (1975) commented, improvements can be reported because clients feel gratitude for the service, or because they wish to please the counsellor (or the researcher) or because they need to justify the effort and time (and money) expended on treatment as worthwhile.

An attempt was made to combat some of these points by separating out areas of enquiry between questions about the service, questions about the counsellor and questions about the counselling process and then enquiring about what was achieved. However, the unknown underlying motives which affect how people reply constitute one of the limitations of this type of research approach. How the motives of the clients in this research study might have affected their responses is discussed later in chapter 4 (see pp 175-179).

Communication and Understanding Other potential difficulties lie in the area of understanding. It is difficult to know how the client has interpreted the question or even whether it has been properly understood, and as stated earlier, Shaw (1976) questions the validity of consumer research on the grounds that it is difficult to know when the opinion of the consumer has been understood properly by the researcher.

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Mayer and Timms (1970) referred to some of the difficulties inherent in qualitative interviewing - of getting specific answers from clients who misunderstand, wander off at a tangent or who are excessively vague in their answers - and comment on the qualities needed by an effective interviewer. The qualities they stress are:

> "an analytical aptitude, that is, an ability to dissect a respondent's answer in terms of its relevance for the question; resourcefulness in eliciting material from those who are inhibited, inarticulate, unclear in their thinking, given to irrelevancies etc.; and a certain doggedness in persevering with the matter in hand."(pp 27/8)

In this present research great attention was given to how the questions were worded so as to minimize ambiguity without foreclosing on options in replies, and subsidiary probe questions were available to help elucidate vague or monosyllabic replies. The questions were pilot-tested to see how understandable they were. Nevertheless misunderstandings are quite likely to have occurred between interviewees and researcher and again this fact remains one of the limitations of this method of research.

<u>Worker Resistance to Research with Clients</u> During the initial planning stages of this project, there were doubts expressed by agency workers on the use of clients for research purposes for ethical reasons. This point has also been raised in other client-consumer studies (for example, Sainsbury 1975, Mayer and Timms 1970). There was concern expressed about the ethics of contacting clients who had finished counselling and had not initially agreed to, or anticipated being approached by a researcher as well as concern about it being an invasion of privacy, or breach of confidentiality. Mayer and Timms (1970) referred to the concern expressed by casework practitioners of

research being undertaken with clients while they are still involved with the helping agency, on the grounds that it might interfere with the helping process and gave other examples of the protective stance workers took towards their clients.

In this research efforts were made to counter doubts and resistence, by discussing fully with the counsellors the objectives of the research, and the safeguards that would be taken to preserve confidentiality. This helped to gain their confidence and co-operation. It was also decided that a retrospective study would minimise their concerns (and the potential) of the research process interfering with the counselling process. However it was interesting to note later that counsellors in the Brannen and Collard (1982) study had agreed to research and treatment occurring concurrently.

Specific Issues concerned with the Research Design

Other issues also had to be considered and settled before the research design could be finalised.

Retrospective -v- Prospective Research   Both prospective and retrospective research have their limitations. Prospective research is often contaminated or affected by the clients knowing that they are part of a research project, or by the extra attention that often ensues because they are part of a research project (as in the well-known Hawthorne experiments in the 1930's). However one of the particular limitations of retrospective research is that it is often subject to distortion and inaccuracy due to the passage of time, and also because people edit and re-interpret their experiences.

Mayer and Timms (1970), Brannen and Collard (1982) and Burgoyne and Clark (1985) all commented on and discussed this problem and Rees and Wallace (1982) were concerned about it enough to suggest caution in accepting the validity of some research conclusions about client satisfaction. They also believed it to be another factor in accounting for discrepancies in worker/client assessments of progress. However Feifel and Eells (1963) noted that a follow-up interview some time after therapy could yield data more liberated from immediate "transference" effects - which can be a factor in prospective research - although they acknowledged it was likely to be subject to memory distortion.

There were a number of practical reasons why it was eventually decided that this research would be retrospective, in addition to the one already mentioned - i.e. counsellors' concerns that research undertaken con-currently with counselling might interfer with the helping process. However, it was also considered to be a better way of getting an uncontaminated evaluation of the service, and the fact that it had proved a successful approach in uncovering a richness and variety of data in, for example, studies by Timms and Blampied (1985), Keithley (1982), Maluccio (1979), Sainsbury (1975) and Mayer and Timms (1970) endorsed the use of a retrospective approach. The particular limitations it imposed on this study are discussed later in the next chapter (p 169).

Timing of Research Interview After this decision was made, the issue of the timing of the research interview had to be considered. Strupp et al (1969) argued the case for sensitive timing - not too soon after therapy, but not too long either - and this led to a decision that six

months after the completion of counselling would be the most appropriate time lag. This was regarded as a period which would give those who took part, an opportunity to come to terms with the results of counselling and to distance themselves from any remaining transference feelings, but would not be so long that it would be difficult to recall the experiences. However this "ideal" time lag was much harder to achieve in practice, and did not take into account the different types of counselling experiences. Six months after one interview makes that event less easy to recall than 6 months after a long series of interviews. In addition, the decision to contact all clients who completed counselling during October and November in 1980 - justified providing the most representative sample of M.G. clients - meant that in the event, some clients had to wait longer than 6 months for their research interview because of the inability to complete all the field work in a corresponding two months. With hindsight it would have been more sensible to gather a representative research sample using a different method. For example, by contacting former clients in smaller batches and ensuring they had completed counselling only 6 months previously. Thus the last clients to be interviewed for this research would have completed their counselling in June 1981.

Randomness and Representation of Research Sample A great deal of thought was given to how to obtain a random and representative sample of M.G. clients, as well as to the size of the sample. The number of clients needed to be small enough for their detailed data to be managed by one person, yet big enough to represent the whole spectrum of M.G. cases and enough for some speculative generalisations to be in order. The randomness and representativeness of the clients was particularly important because it seemed that other research using M.G. clients had

suffered from certain limitations through the manner the research sample had been acquired. For example the M.G. clients used by Timms and Blampied (1985) and Brannen and Collard (1982) had been, to a large extent, selected by the counsellors, and Keithley's (1982) had been seen by a very small and unrepresentative sample of M.G. counsellors. In addition, none of these three studies provided a sample of clients who were representative of M.G. clients generally. For example, Timms and Blampied screened out 1-interview cases, Brannen and Collard had a preponderance of couples and Keithley an over-representation of female clients.

In fact, as will be described later, the method used to obtain the research sample did indeed provide a group of clients who were reasonably representative of M.G. clients generally in most important respects, and the fact that they were seen by a wide spectrum of M.G. counsellors who were representative of M.G. counsellors generally ensured that the counselling they received was also reasonably representative. The size of the research sample (51 clients) provided a respectable enough number to obtain a whole range of opinion, whilst remaining manageable for the purpose of this type of in-depth research.

Nevertheless, it needs to be noted that the sample was atypical in the sense that they agreed to be interviewed for the research because although the client population who were contacted for the research were equally representative of M.G. clients generally 77.5% of them were not, for a variety for reasons, interviewed for the research (see p 141).

Absence of a Control Group. A number of ways were considered of obtaining a control group, for example, by locating a group of people

who were having marital difficulties who were seeking help or medication from their G.P.; or by locating, through the court system, a group of divorcing couples (who had never used M.G.). However, it was eventually decided that it was not feasible for practical reasons to get a group of people who matched with the experimental group, despite the fact it would have been useful to have had a group of people who corresponded in demographic detail and who had marital problems but who had not used M.G., for the purposes of comparison.

Keithley (1982) commented on the difficulties of providing a control group and of the serious ethical questions raised by the practice that seems to occur in American studies of supplying a control group by randomly assigning applicants to either a waiting list or immediate counselling and using the waiting list as the control. This practice makes the assumption that people on waiting lists actually wait and receive no other intervention. In reality they are very likely to seek help from other agencies or from within their social network - as both this research study shows and the findings of Brannen and Collard (1982) - so they hardly constitute a no-treatment control group. Beck (1975) suggested that one-interview cases might constitute a control group, but in this research it was felt important to have the opinions of the one-interview cases, as they still constitute a significant proportion of the client population of N.M.G.C. (Heisler, 1984).

The Roles of Researcher -v- Counsellor   One of the dilemmas that had to be considered was the issue of the researcher/interviewer being, in addition, a counsellor, and a trainer and supervisor in the M.G. agency. Fortunately the M.G.C., the counsellors and the clients concerned in the research project were quite removed and separate from

this other aspect of her work. The research clients were not clients she had counselled, and the counsellors involved in the research cases were not being supervised by her. However, there remained the question of whether there would be interview bias, or a blinkered vision because of being involved with the agency as a whole.

It is obviously desirable for a researcher to have distance from the subject of the research and an objective viewpoint. However, equally, knowing something about the subject - both the agency and having some understanding of the processes of marital counselling - can lead to a more informed analysis of the research material. The main problem would seem to be that already-held assumptions and theories about counselling might go unchallenged and with it a tendency to ignore or dismiss, or rationalise material that did not fit. There might be a tendency to focus more on the positive aspects of what clients reported in order to support her profession, or in overguarding against this, to focus more on the negatives. Despite this approach being advocated by Marriage Matters (1979) the research findings of practitioner/researchers tend to have less credibility in the eyes of those outside the profession, for the reasons mentioned above. It was decided that careful monitoring by the supervisor of this research would hopefully mitigate against too much unintentional bias occurring.

The main advantage of being a counselling practitioner as well as a researcher however, is that many of the skills of counselling are useful to sensitive interviewing. Kahn and Cannell (1957) discussed interviewer bias, but also stated that the core qualities identified by Rogers (1957) - the ability to show warmth, empathy ,respect, etc. - as being necessary for a counsellor, were equally necessary for an

interviewer. Mayer and Timms (1970) stated:

"qualitative interviewing is a highly demanding craft and requires a good deal more than establishing a rapport (p 27)

and went on to describe the qualities needed in an effective interviewer (which were mentioned earlier, see p 108). Again the qualities described are similar to the skills required by counsellors. For example the resourcefulness needed in "eliciting material from those who are inhibited, inarticulate, or unclear in their thinking" could require a capacity to listen for hidden meanings and nuances and to clarify or paraphrase - without of course "leading" - skills normally part of a counsellor's craft.

However, another benefit emerged from the researcher being a practitioner. Most of the research subjects had undergone painful experiences, which were evoked again by the research interview. Indeed many were still going through a painful or bewildering period in their lives. It had become apparent in the second pilot study that it would sometimes be necessary to stay and talk with people after the completion of the research interview ad although this obviously could not be construed as a counselling session, certainly some of the skills of counselling were required (to listen, to respond empathically and help people clarify their thoughts and feelings). Although concluding a research interview in this way cannot be regarded as strictly adhering to the tenets of research, it was considered more ethical. In fact there is a view that research of this nature should not be undertaken without this kind of "safety net". The policy of the Tavistock Centre in London is that there should be "no research without therapy" (Bowlby 1985)

There were, nevertheless, other considerations to be taken into account in relation to the researcher's skills as a counsellor. LaRossa et al (1981) discussed the ethical dilemmas of doing qualitative family research and argued that many research subjects could be unaware of what participation might entail for them. They were unlikely to know the risks of involvement and that the setting of the interview (at home) might unwittingly encourage more self-disclosure than they would normally permit. In addition, the researcher's receptive stance could be perceived as being similar to that employed by therapists and thus encourage self-disclosure. Both Timms and Blampied (1985) and Brannen and Collard (1982) commented that their respondents remarked on the similarity of the research interview and counselling and that the research interview made an ideal setting for the disclosure of problems.

Since LaRossa et al (1981) made a plea for ethical considerations to be taken into account in qualitative research and suggested that researchers should question whether the risks to clients justified the benefits to research, it seemed important to address these issues.

It was decided that because there was a practical objective for the project and the knowledge gained from this research would be properly used to eventually improve the service for future clients, that the benefits to be gained from the results of the research outweighed the risks to the participants. However it was thought necessary to provide safeguards, both by taking steps to distinguish the research interview from a counselling interview and by allowing time after the research interview for people to talk over the feelings evoked by it, if that

was necessary, in the way described previously.

Researcher's Sole Responsibility Another dilemma was to do with the researcher being solely concerned with all aspects of the research, apart from the interventions of the supervisor and discussion with colleagues. Would this lead to further bias and distortion? Would collaborators ensure a more balanced picture emerging? Again for practical reasons it was not possible to have a team approach. The effects of being solely responsible for all aspects of the research will have to be judged by the reader, but eventually it seemed that there was a great value in being the interviewer, the transcriber, the analyst of the material and the writer, as this led to an intimate knowledge of the clients and the research material, which would not otherwise have occurred. Fortunately, the size of the research sample was manageable for one person. Although it involved living with partial analysis for months, it enabled ideas and theories to evolve which could be tested, step by step, until workable hypotheses emerged. However the ideas and theories that were pursued must inevitably reflect the interests of the researcher. The limitations this might have imposed are discussed later (see p 172).

Confidentiality Confidentiality is a crucial issue for consideration in research of this nature. It is important so that respondents can feel free to say what they like, but also it is necessary to protect them from unwitting exposure to the world, (again an issue discussed by LaRossa et al 1981). Thus it was important to make efforts to disguise clients' identities by use of pseudonyms and minimise the likelihood of them being recognised by not using particularly unusual or idosyncratic data for illustrative purposes. The data on their

ages, occupations etc. was only used to provide a profile of the research sample as a whole. Initially, the confidentiality about coming to the agency was ensured by counsellors screening out clients who asked not to be contacted or whose spouse did not know of their visit to M.G. Then clients' confidentiality to the agency was preserved by the initial letter, introducing the project, being sent by the M.G.C., so hopefully they were assured that their names and addresses were not being disclosed without their permission. Once they had agreed to be interviewed, it was particularly important to stress that the detail of the research interviews and the information given would be confidential to the researcher.

Thus clients were promised that no individual feedback would be given to counsellors or to the administration of the local M.G.C. In fact steps were taken to conceal which clients in the research population were interviewed. Similarly, it was stated that the counsellors' interviews were confidential to the researcher and would neither be divulged to the clients, the M.G.C. nor their supervisors. On the whole, although clients and counsellors were sometimes curious about each other, they did not pressurise the researcher to make such disclosures. This, however, led to the researcher needing to contain a great deal of information, some of it causing concern and anxiety. It was decided that an outside consultant, external to N.M.G.C. was needed to discuss some of these concerns and anxieties and this helped with the containment. The practical issue of keeping information confidential was covered by the use of a code on all material, known only to the researcher. Nothing was identified by the counsellors' or clients' names.

Methods of Collecting Data. A number of decisions had to be made in

relation to how the actual material should be gathered from former M.G. clients

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1. Interview Schedule Books on research methods generally discuss the respective value of using questionnaires or personal interviews to collect information. (For example Oppenheim 1966, Sellitz et al 1965, Kahn and Cannell 1957) and their discussion of the merits and disadvantages of each, plus their analyses of how questions can be worded were taken into account. The first pilot study had demonstrated the limitations of a questionnaire and the misunderstandings and ambiguous or laconic replies that could result from using one. In addition 2 M.G.C.s had attempted a survey of ex-clients by postal questionnaire and this had highlighted the very real difficulty that some people have in expressing themselves in a written form and the ambiguity of replies thus obtained, (Heisler 1980b).

In addition, it was evident from perusing the client-consumer research of Beck and Jones (1973) and later the Australian M.G.C. and New Zealand M.G.C. follow-up studies (Weiderkehr et al 1981 and Cramb and Hills n.d.) that questionnaires would not produce the detail and depth of data required. Correspondingly, it was evident from Maluccio (1979) and Mayer and Timms (1970) that personal interviews did produce a wealth of data that could be examined from different perspectives.

It was thus decided that personal interviews would offer the richness and depth required for this study. However this then posed another question. How structured should the interview

schedule be? Too structured or "closed" enquiries would prevent respondents from saying what they wanted to say in their own words, whereas an interview conducted in too open-ended a fashion without any set format would be likely to produce rambling unfocussed accounts, which would be difficult to analyse. (This too had been apparent from the first pilot study). A middle way was needed therefore, and a great deal of thought went into constructing the interview schedule, and has already been noted, care was also taken not to focus the interview from only the agency perspective. The interview schedule used by Maluccio (1979) had a significant influence on its construction. It is described in detail on p 144.

2. Tape Recording Again the ethics of tape recording interviews had to be considered and how possible it was to keep confidentiality when a record of this nature is made. It was initially anticipated that the tapes would not be fully transcribed, but be used only as a check for the notes made by the interviewer in the interview if it became necessary. However, it was eventually decided that it was more important to capture the richness of the respondents' mode of expression and their detail than to have the interviewer's précised version. The paraphrase "puzzled by the function of M.G." is pale in comparison to the client's reply – "it's a bloody puzzle to me as to what the hell, just what function they serve". However it was felt that the interviewer writing down responses served the important function of distinguishing the research interview from a counselling session. It was one way of combating the discomfort that might occur (for both interviewer and clients) over the confusion of roles which was discussed earlier (LaRossa 1981).

The tape recordings of the interviews in the second pilot study were used by the supervisor to check on the weaknesses of the interviewer's approach. The result of this was that the interviewer learned to speak in a more brisk and matter-of-fact manner, again in order to help distinguish the research interview from a counselling session.

3. The Use of the Rating Scales A great deal of consideration was given as to how useful rating scales would be in research of this nature, in conjunction with the arguments put forward on rating scales generally in books on research methods like Sellitz et al (1965). Whilst it was acknowledged that statistical information of some kind would be useful, this had to be balanced with the question of just how much value it would have in relation to the small sample. Questions on the reliability of rating scales and also their construction had to be addressed too. Eventually it was decided that written data however limited, had a place in the research scheme. It could help to fix and verify the opinions and comments made in the interviews and asking clients to complete written material had a secondary function, again, of distinguishing the research interview from counselling.

Because it had already become evident from the postal questionnaires (Heisler 1980b) that clients might have difficulty in understanding written material, it was decided that any rating scales would have to be very simple. In order to minimise their potential for unreliability and the dubiousness of global assessments in satisfaction and benefit (see Rees and Wallace 1982 pp 78/79), it was further decided to administer rating scales at

the end of the interview, after the experience of counselling had been discussed. Thus, written assessments would be made in the light of that discussion. There are different limitations inherent in doing it this way however. These and a full description of the rating scales can be found in the next chapter (pp 146-7).

III. PRELIMINARY WORK

First Pilot Study As indicated in the description of the evolution of
the research project (p 91), before the main study was properly
formulated, an exploratory pilot study was undertaken. The purpose of
this was (1) to determine the feasibility of conducting a large scale
project with former M.G. clients, (2) to discover the areas of enquiry
that it would be most fruitful to explore and investigate and (3) to
test out the different methods of gathering information and the kinds
of measuring instruments that might be used.

This pilot study involved 8 former M.G. clients who responded to an
advertisement in the 'Manchester Evening News' requesting help with a
research project to evaluate the M.G. service. Seven were interviewed
and 1 was sent a questionnaire. The interviews were fairly open-ended,
with the interviewer using a check-list, and there was plenty of
opportunity for clients to speak freely. The interviewer made notes
but the interviews were not tape recorded.

Considering the very small and selective nature of this sample of
clients, they were surprisingly varied and in fact provided a
reasonable cross-sample of M.G. clients. There were 4 men and 4 women
aged from between 29 - 51 years. The number of interviews they had had
ranged from 1 or 2 to over 40. Some clients had come for counselling
on their own but others had experienced joint interviews as well. And
their feelings about counselling varied from very positive to very
negative. Tentative conclusions from this first pilot study were that:

1. Valuable opinions and information could be gained from such a
    study.

2. There were recurring areas and key themes which could form the basis of more systematic investigation.

3. Too open-ended an interview produced a wealth of information but this was often too complex to analyse and thus a guided interview would be more easy to handle. Even so, tape-recording the interviews would be desirable to cope with the complexities.

4. The questionnaire produced very ambiguous and limited answers and highlighted the value of a face-to-face interview where clarification and some probing could more easily be achieved.

5. That if the basis for the research was to be an in-depth interview, any measuring instruments used to complement this would need to be short, easy to adminster and complete and capable of being completed in a short space of time. This might require, therefore, devising simple scales rather than using any of the various quite lengthy and complex American tests.

In addition to former clients being interviewed, the counsellors who had been involved with the clients were sent a brief questionnaire to get their perspective on the case. From this it was decided that although the research should be concerned with clients' opinions and experiences, that counsellors' views added a dimension which would often be useful to refer to and which might help in clarifying some of the experiences described.

<u>Second Pilot Study</u> Following from the first pilot study, the research design for the main study was formulated and the semi-structured interview schedules for both clients and counsellors were constructed. The various measuring instruments that were to be used to help quantify the opinions and evaluations expressed in the interviews were also designed. All of this involved considerable thought and discussion and reference to other researchers' material (e.g. Maluccio, 1979, Strupp <u>et al</u> 1969) and as a result, for example, the interview schedules underwent several revisions before they were ready for testing.

The second pilot study, to test these out, was conducted in Leicestershire Marriage Guidance Council. Nine clients were obtained for interviewing by the local M.G. Secretary, who did this by circulating a number of clients who had recently completed counselling. She wrote to them asking if they would be willing to participate in a pilot research study, and that their views and opinions would be valuable in helping to improve the M.G. service. (In fact Leicestershire M.G.C. did make use of some of the material that came out of this pilot study, to make alterations to their services. For example, they decided to open more outpost counselling centres).

The 9 clients who were interviewed consisted of just over a quarter of the clients who were contacted. However they were probably not so representative of M.G. clients generally. They consisted of 6 women and 1 man and a couple who wished to be interviewed together. The number of counselling interviews they had ranged from 4 to 32. It emerged that, on the whole, most felt positively about counselling. Five of the 6 counsellors who had been involved with these 8 cases were also interviewed. The participants were told that it was a pilot study

and both clients and counsellors were asked at the end of the research interview for feedback on the questions and the measuring instruments. Their reactions, criticisms, and suggestion were welcomed.

After the first 5 interviews with clients, the interview schedule was modified and adjusted. Certain less important questions were eliminated and the sequence of questions was revised to make for a smoother, more coherent flow. There were various reasons for these adjustments. For example, the schedule proved to be too lengthy for very talkative clients. It initially consisted of 48 questions. Pruning meant that some of these questions became subsidiary to a main question and some were eliminated altogether. For instance the specific questions on the counsellor's gender and age were subsumed by the general question "What was your counsellor like?". Examples of two questions that were eliminated were "Under what conditions would you return to M.G.?" and "Would you recommend M.G.to others?". The first on the grounds that it took time to answer and the second on the grounds that plenty of the other questions illuminated whether clients felt satisfied or not with M.G.

The wording of questions was altered in some instances both for clarity and to take into account unintentional bias. An example of this was the question "What was achieved through counselling?". This became "What, if anything, do you think you achieved through counselling?" A client suggested the addition of a question "How are things for you now?" and this was accepted as being useful and necessary because so many of the clients wanted to relate their present situation back to the time they were being counselled. An example of adjusting the schedule to improve the flow of the questions was moving the enquiry

about the difficulties that had brought clients to M.G. In became apparent that this question needed asking fairly early in the interview in order not to proceed with insensitivity.

The last 3 interviews benefited from this refining but further similar minor modifications were still needed. The interview schedule for the counsellor which, in the main, followed a similar pattern to the one use with the clients underwent a similar process.

The various measuring instruments were altered on 3 occasions during the pilot, mainly as a result of feedback from the participants. The main changes in the rating scales involved attempts to clarify ambiguities in wording and to simplify, so they could be completed fairly quickly. For example, instead of having "to a great extent" and "not at all" at either end of all the scales on the counsellors' characteristics, a key word from the statement on the characteristic was included in some instances for increased clarity. Thus, the statement "I felt the counsellor understood my feelings" had "understood to a great extent" at one end of the scale and "did not understand at all" at the other end. The mid point was marked "sometimes understood sometimes didn't". It was decided, too, that rank ordering the statements of the card sort within the broad categories of "disappointing" and "valuable" was too complicated.

The conclusions and modifications that resulted from the second pilot study were as follows:-

1. It was regrettable that the original reason for the pilot had been confined to testing out the interview schedules and rating scales. With hindsight, the wording in the letters

used to contact ex-clients should also have been tested. Nevertheless the learning gained from the experiences of the Secretary in contacting the potential research sample was useful. In order to get opinions from the widest spectrum of clients, it was clearly important to emphasise in the letter inviting people to participate in the research that the researcher was as interested in clients who had found their contact with M.G. disappointing as those who were satisfied and that the opinions of clients who had had only 1 interview were as valuable as those who had had several.

2. It became very clear that many clients might need "talking down" from going over the counselling experience and a very painful period of their life, and that they could not be left with the distress evoked by this. It was evident also that some clients might need time to talk about their current situation. (Bowlby's (1985) comments about research of this nature needing a "safety net" are pertinent in this respect). It was partly for this reason, that the decision was made to prune the interview schedule, in the way described earlier, in order to provide space for this should it be required. It was also decided that the interviewer should always ensure she was relatively free from time constraints at the end of the research interview in order to be available for this if necessary. However, the realisation that research clients sometimes wanted to use the research to discuss "unfinished business" and their current situation highlighted the need to be aware of the various, possibly hidden, reasons why people accept the invitation to participate in research.

3. A number of issues came to light that had to be considered
    further:- (a) <u>Clients who found it difficult to stick to
    the point and wanted to conduct interviews their way.</u> It was
    decided that efforts should be made to get answers to
    specific key questions which were related to the key areas
    that had emerged as being important to pursue from both pilot
    studies, but that the many subsidiary and clarifying
    questions might or might not be asked depending on
    circumstances. (b) <u>Clients who had had several experiences of
    counselling or of two counsellors.</u> It was decided that the
    focus would be on the last experience wherever possible, that
    reference be made to previous counselling, but that efforts
    should be made to discriminate between these different
    experiences. (c) <u>Client couples who preferred to be
    interviewed for the research together rather than separately.</u>
    It was decided that encouragement should be given to couples
    to be interviewed separately for the research and that
    preferably they should be seen consecutively, to avoid
    "contamination". However, if this proved impossible, joint
    research interviews should constitute a sub-sample.

4. For the second pilot study, the researcher took notes of the
    clients' responses, but also used a tape-recorder. There
    appeared to be no barrier to using a tape-recorder during the
    interviews and the tapes proved invaluable when checking the
    replies and analysing the data. It was noted that using a
    note pad and writing down replies as well as using the
    measuring instruments, helped the client to perceive the
    research interview as different from the counselling

interview (LaRossa 1981), but at this stage it was not envisaged that it would be feasible to get the tapes fully transcribed.

5.   Similarly the use of the measuring instruments served an additional purpose to the one intended, which was to quantify, in some way, the views and opinions and evaluations expressed in the interview. It was noted that having something concrete to do at the end of the interview provided a way of ending it and often helped clients to calm down and move out of a feeling, experiencing state, to a thinking and more practical mode. The clients seemed to enjoy doing them.

6.   Unfortunately the pilot study was not able to give guidance on interviewing certain categories of clients because they were absent. For example, clients who felt very negatively about their experience of counselling and those who had had only 1 interview or very short-term counselling. In addition, the experience of interviewing males was also limited.

7.   Addressing the problem of making sense of complex qualitative data from the second pilot study proved useful in that it stimulated the devising of a system of analysis and classification of the material. It also led to a dawning realisation that there were many different layers of meanings that could be attributed to people's words, often apparent more by an inflexion or a hesitation over a word, or within the context of the previous comments, and that this might

only be able to be captured by a full transcription of the tapes.

8.   Finally a great deal was learned about the art of being a research interviewer, both through the actual experience of interviewing and by listening to the tape recordings and the strengths and weaknesses that were revealed. It was necessary to be crisper and more directive in questioning; to disassociate from counsellors by talking about "them"; and to be altogether more objective while at the same time establishing a climate of acceptance whereby clients' views could be expressed freely.

IV. SUMMARY AND CONCLUSIONS

This chapter has been concerned with the many preliminary decisions and the work that had to be done before the main research study could be embarked upon. Thus the history of the research project and the objectives of the study were described, followed by arguments for employing a qualitative research approach using consumer opinion. The many methodological problems entailed were then discussed and the preliminary pilot studies to test the decisions made were then described.

The conclusions from this were that the research design would be adequate to meet the objectives of the study whilst acknowledging it would still be subject to some limitations. The following chapter describes the research design of the main study in detail and concludes with a description of the limitations imposed in its execution.

CHAPTER 4: DETAILED DESCRIPTION OF THE MAIN RESEARCH STUDY

INTRODUCTION

The main part of this chapter is taken up with a detailed description of the data and the methods which were used in the main study. However it was envisaged that the findings from this research would be capable of being used to test certain hypotheses. These are described first.

HYPOTHESES

Most of the hypotheses were derived from "myths" that had evolved over the years in M.G., which were presumably based on M.G. counsellors' impressions from practice. However some of these "myths" were highlighted by the first exploratory pilot study in 1978 and confirmed as being worth testing further by some of the discoveries of the second pilot study. However the review of marital therapy research literature and consumer-opinion studies also confirmed that some of these myths should be properly challenged and highlighted other interesting findings which it was felt could be appropriate to test out in this project. In particular, it was thought to be a useful exercise to see whether some of the conclusions with regard to marital therapy, which emanate from American research, equally applied to the kind of marital counselling offered by a British agency using volunteer workers.

Hypothesis 1: The majority of clients attending M.G. would benefit or be helped by counselling.

Not surprisingly the above hypothesis was an inherent belief of many M.G. counsellors. Perhaps without this kind of "faith" it would be difficult to proceed with counselling and in any case, the belief that counselling will be helpful, is part of the hope that needs to be communicated in the initial counselling encounter, in order for the enterprise to proceed.

The first pilot study however, discovered that a proportion of clients do not find counselling helpful (approximately 50%). The literature helped to discover some statistics in relation to benefit from marital counselling. For example Gurman and Kniskern (1978a), after a thorough review of 61 marital therapy research studies, concluded that the four main types of non-behavioural marital therapy produce beneficial effects in 61% of cases. A consumer study which involved marital cases produced a higher figure - Brown and Manela (1977) stated that 75% of their sample reported that they found the counselling offered by a marital and divorce counselling service helpful. Thus it was thought important to test out this particular hypothesis in relation to the M.G. setting.

Hypothesis 2: Benefits would be proportionate to the amount of counselling clients received. In other words - that long term counselling is more benificial than short-term work.

Again, one of the myths in M.G. was that seeing clients over a longish period of time was both desirable and beneficial. Implicit, too, in the counsellor training was the assumption that counselling would be long term (and need to be long term for change to occur). This assumption may have been inherent in the psycho-dynamic origins of the training.

However the literature survey revealed that research on the relationship between outcomes from therapy and duration of therapy showed no clear-cut findings to support this view. Indeed Orlinksly and Howard (1978) in their review of psychotherapy research concerned with the relationship between process to outcome concluded, on the issue of length of therapy, that:

> "More of a good thing is better than less of it, more of a bad thing is worse, and there may very well be a point of diminishing returns in any therapeutic relationship beyond which only negligible (or even retrogressive) results are obtainable" (p 313).

In other words, they draw attention to the need to take into account other factors as well as the length of therapy when considering beneficial outcome from therapy. Gurman and Kniskern (1978a) in a similar review of marital therapy research concerned with treatment length cautiously concluded:

> "the evidence to date suggests that time-limited marital-family therapy is not inferior to open-ended treatment"(p 879)

Thus, they could find no conclusive body of evidence to suggest that long term marital therapy was more beneficial per se. However, because Gurman and Kniskern's conclusion related mainly to American research and American therapy, and because the approach to marital counselling in M.G. is influenced by literature from the Institute of Marital Studies - who implicitly encourage the value of long-term work, (see for example, Clulow 1985, who describes a case involving 38 interviews which took place over one year) - this hypothesis was felt to be worth testing within the context of British practice.

<u>Hypothesis 3</u>:   The majority of clients would be satisfied rather than dissatisfied with the service and counselling they received.

This hypothesis is linked to hypothesis one, but is not the same, although in some consumer research literature, clients' assessments on their satisfaction with a service and its helpfulness are unextricably linked (eg. Keithley 1982).

Again a belief in M.G. was that most clients were satisfied with the service, yet the first exploratory pilot study had revealed that this was not so.   The research by Brannen and Collard (1982) and Keithley (1982) had also discovered that some clients were dissatisfied with M.G. counselling.   Since one of the specific objectives of this project was to get clients to assess the service, it was important to include this hypothesis for testing.

<u>Hypothesis 4</u>:   Joint interviews are more helpful and produce a more satisfactory outcome for a couple than when partners are seen singly and that both partners coming for counselling produce a more satisfactory outcome than one partner attending alone.

This hypothesis is dervied from the research findings of other studies. In their conclusions on their review of research on marital therapy, Gurman and Kniskern (1978a) stated quite categorically that couples benefited most from treatment when both partners were involved in therapy and particularly when they were seen jointly.   This was especially important to test out, within the M.G. setting, not only because it is stated in M.G.'s publicity material (see appendix 12)

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that it is in order for one spouse to attend M.G. alone, but also because counsellor training teaches that it is in order to counsel one spouse, provided the marital focus is retained. In addition, Cookerly (1980) showed that conjoint treatment provided better outcomes for marital therapy, whereas Bennun's (1984) research provided support for the use of individual therapy for marital problems providing the non-attending partner was kept in mind. So these studies further highlighted the need to discover more about the respective values of individual therapy and conjoint therapy for marital problems in order to be able to recommend "best practice".

Hypothesis 5: More people choose to stay together than separate as a result of counselling.

This hypothesis was constructed as a result of the pilot work. Both pilot studies showed that 50% of the clients separated during or after counselling - a discovery which was somewhat surprising at the time. Thus it was important to specifically test this.

Hypothesis 6: M.G. counselling does no harm.

Certainly there was a myth in M.G. that counselling was not harmful. This belief was based on the idea that M.G's counselling style - broadly that of the client-centred approach (Rogers 1951) - being "non-directive", would at worst only be ineffective. However, the therapeutic research literature clearly challenged that notion. Both Bergin and Lambert (1978) and Gurman and Kniskern (1978b) produced evidence that deterioration could indeed occur as a result of therapy. Indeed Gurman and Kniskern (1978b) were specific in stating that deterioration was more likely to occur in marital therapy if the

treatment used was individual therapy (as opposed to conjoint etc.).

Hypothesis 7: Some one-interview cases get help from that one contact.

This hypothesis was formed mainly as a result of some serendipitous findings by Malan et al (1975) who discovered that a proportion of individual psychotherapy patients had obtained lasting benefits from their one and only initial assessment interview. Since it was known that approximately a third (34%) of M.G. clients were one-interview cases (Heisler and Whitehouse n.d.) and that Heisler (1980) had discovered that counsellors reported some benefits accruing in an eigth of these one-interview cases, it was thought to be a hypothesis worth testing.

It was expected that these hypotheses which were quite specific could be tested within the broad framework of the objectives of the study (see p 94) using the following research methods and data.

THE LOCATION OF THE RESEARCH PROJECT

Manchester Marriage Guidance council was the centre chosen for the main study because it had the likelihood of providing a representative sample of clients, counsellors and counselling. It is one of the larger M.G.Cs in the organisation, and in 1980, the year of this study, it had more than 40 counsellors who were roughly similar in most respects to M.G. counsellors nationally. The proportion of males to females was similar (1 to 5); they were in all stages of training and of various ages and backgrounds.

The M.G.C. serves a wide area and gets a good cross-section of the population for its clientele. In 1980, it had approximately 859 new clients. Another advantage of the location was that although the researcher was an M.G. counsellor and N.M.G.C. tutor, she had no connection with that M.G.C. at the time and, therefore, no specific prior knowledge of the Council, the counsellors or the clients. It was important to obtain the co-operation of the administration of the M.G.C. and the counsellors so that no part of the process of obtaining a random and representative sample of former clients was sabotaged. In fact every counsellor agreed to co-operate with the research project and the M.G.C. Executive committee gave its blessing.

METHODS USED TO OBTAIN THE RESEARCH SAMPLE

The sample population was obtained by identifying from M.G. records every client who finished counselling during the months of October and November 1980. This yielded 174 cases consisting of 93 couples and 81 single clients - where their spouse had not come into counselling - and these cases involved 38 of the counsellors. See table 4:1.

TABLE 4.1

TABLE SHOWING DETAIL OF SAMPLE POPULATION:
(CLIENTS WHO FINISHED COUNSELLING OCT/NOV 1980)

Couples	Single clients	Total cases	Total clients
93	81	174	267

The counsellors then indicated those clients who had previously stated that they did not want to be contacted and also indicated and gave reasons why certain of their clients should not be contacted. Nineteen

percent of the clients were screened out as a result, leaving 141 cases, consisting of 84 couples and 57 single clients available for contact. Good reasons were given as to why 33 cases should not be contacted, mainly that they had asked not to be contacted, or that their spouse did not know of their visit to M.G. In a very small number of cases it was suggested that the clients were mentally disturbed and should not be contacted for that reason. The majority of the cases screened out were one-interview cases and cases where only 1 partner had come for counselling.

So the 141 cases consisting of 225 people were contacted, inviting them to take part in a research project. This was done over a period of 6 months from between 6 months and 1 year after they had finished counselling and regrettably the response rate was less towards the end of the time span. An effort was made to distinguish the researcher and the project from the local M.G.C., hopefully thereby conveying the message that it would be acceptable to criticise or comment on the local centre. However, in addition, it was important to convey that the confidentiality of the contact with Manchester M.G. and in particular the confidentiality of their name and address was being preserved. Thus, the first letter (see appendix 1) from the researcher, which invited them to take part in a research project and explained that the object was to seek their opinions in order to improve the M.G. service generally, was sent from Manchester M.G. with a covering letter (see appendix 2) from the organising secretary, explaining that they had been asked to pass the request on. The M.G.C's. letter also stated that they were interested in the project but not directly involved in it. A tear-off slip was incorporated in the letter of invitation from the researcher, and a stamped envelope addressed to her at N.M.G.C. Rugby was included. Where both partners

had been involved in counselling, a separate letter and reply envelope was sent to each partner. A second letter, (see appendix 3) was sent a month later to the non-responders, remainding them of the first letter and again a pre-paid addressed envelope was enclosed for their reply.

This resulted in replies from 99 people, which is a 44% response rate, of whom 53 people from 44 marriages agreed to be interviewed and 46 people from 28 marriages declined being interviewed. However because two of the clients who agreed to be interviewed in the research had resumed counselling, it was decided not to use them. 126 people did not reply. Several of the people who declined sent letters or comments about counselling they received and their current situation. See table 4:2.

TABLE 4:2

TABLE SHOWING BREAKDOWN OF SAMPLE POPULATION INTO
CATEGORIES ACCORDING TO RESPONSE RATE N = 174 cases

CATEGORY	CASES	PEOPLE	% OF CASES
Screened out (not contacted)	33	42	19%
Agreed to be interviewed	44	53	25%
Declined to be interviewed	28	46	16%
Did not reply	69	126	40%
TOTAL	174	267	100%

Eventually 51 people from 42 marriages were interviewed, which represents 22.5% of the sample contacted. The 51 people consisted of 17 men and 34 women. 25 women were interviewed for the research without their spouse and 8 men without their spouse. Nine couples were

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interviewed. With 6 of the couples the partners were interviewed separately, but usually consecutively, however with 3 couples the partners elected to be interviewed together. (See tables 4:3 and 4:4) Further information on the clients follows later in this chapter.

TABLE 4:3

TABLE GIVING BREAKDOWN OF CLIENTS
INTERVIEWED FOR THE RESEARCH

CASES	CLIENTS	
42	51	
	Men 17	Women 34

TABLE 4:4

TABLE SHOWING WITH WHOM RESEARCH INTERVIEWS WERE CONDUCTED
N = 51 clients

WOMEN ON OWN	MEN ON OWN	COUPLES INTERVIEWED SEPARATELY	COUPLES INTERVIEWED TOGETHER
25	8	6 couples (12 clients)	3 couples (6 clients)

CLIENT INTERVIEWS

The clients were given a choice as to where they were interviewed. The
majority (33) elected to be interviewed in their own homes and one in
his office, whilst 17 preferred to be interviewed at Manchester M.G.C.
Clients were offered expenses when they travelled to meet the
interviewer, but no payment was given for the interview. (See table
4:5)

TABLE 4:5

TABLE SHOWING WHERE THE CLIENTS WERE INTERVIEWED
N = 51 clients

In M.G. office	In clients' home	In client's office
17	33	1

<u>The Interview Schedule</u> Twenty-eight prepared questions formed the basis of the interview and although responses were written down by the researcher, each interview was also tape-recorded. At the end of the interview, the clients were asked to spend a further 5 to 10 minutes providing some written information. The interview began with assurances concerning confidentiality - that there would be no individual or specific feed-back given to counsellors and that no client would be easily identified. The purpose of the study was also restated and the relationship of the researcher to the agency was explained - that she was conducting the research for the agency but was also attached to a University but that she normally had no responsibility to or contact with Manchester M.G. The interview schedule (see appendix 4) used for the research interview was semi-structured in that the 28 key questions whilst being fairly open-ended, needed to be asked in exactly the form in which were written. In addition, there were numerous optional prompting/clarifying/supplementary questions which could be asked if the reply to the key question was terse or vague or too generalised.

The rationale for this arrangement was to try to achieve an appropriate balance between being too general and too specific. Open-ended questions give people a chance to say what they want to say in their own words and often quite important comments and views can emerge spontaneously and unprompted and in a richly descriptive style. However, some people respond to an open question with a laconic or generalised statement, so it was hoped that the supplementary questions might help people be more focussed. For example question 23 was "What, if anything, do you think you achieved through counselling?" Often people could speak freely and at some length, producing a wealth of

opinion and evidence to confirm what had or had not been achieved, or talked about the changes that had or had not come about as a result of counselling. However less articulate clients might respond blankly and need the prompting questions. An enquiry would then be made about whether any decisions or actions had been taken as a result of counselling, whether they felt it had contributed to their understanding of the situation, whether it had made any difference to their relationship and so on. The use of too open-ended questions is controversal. Rees and Wallace (1982) remarked:

"Global questions of satisfaction typically result in vague, stereotyped answers involving little criticism. Specific questions and probing interview techniques reveal clients responses which tend to be more precise, discriminating and critical in tone." (p 79)

However there is a difference between the global question he gave as an example "Did you profit from your sessions with the social worker?" and question 23 above. It seemed important not to lead people into answers they thought might be required as far as it was possible, so the more focussed questions were only used when necessary.

The key questions in the interview schedule were broadly arranged in sections to reflect the areas of enquiry described in the objectives of the study (see chapter 3 p 94). Thus, in the first part of the interview clients were asked for their views on the agency, the middle part of the interview was mainly concerned with the counselling process - which included going through the various stages and enquiring about the counsellor/client relationship, and the latter phase focussed on outcomes, and brought the enquiries up to the present (see appendix 4), for full details.

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The Written Data At the end of the interview clients were asked to complete various simple rating scales, which were related to what had been discussed in order to try and quantify some of the views that had been expressed. They completed a brief chart on their personal data - age, occupation, etc. (see appendix 5) which included their marital status at the beginning of counselling and their marital status at the time they were interviewed for the research. They then evaluated the characteristics of the counsellor (see appendix 6) how much they felt they had benefited from counselling, how satisfied they were with the counselling experience and how much they, their partner and their marriage had changed as a result of counselling (see appendix 7). Finally, the clients were asked to sort out a pack of cards containing statements about the counselling experience into categories of "most disappointing", "most valuable" and "did not apply" (see appendix 8). These measuring instruments were given to each client one after the other so that each was completed in the order described above. As each sheet was handed over, the researcher gave instructions verbally, which basically were a repetition of the instructions written on the sheet. In most cases everything that the clients were asked to evaluate had already been discussed, often in some detail. The written evaluation, therefore, reflected that discussion and may, in some cases, have been modified in the light of that discussion. These measuring instruments took between 7 and 10 minutes to complete and apart from noting occupation involved no more than a series of ticks.

·It was anticipated that each interview would last approximately 90 minutes, but in some cases more time was required. Several interviews required as long as 3 hours. Two, 3 or 4 interviews were conducted each week and it took 6 months to complete the interviewing.

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<u>Description of Written Data</u>   The rating scales using statements on the characteristics of the counsellor were adapted from the very lengthy questionnaire described in Strupp <u>et al</u> (1969 p 79).   These statements, for example, on warmth, acceptance or understanding, seemed to be the salient ones necessary for measuring the degree to which M.G. counsellors demonstrated the core attributes needed to establish an effective counselling relationship as decribed by Rogers (1957).   The scales designed to measure the effects of counselling contained 2 important global measurements: (1) On how much the client felt they had benefited from counselling and (2) On how satisfied they were with counselling.   Although it was acknowledged that global questions often result in undiscriminating responses (Rees and Wallace 1982) it was considered that because the scales were being completed after a lengthy discussion on the counselling experience that they should have some reliability, at least in reflecting the opinions expressed in that discussion.   It was also considered important to obtain statistical evidence in these 2 areas, provided directly by the clients.   The card sort consisted of 11 statements about counselling, each typed on a separate card that could be sorted into categories by clients to indicate which aspects of the counselling experience they had found valuable and disappointing.   These statements were fairly general and had been devised from comments and observations most commonly used by clients during the 2 pilot studies.   It was hoped that these would provide a quantitative guide to the aspects of counselling that were most appreciated.   There had been some experiementation with how the cards could be ordered in the second pilot study, and at one time it was thought that clients should be asked to arrange them in rank order, but this proved to be unworkable.   However, in addition to the

categories "most valuable", "most disappointing", and "did not apply" -
a fourth category "it happened" (but was neither disappointing or
valuable) was added (see appendix 8 for the full list of statements).

COUNSELLOR INTERVIEWS

It was established that 26 counsellors had been involved with the 42
cases that comprised the research sample. They were contacted by
letter from the researcher (see appendix 9) inviting them to be
interviewed on both clients who had formed part of the research sample
and also on clients who were part of the research population but who
had either declined to be interviewed or who had not responded to the
invitation. The letter stated that it would not be disclosed whether
the clients had been interviewed for the research or not and that no
information or feedback could be given to the counsellor on the cases.
In this way it was hoped that the anonymity of the interviewed clients
could be preserved and that the counsellor would be able to respond
openly without attempting to seek feedback of a client's views, and
with no knowledge of whether the interviewer had seen the clients or
not. It was hoped that by getting information on interviewed and non-
interviewed clients it would

1. enable a comparison to be made between interviewed and non-
    interviewed clients,
2. that information on non-interviewed clients might help in an
    evaluation of the total research population,
3. getting data from the counsellor on 2 cases might provide an
    indication of how the counsellor typically operated.

In the event none of the above (1-3) was undertaken because of the

constraints of time, and the magnitude of these extra tasks. Thus the counsellors' data on non-interviewed clients were not used.

Twenty-one counsellors agreed to be interviewed. Two of these had ceased to work for the agency, but were still willing to participate in the project. However, 4 counsellors were unavailable. Three had left the agency and could not be contacted (1 having emigrated to Australia) and one declined to be interviewed. One counsellor gave information on the wrong client which was thus unusable. The 21 counsellors were interviewed on 24 cases from the research study and 13 cases from the research population. The counsellors were interviewed in a similar way to the clients and with a similar interview schedule (see appendix 10). The interviews were tape-recorded. However, the only written data they were asked to complete concerned personal information on themselves. The information given by the counsellors provided a useful complementary perspective to the clients' accounts as to what happened during counselling and what was achieved, etc., and so provided more information, if required, and a method of cross-referencing or checking. However since the research was primarily concerned with the clients' views of the service and of counselling, the counsellors' perspectives were used only to supplement the clients' views. For example, when they added a new dimension to what happened or clarity or new meaning to the discussion, or occasionally if they provided a comparison. A detailed analysis of the counsellors' views was not part of the research plan.

ORDERING AND ANALYSIS OF THE DATA

The interview schedules, the audio tapes and the written data - both

the clients' and the counsellors' - were coded to preserve confidentiality and the analysis of that mass of information proceeded using that coding. It was decided that the richness of description, the unique and often idiosyncratic manner in which people talked about their experiences, could not be captured in note form, so each tape was transcribed. Each area covered by the key questions on the interview schedule was typed on to a separate catalogue card for each client, along with a card containing their counsellor's account. These cards were identified by their code number at the top, and a simple system of colour coding was used to distinguish different categories of client. (See filing drawer). Briefly, men, women, and couples seen together, each had a different colour (blue, pink,orange, respectively) and other coloured cards were also used to indicate the counsellors' data on the clients and the researcher's notes on the case (green, white). In addition a system of tagging one interview cases and cases seen by 2 counsellors was also used. Thus, at any one time, it was possible to extract easily different categories of information for examination. For example all the views on the first interview, just the views of the men on the first interview, or just the views of the one interview cases on the first interview. It was equally easy to examine the views of the clients in one case in all the areas of investigation.

The headings used to order the data on catalogue cards were as follows:-

Agency

Other agencies

Entry (to the agency)

Problem/trigger/aims

Stage in marriage

Initial interview

Payment

Subsequent interviews: pattern

Subsequent interviews: content

Counsellor and counsellor/client relationship

Helpfulness - at the time

Ending

Outcomes

Situation now

Suggestions/criticisms/comments

(Clients responses to) research interview

Researchers impressions (of the clients and the research
interview) plus useful quotations from the interviews with
counter number indicating where they could be located on the
tape

Summary of clients - personal data, factual details of counselling
- for example number of interviews etc., how they came to be
interviewd for the research.

Summary of counsellors details, etc.

Once the transcriptions were completed and ordered in this manner, the
process of examining the data from a variety of standpoints or angles
could take place and patterns and relationships between various factors
could be teased out. It proved advantageous to the researcher to have
been solely responsible for conducting both the research interviews and
their transcription, as it meant she was very familiar with the
material and this helped in the analysis. Analysis involved
formulating and reformulating the various components that needed to be
examined in the counselling process as well as categorising and

recategorising the clients according to the standpoint. Certain theoretical ideas would be tested in this manner, but would then often lead to further ideas or questions that needed further checking by a "shuffling" of the cards. The process proliferated ideas and theories (as in Glaser and Strauss 1967).

The sample was too small to do any sophisticated statistical analysis, but each idea inevitably involved a certain amount of counting and, where possible, in the body of this thesis evidence is quoted using numbers.

OTHER METHODS AND DATA USED

Two other sources were used to obtain data in addition to that supplied by the clients (and counsellors).

1. The Researcher As the tapes were being transcribed, the researcher, without prior examination of or reference to the client ratings, rated all 51 clients in terms of satisfaction or dissatisfaction with counselling based on what they said during the interview. Similarly, an evaluation was made of the 42 cases in terms of the degree to which they had been helped based on what the clients had said about the benefits of counselling or the outcomes. These ratings were recorded immediately after listening to and transcribing each tape and were based on an overall impression and were, therefore, global and subjective.

2. An Independent Evaluator was used to examine counsellors' records. It is standard practice for M.G. records to include a summary sheet of the case, which is anonymous because it does not record the names of

the clients, but which contains the kind of information which is normally needed for statistical purposes, for example, how many interviews were given. One of the items recorded is an assessment by the counsellor on the close of the case of how much the client had been helped by counselling. The original summary sheets (see appendix 11 for an example) for the whole research population (174 cases) were extracted from the M.G. office files and were sent to be examined by an independent person. The independent rater was not told which clients had replied, or been interviewed. She coded their occupations (according to the Registrar General's classifications), then assessed the degree to which the clients had been helped, based on the comments of the counsellor. The categories she used were

helped a lot (H ++)

helped (H)

not helped (NH)

don't know (DK)

The latter category had to be used as an assessment when the counsellors' comments were ambiguous, or because they stated that they did not know, or because their comments were missing altogther. The cases that had been interviewed for the research could then be extracted and the records used for comparison with other data. Additionally however, having the summary record sheets of the research population as a whole, provided an opportunity to make a critical examination of the entire group. Thus it was possible to look at the differences between the people who agreed to be interviewed and the other categories - the clients who were screened out from contact, the ones who declined to be interviewed and the ones who did not reply.

DATA ON THE CLIENT SAMPLE

Summary of Sample   As stated, 51 clients from 42 marriages were interviewed for the research. The sample consisted of 17 men and 34 women and included 9 couples. Although only 9 couples were seen, in fact in 24 of the cases both partners had been involved with counselling.   In the other 18 cases, only 1 partner had come for counselling and of these, 16 had been wives who had come on their own. Of the 24 cases where both partners had been involved in counselling, 20 had had joint interviews at some stage (See table 4:6)

TABLE 4:6

TABLE SHOWING WHO ATTENDED FOR COUNSELLING AND
INCIDENCE OF JOINT INTERVIEWS   N = 42 cases

Both partners attended for counselling 24 cases		Only one partner attended for counselling 18 cases	
Some joint interviews	Seen only in single interviews	Men	Women
20	4	2	16

1.   Length of Marriage   Chart 4:7 shows how long each couple had been married when they consulted M.G. and compares them with the research population and the N.M.G.C. statistics on their client population nationally.   The patterns are similar, although in all categories there is quite a variation in the number of years that clients have been married when they approach M.G.   Indeed amongst the people interviewed for the research there was a variation of the duration of marriage from a few months to 31 years.

CHART 4:7

CHART SHOWING DISTRIBUTION OF CASES ACCORDING TO NUMBER OF
YEARS MARRIED.

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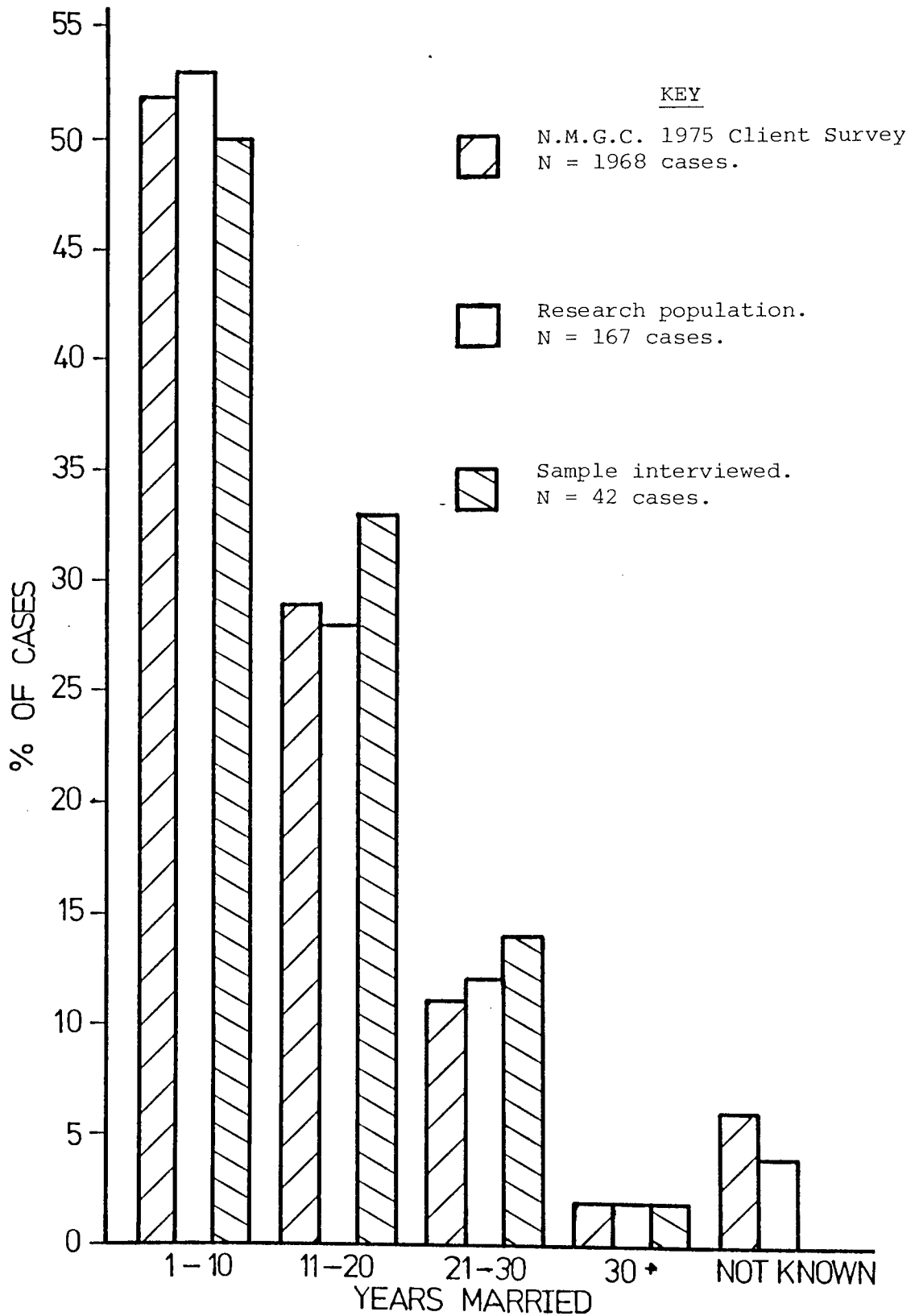
In the majority of cases couples had been married of 10 years or less and one-third of those interviewed had been married for less than 5 years and were accordingly at a particularly vulnerable stage in their marrage. Graph 4:8 shows that the peak time for divorce is 3-4 years after marriage.

GRAPH SHOWING DIVORCES IN SELECTED YEARS BY DURATION OF MARRIAGE.
ENGLAND AND WALES.
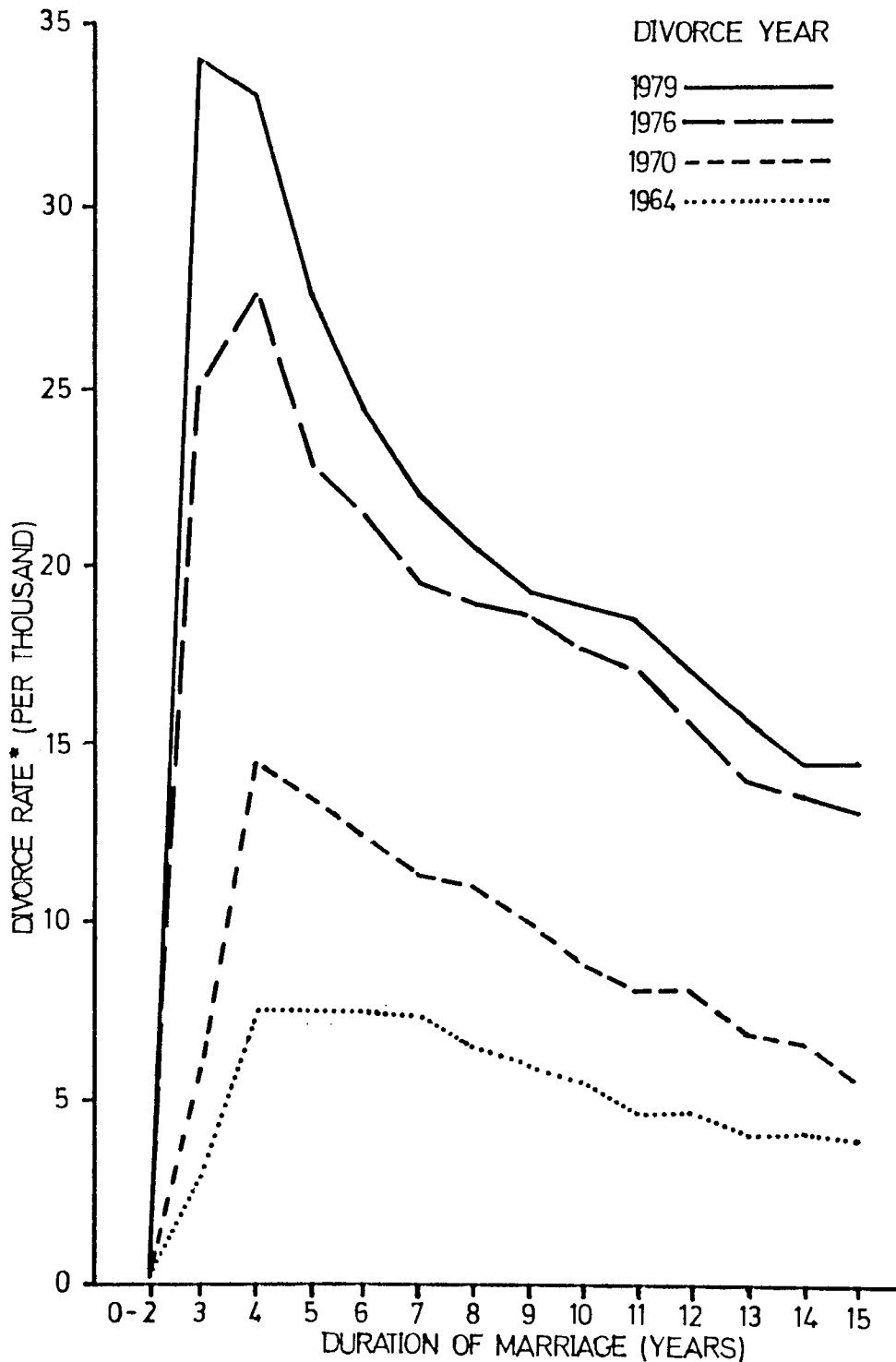
* divorces (all ages of wife at marriage under 45) per 1000 estimated
  related marriages at risk in year concerned (denominator data for
  marriage durations over 10 years are approximations)

Source HASKEY, J. (1982) The proportion of marriages ending in
divorce. Population Trends 27. p. 4.

Ten people in the sample of cases interviewed had been married once before and one person had been married twice before. This no doubt reflects the growing national increase in remarriage, which is in turn related to the increase in divorce.

Haskey (1982) writes that the remarriage of the divorced as a proportion of all marriages has increased by 150% for both men and women during the 1970's. The proportion of people interviewed, for whom it was a second marriage, is a slightly lower percentage than for N.M.G.C. clients generally. The 1982 Client Survey (Heisler 1984) showed that 17% of M.G. clients had been married previously.

2. <u>Age</u> Chart 4:9 shows the age range of the interviewed clients and compares them with the research population and the N.M.G.C. statistics on clients nationally. Most age groups were represented in the research sample. It can be seen from this chart that the age range most likely to approach M.G. is between 30-39 years and although both a 22 year old and a 59 year old were interviewed for the research, the majority were in the 30-35 age range, running parallel with the median age for divorce which is currently 34 for women and 35 for men. So again, it seems there is a relationship between the "vulnerable" age group for divorce and the clients who approach M.G.

CHART SHOWING DISTRIBUTION OF M. G. CLIENTS ACCORDING TO AGE

KEY

N.M.G.C. 1982 Client Survey
N = 2531 cases
5062 clients

N.M.G.C. 1975 Client Survey
N = 1968 cases
3936 clients

Research population
N = 174 cases
333 clients

Sample interviewed
N = 42 cases
51 clients
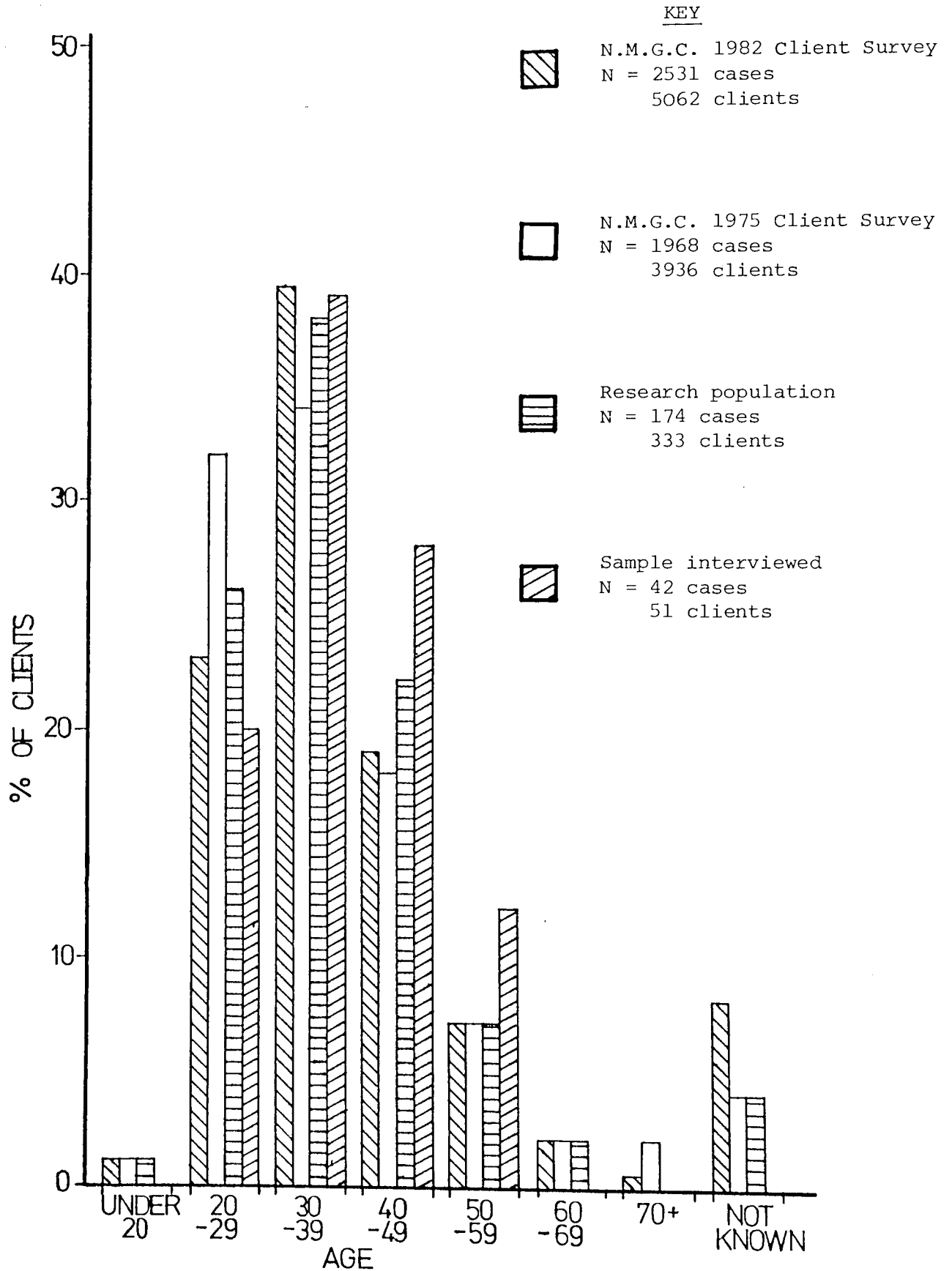
3.   Children Only 4 of the clients interviewed were childless, although several of the others had grown up children who no longer seemed to be a factor in the current relationship as most were either married or living away from home and were thus unlikely to influence in a practical sense the eventual outcome for the marriage.

4.   Socio-economic Class Table 4:10 indicates the social class background of the research sample. They ranged from 3 professional people - two engineers and an architect, to a man who had been unemployed for 2 years and a slinger storeman. However, the relatively high numbers of teachers and lecturers (9), shop-assistants (10) and drivers (3), in the final sample meant that it does not reflect the social composition of M.G. clients generally. It is possible, of course, that people from such occupations were in a better position to give up time to be interviewed!

However it should be emphasised that the sample did include a much wider range of people than the professional or middle-class clientele that is commonly attributed to the M.G. agency.

TABLE 4:10

TABLE SHOWING THE DISTRIBUTION OF CLIENTS ACCORDING TO THEIR
SOCIO-ECONOMIC CLASS ACCORDING TO THE REGISTRAR GENERAL'S
CLASSIFICATION OF OCCUPATIONS

Socio-economic group	Head of household			N.M.G.C. client survey				Research population		Sample interviewed	
	1971 Census	1981 Census		1975 N=1968 cases		1982 N=2531 cases		N=169 cases		N=42 cases	
	%	%		%		%		%		%	
		M	F	M	F	M	F	M	F	M	F
I	4.2	5	1	7	1	9	1	10	2	12	–
II	17.3	17	5	20	11	26	19	18	24	29	31
III NM	12.3	16	35	11	24	8	25	12	19	14	33
III M	30.2	40	10	28	2	31	3	29	5	5	2
IV	16.3	17	32	10	7	8	4	9	7	24	5
V	6.6	4	13	4	5	4	9	1	5	2	–
Not classified	13.0	–	5	20	50	14	39	21	38	14	29

Note   "Not classified" includes retired, unemployed, students
        housewifes etc. and "not known" except for the 1981
        census which does not contain a "not classified" group
        – but uses a "never worked" category.

5. Race and Religion Regretfully the interviewed clients were not

specifically asked about either their race or religion – an ommission

with hindsight. However, from observation and their comments, most of

the interviewed people were white and British but there was one
Dutchman, one American, one South African, one Italian and one Indian,
and from remarks it was evident that several were of either the
Catholic or Jewish religions. The Dutchman and the American were able
to draw on their knowledge of counselling services in their respective
countries when evaluating their experiences of M.G.

6.   Number of Counselling Interviews   Chart 4:11 shows the number of
interviews that the research cases had and compares them with the
research population and the N.M.G.C. figures. It can be seen that the
people interviewed for the research tended to have had more interviews
than would be likely nationally and that one interview clients are
under-represented.

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CHART SHOWING DISTRIBUTION OF CASES ACCORDING TO THE NUMBER OF
COUNSELLING INTERVIEWS THEY RECEIVED.

KEY

N.M.G.C. 1982 Client Survey.
N = 2531 cases.

N.M.G.C. 1975 Client Survey.
N = 1968 cases.

Research population.
N = 174 cases.

Sample interviewed.
N = 42 cases.
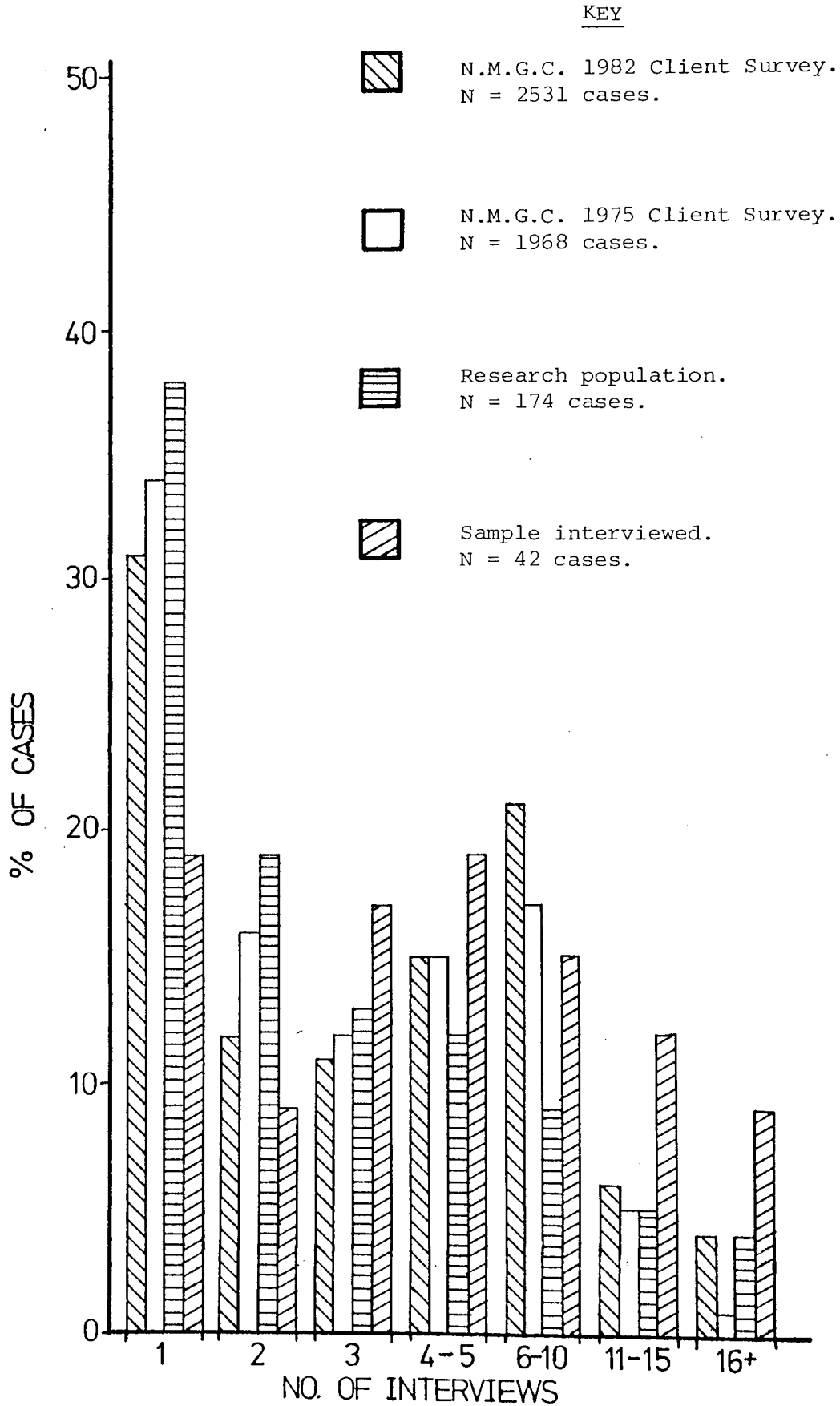
COUNSELLORS' DATA

Table 4:12 shows the characteristics of the 26 counsellors who were
involved in the counselling of the 51 clients who were interviewed for
the research. There were 20 female counsellors and 6 male counsellors
and their age range was slightly older than that of their clients, the
majority (9) being in the 36 to 40 age range. The counsellors were in
all stages of training. Twelve were fully trained, 3 of them being
tutors. Fourteen were still in training. This is a slightly higher
proportion than amongst counsellors nationally. Four of the
counsellors in training were very new, having only just completed their
introductory course. Five of the counsellors were experienced in that
they were accustomed to carrying a higher case load than the normal
amount of 3 cases. Four of the cases in this study had had the
experience of being counselled by 2 counsellors. This was helpful
because the clients were able to distinguish and make comparisons of
the different approaches and characteristics of their counsellors.

TABLE 4:12

TABLE SHOWING DATA ON THE 26 COUNSELLORS INVOLVED WITH THE 42
RESEARCH SAMPLE CASES

GENDER		AGE DISTRIBUTION					TRAINING & EXPERIENCE			
							IN TRAINING			FULLY TRAINED
MALE	FEMALE	10-29	30-39	40-49	50-59	60+	NEW	MID WAY	NR END	
6	20	–	14	7	3	2	4	5	5	12

SUMMARY OF THE CLIENT AND COUNSELLOR SAMPLES

In summary the clients interviewed were fairly representative of N.M.G.C. clients in general, in terms of age, number of years married, social class and number of counselling interviews (see tables 4:7, 4:9, 4:10, 4:11), and also in relation to the proportion of men and women who seek help from M.G. The exceptions were that there was some over-respresentation of social classes II and IV and the research clients tended to have had slightly more interviews than average. There was also an under-representation of 1 interview clients. The counsellors also appeared to represent the spectrum of counsellors nationally in terms of the ratio of men counsellors to women, in age and in training and experience.

Table 4:13 gives the detail on the demographic and counselling data of each client.

TABLE **4:13**
TABLE OF RESEARCH SAMPLE CLIENTS SHOWING THE DEMOGRAPHIC DETAILS AND COUNSELLING INTERVIEW DATA ON EACH CLIENT

NAME (PSEUDONYM)	AGE GROUP	OCCUPATION	CHILDREN UNDER 16	CHILDREN OVER 16	LENGTH OF MARRIAGE AT CO. (YEARS)	PREVIOUS MARRIAGE	MARITAL STATE BEFORE CO.	MARITAL STATE AT RESEARCH INT.	INTERVIEWS AT M.G. NO	TYPE H	TYPE W	TYPE JNT	COUN- SELLORS
MR BARNES	25-29	IN COMPUTING	–	–	6	–	MAR	SEP	24	/	/	/	1.F.
MR BIRCH	50-54	STOREMAN)	–	?*1	6 MONTHS	YES H	MAR.	MAR.)	6	/.	/	/	2.M.F.
MRS BIRCH	50-54	H/WIFE)	–	–	)			)					
MR BOROUGHS	40-44	TEACHER	1	–	20		MAR.	MAR.	14	/	–	–	1.F.
MRS CAREY	25-29	IN JOURNALISM	–	–	4		SEP.	DIV.	6	/	–	/	1.M.
MRS CAVE	40-44	SHOP ASSISTANT	1	1	19		MAR.	MAR.	12	–	/	–	2.M.M.
MRS CONWAY	25-29	LECTURER	–	–	3		MAR.	SEP.	11	/	/	/	1.F.
MR COXHEAD	30-34	SALES REP.	3 *2	–	3	YES W	MAR.	DIV.	3	/	/	–	1.F.
MRS CRISPIN	30-34	CASHIER-SHOP	4	–	14		MAR.	MAR.	3	–	/	–	1.F
MRS DAVIDSON	25-29	H/WIFE)	2	–	10		MAR	SEP.	2	–	/	–	1.F.
MRS DUGDALE	55-59	H/WIFE)	–	1	31		MAR.	MAR.	5	–	/	–	1.F.
MR ELISON	20-24	UNEMPLOYED)	3	–	3		MAR.	MAR.)	3	–	–	/	1.F.
MRS ELISON	20-24	H/WIFE)						)					
MR FERRABY	40-44	ARCHITECT)	2	1	19		MAR.	MAR.)	3	/	/	/	1.M.
MRS FERRABY	35-39	SECRETARY)						)					
MRS GADSBY	20-24	H/WIFE	1	–	3		SEP.	MAR.	5	/	/	/	1.F.
MRS GARLAND	35-39	? CIVIL SERVICE	2	–	13		MAR.	SEP.	2?	–	/	/	2.F.F.

NAME (PSEUDONYM)	AGE GROUP	OCCUPATION	CHILDREN UNDER 16	OVER 16	LENGTH OF MARRIAGE AT CO. (YEARS)	PREVIOUS MARRIAGE	MARITAL STATE BEFORE CO.	MARITAL STATE AT RESEARCH INT.	INTERVIEWS AT M.G. NO	TYPE H	W	JNT	COUN-SELLORS
MR GLEESON	30-34	DRIVER)	2 *3	-)	1	YES H&W	MAR.	MAR.)	15	/	/	/	1.F.
MRS GLEESON	30-34	LAB. TECHNICIAN)	3 *4	-)					2	-	/	-	1.F.
MRS HOLMAN	50-54	SECRETARY	-	2	29		MAR.	MAR.	1	-	/	/	1.F.
MR HUGO	40-44	IN BUILDER TRADE	2	-	19		MAR.	SEP.	1	-	/	-	1.F.
MRS HYMAS	45-49	SHOP ASSISTANT.	-	3	2 MONTHS	YES H&W(2)	SEP.	SEP.	8	-	/	/	1.F.
MRS JORGENS	45-49	SHOP KEEPER	1	2	26		MAR.	SEP.	5	/	/	/	1.F.
MR KEEGAN	50-54	ELEC. BOARD ATTDT	1	2	24		MAR	SEP.	5	-	-	-	1.F.
MR KEITH	25-29	SHOP ASSISTANT)	3 *5	-	4	YES W.	MAR.	MAR.)		-	/	-	1.F.
MRS KEITH	30-35	TEACHER)								-	/	-	1.F.
MRS LEDGER	30-34	SHOP ASSISTANT	2	-	11		SEP.	DIV.	6	/	/	/	1.F.
MR LEEMING	30-34	BUSINESS MAN)	2	-	2		SEP.	SEP.)	1	-	/	-	1.F.
MRS LEEMING	25-29	H/WIFE)											
MR LICHFIELD	40-44	SALES MANAGER	2 *6	-	4	YES H.	MAR.	SEP.	3	/	/	/	1.F.
MRS LILLEY	30-34	PT-TIME TEACHER	6	-	12		MAR.	MAR.	1	-	/	-	1.F.
MRS LOCKWOOD	45-49	PT.TIME TEACHER	2	-	16		MAR.	SEP.	3	-	/	-	1.F.
MRS LOMBARD	45-49	SHOP ASSISTANT	-	1	20		MAR.	DIV.	30+	/	/	/	1.F.
MR LONDON	35-39	?DEPUTY SUPVISR)	2	-	9		MAR.	MAR.)	8+	/	/	/	1.F.
MRS LONDON	30-34	H/WIFE)											
MRS MONTROSE	35-39	STUDENT	3 *7	1 *7	9	YES W.	DIV.	DIV.	5	/	/	/	1.F.
MRS MOORCROFT	30-34	TEACHER	2	-	9		SEP.	SEP.	5	-	/	-	1.F.

NAME (PSEUDONYM)	AGE GROUP	OCCUPATION	CHILDREN UNDER 16	CHILDREN OVER 16	LENGTH OF MARRIAGE AT CO. (YEARS)	PREVIOUS MARRIAGE	MARITAL STATE BEFORE CO.	MARITAL STATE AT RESEARCH INT.	INTERVIEWS AT M.G. NO	TYPE H	W	JNT	COUN-SELLORS
MRS MULHOLLAND	40–44	SHOP ASSIST.	2	1	23		MAR.	SEP.	5	/	/	–	1.F.
MRS OGILVIE	30–34	ADMIN. ASSIST.	–	–	3		SEP.	DIV.	1	–	/	–	1.F.
MRS OTTLEY	40–44	PT.TIME TEACHER	–	2 *8	2	YES H&W	CO.HAB.	CO.HAB.	30	/	/	/	1.F.
MR PARSONS	50–54	IN NURSING	–	1	25		MAR.	MAR.	1	/	–	–	1.M.
MRS PHILBY	30–34	IN NURSING	2	–	11		MAR.	MAR.	3	–	/	–	1.F.
MR RENWICK	45–49	DRIVER)	–	3	24		MAR	MAR)	6	–	–	/	1.F
MRS RENWICK	40–44	IN G.P.O.)						)					
MR RICHES	35–39	ENGINEER)	3	–	14		MAR	MAR)	17	–	/	/	1.M.
MRS RICHES	40–44	TEACHER)						)					
MRS RUTLAND	30–34	SECRETARY	2	–	13		MAR	DIV.	1	–	/	–	1.F.
MR THOMAS	30–34	SERVICE ENGR.	3	–	12		MAR.	SEP.	1	–	–	/	1.F.
MRS UPHAM	25–29	SHOP ASSISTANT	1	–	8		MAR	MAR.	4	–	/	–	1.F.
MRS WARNER	35–39	CASHIER–SHOP	2	–	17		MAR.	MAR.	2	–	/	–	1.F.
MRS WILSON	25.29	H/WIFE	2	–	7		SEP.	MAR.	11	–	–	–	2.F.M

FOOTNOTES

* 1: He probably had children from a first marriage.
* 2: 2 children from wife's first marriage.
* 3: Children from first marriage living with ex-wife.
* 4: Children from wife's first marriage living with them.
* 5: 2 children from wife's first marriage living with them.
* 6: From first marriage – living with ex-wife.
* 7: 2 of the children from the first marriage.
* 8: From wife's first marriage.

LIMITATIONS

The limitations of this research project can be divided into those inherent in the design and the approach used and limitations which occurred in the execution of the research.

Design Limitations

It is worth noting how the design limitations already described and debated in the chapter on Methodology and Research Design, were manifested during the project.

1. __The Retrospective Nature of the Study__. Some of the dilemmas and disadvantages of researching client opinion retrospectively have already been noted, but it was argued that despite these disadvantages, this method could be justified on the grounds that clients __are__ able to make valid assessments about a service, and thus have something useful to contribute. Nevertheless, people did find it difficult to remember facts, feelings and the detail of experiences. It became evident too that their perceptions were in any case probably being affected by a selective memory and a need to edit their account of an experience, perhaps in order to make sense of it in the light of subsequent events. This phenomenon probably occurs with all of us. Berger (1963) comments on man's need to subject different events in his life to alternative interpretations so that we all go on interpreting and re-interpreting our lives. As we remember the past, we reconstruct it in accordance with present ideas of what and what is not important. Thus Berger (on p 75) gives an example of a newly divorced wife who re-interprets her marriage in such a way that each stage of it serves to explain the

final fiasco.

It seemed likely that the clients in this research project behaved similarly. Certainly, it became apparent when analysing the results and clients' comments, that the clients' frame of reference and the context of their current situation affected and coloured their responses.

Many clients were aware that the information they gave was subject to their selective memories. Two comments illustrate this. For example, Mr Ferraby:

> "I expect that the strength of my memory will tend to alter the construction a bit ... I find it difficult to remember so far back and also the fact that the whole thing was a terrible experience lasting for several months, and the human mind isn't very good at remembering the detail at the end of it!'

One person specifically commented on the fact that knowledge gained through counselling would inevitably affect subsequent reporting of the experience. Mrs Ottley:

> "I have to say that the way I talk about what was happening at the beginning of counselling, the way I describe what was disturbing me at the beginning, is in terms of what I discovered through counselling. I can hardly look back at the way I felt originally without applying this later understanding of what was really distressing me.'

People were aware too that their current situation affected their responses. For example Mrs Rutland commented:

> "I can only hope I've got it right with it being so long ago. The timing (of a follow up interview) is so difficult ... if you had come 6 months afterwards, I was in the throes of it

... I would not have been of much use to you or me ... I've got it straight, I'm rational now. Two months ago I was totally different, but I am settled now because of someone else (another partner). If you'd got me at the time when things were going wrong it would be a different sort of interview, or I would not have agreed to be interviewed."!

2. <u>The Use of One Interviewer</u>. Although the use of only one interviewer at least prevented too wide a variation in approach, which is the risk if several interviewers are used, it carried the opposite risk of being too idiosyncratic. However, there were other factors that also contributed to some variation in interviewing, and the way the research interviews were handled must have affected clients' responses. Although every attempt was made to be the same kind of person (friendly and encouraging but neutral) and to ask every client the key questions in the same manner, each interview was unique because each client was different and interviewing is an interactive process. For example, it seemed important to go very slowly with Mr Thomas. He was initially prickly and suspicious and he responded as if he expected to be put down. He was also very critical of M.G. Because of his sensitivity and suspicion, it was deemed necessary to listen to all his asides (not cut him off or bring him back too quickly to the point) and to give him plenty of time to reply to the questions. Thus, the interview lasted twice as long as normal. There was no doubt that his responses were modified by the developing relationship. So not only had events since attending to M.G. probably coloured his responses - his wife had left him - but also his gradual wish to be co-operative. From his early hostile responses, he ended up inviting the interviewer to call again if any more help was required!. It would be unrealistic to think that effects like this could be eradicated. No matter

how carefully interviews are conducted, variations are inevitable and this remains one of the limitations of research with human subjects.

3. <u>Analysis and Interpretation of the Data</u> The classification, interpreting and reporting of the data were all executed by 1 person. Despite the wish to be as objective as possible, subjectivity undoubtedly affected the process of interpretation. For example, the breadth of the subject under investigation inevitably meant that there was some selectivity in the areas primarily reported upon. There was no doubt a tendency to want to order data into preconceived theoretical ideas. The use of quotations, although an accurate illustration of client opinion, were subjectively selected and were, moreover, lifted out of their context. The meanings behind clients words could, in any case, be subject to several interpretations. No doubt the fact the researcher was also a practitioner led to the added problem of her possibly being unwittingly blind to perspectives that might have been apparent to others outside the profession. However, these limitations are intrinsic to this type of research and, as with the deficiencies inherent in personal interviewing, cannot be totally eradicated even though they are acknowledged. Thus this research must reflect the researcher's interests.

<u>Limitations in Execution</u>

1. <u>How Clients were Interviewed</u> may well have affected their responses. The original intention was to interview each client separately. Amongst the sample of 51 clients were 9 couples, 8 of whom were still living together. Attempts were made to arrange to

see each partner in a couple separately, one after the other, so that they did not "contaminate" each other. However this was not always possible. For various practical reasons the partners of 3 couples had to be seen at different times and although it was said that the research interview with the first partner had not been discussed in any detail, it seems unlikely that the second interview was not affected by the first.

Three couples insisted on being interviewed together which in 2 cases resulted in a series of "we" statements. These might have been different if each partner had been seen separately. The third couple made a point of disagreeing with each other on almost every question, as if they were driven to relate in this way. Inevitably their opinions must have been affected by this need to fight. However Allan (1980) has drawn attention to some of the benefits of joint interviewing for research and he suggested it is possible that a joint account might be fuller and more valid than either spouse's individual statements because they can both corroborate and supplement each other as well as correct each other. Possibly this happened but it needs to be noted that the interviews for 6 people (3 couples) were different from the other interviews because they were interviewed jointly.

Other factors affected interviews so that they could not always proceed as planned. One interview had to be hurriedly curtailed because of the intervention of an irate husband. In 2 or 3 interviews, the responses were so tangential to the question, or so rambling, that some of the subsidiary questions were neglected. For example, the question of making financial contributions to

M.G. was omitted in 3 instances. Three people refused to allow the tape recorder to be used, although full notes were made and the gist of what was said was recorded in this way.

2. The Location of the Interviews. Where clients were interviewed might also have affected their responses and would almost certainly have had some effect on the manner of the interviewer. The interviews with the clients who elected to come to the M.G. were likely to have been more businesslike. The clients who elected to be interviewed at home were on their own territory and in charge and the majority offered hospitality. For some, the visit was an "occasion" - one woman had obviously baked a cake for the visit. LaRossa (1981) also discussed the factors that could affect a home visit where an interviewer is treated as a guest as well as a researcher and went on to discuss the ethical significance of the worker's double role. As stated earlier, he suggested that it might lead some families into disclosing more about themselves than they had originally planned. In this research the duality of the role for the interviewer meant that social behaviour normally employed by a guest had to be carefully combined with the more businesslike stance of the interviewer and as far as possible the social aspect of the visit was left until the research interview had been completed.

However, in both situations - interviewing in the M.G. office and interviewing at home - the research interview was, in a sense, the reverse of the counselling situation. The clients were in the position of helper and it was the researcher who thanked them warmly for all their trouble and for the time they had given. For

174

some clients it was apparent that to be in the role of helper was a very beneficial experience as it redressed the balance in some way. Maluccio (1979) also commented on clients' surprise and pleasure that someone should be interested in their views and this was certainly the impression gained from some of the clients in this study. They liked being asked their opinion, and they liked being in the position of helper. Almost all the clients who came to the M.G. for interviews refused the travelling expenses that were offered them.

3. <u>Why Clients agreed to be Interviewed</u> must also be taken into account and might also have affected their responses. An impression was gained that although the overt reason given for agreeing to be interviewed for the research was to help the service, there were a number of covert reasons. It was the researcher's impression, based on what was said or implied in the interview that about 15 people genuinely seemed to want to help, to pay back for the help they had received in some way, and to redress the balance. Several of these expressed their interest in the research project and were in professions where research had a part to play. However, there were about another 15 who seemed to want more counselling in some form or another, although not necessarily directly. Perhaps they believed that in some mysterious or magical way that further contact with M.G. would provide the solution or a key. For example, one woman concluded the research interview by saying that despite years of searching, she was still trying to find "the secret of a happy marriage'. It was said questioningly as if the researcher would be able to give her the formula. Others may have responded because they had left counselling in a rather ambiguous and unsatisfactory way and they

used the research interview to "finish off". For example, Mrs Jorgens felt regretful that she had been left in mid air. The counsellor went away for some time and the client was going on holiday and it was unclear as to who was to contact whom for future appointments. She said that she wished she had contacted her counsellor to tell her how things were and to thank her and there was a sense that she was doing this through the medium of the research interview.

Four clients agreed to be interviewed chiefly to complain and one actually *said* that she replied because she wanted to complain about the counselling she had received. However, 7 used the interviewer as some kind of bridge or weapon with their partner. Mr Coxhead asked if his wife was also being interviewed and was at pains to provide her current address. He then asked the interviewer to "put a good word in" for him. Another woman used the letter about the research to remind her husband about M.G. - he had not agreed to be involved in counselling before - and shortly after the research interview, they returned as a couple to M.G. for counselling. Mr Leeming took a great deal of trouble to provide his wife's current address and when she was finally interviewed some weeks after him, it was interesting to discover that he was going to visit her that same afternoon after the research interview. It seemed likely that the review of the past situation and the counselling they had received would have some effect on the tenor of that meeting. It seemed that Mrs Lilly invited the interviewer to her home in defiance of her husband and that this was to be a demonstration of her independence. He appeared halfway through the discussion demanding that the tape

recorder be switched off and was extremely angry. That interview was hurriedly curtailed and it is quite likely that a row ensued afterwards. Several clients (4) expressed an interest in becoming a counsellor and in fact 1 did apply. (See table 4:14)

TABLE 4:14

TABLE SHOWING WHY CLIENTS AGREED TO BE
INTERVIEWED FOR THE RESEARCH
(based on the researcher's impressions)
(N = 51 clients)

Reason	Clients
Genuinely want to help	15
Wanted more counselling?	15
Felt "unfinished" with M.G.	4
To complain	4
Wanted a "bridge" to their partner	4
Wanted to "get at" their partner	2
Interested in becoming a counsellor	4
To see the researcher	1
To fill in time/liked to talk	7

Note

The number exceeds the clients because some clients had more than 1 reason.

In addition to knowing why people participated in the research, it would be equally interesting and valid to know why people elected not to participate. However this can only be speculated upon and there are numerous possibilities. One explanation might be a fear of disturbing a precarious balance, or of affecting the experience of counselling. Another might be the wish to avoid getting in touch again with a painful and distressing time in their lives. Indeed some of the clients who were interviewed said they had delayed replying to the invitation to participate in the research because of anxiety about just this.

For some clients the research interview revived the distress of the past, or the pain of the present situation. For others it led to a wish to discuss again their past situation or appraise the current situation. Because it was felt to be irresponsible to evoke these kinds of feelings without being able to offer time (and some expertise) in dealing with them, (see Bowlby 1985) time was allowed at the end of the interview for discussion and some 21 people went on to talk about their feelings and concerns. Hopefully this did not substantially affect the research interview because this kind of discussion took place after the research interview had been completed. However, the fact that when a current concern came up during the research interview, a promise was made to discuss it at the end, may have affected subsequent replies. However, for others, the research interview in itself provided another dimension to the helping process. It seemed that going through that particular time, reviewing the process of counselling and setting it along side where they were currently in their lives, was a positive and helpful experience. The clients

were asked at the end of the interview how they had felt about the research interview and whether a follow-up interview would be of value as standard practice. Mrs Gadsby said for example,:

"When you talk about it from beginning to end, it gives you more of a picture of how things are really."

and Mr Barnes said:

"It makes you take stock of where you are up to."

4. The Rating Scales and Written Material posed some problems, although they were taken very seriously by all the clients.

   1. Some of the statements were open to different interpretations. For example, "the counsellor was distant and uninvolved", which had been seen by the researcher as a negative statement was viewed differently by one or two clients, who felt the counsellor was distant and uninvolved because she was supposed to be. Thus, for them, this characteristic was seen as a virtue, or a mark of her professional approach. Equally problematic were the scales relating to changes in marriage. Whether a separation or a divorce was a change for the better or a change for the worse depended on the clients perspective.

   2. A 7 point scale seemed difficult to handle for some and may have resulted in people using the 2 extreme points.

   3. Despite an attempt to simplify wording and the researcher giving verbal instructions, the wording on the rating scales was certainly difficult for 1 client who was probably semi-literate and it was regrettable that this was not realized in time.

   4. Because of the above and also because the scales were not conformly arranged (originally designed that way in order to avoid "response set" bias), at least 2 clients made mistakes - their ratings being quite at variance with their comments about the counselling experience. However these scales were still used in any analysis.

   5. Five clients did not complete the scales for a variety of reasons, either because they were too distressed, or confused and 2 or 3 others were incomplete. For example, 1 man put "not applicable" against many of the statements about his counsellor and about his feelings of being satisfied and helped, perhaps indicating his unwillingness to make

judgements (?). One couple, who wanted to be interviewed together, also insisted on providing joint scales, which they completed together.

On balance it was judged that none of these fairly minor difficulties in the execution of the research project would render the research invalid, or even that any interview warranted exclusion from the research data. However, they demonstrate the many, often hidden flaws that have to be accepted when undertaking research in the human sciences particuarly that which seeks to obtain qualitative data.

SUMMARY

This chapter has described in detail the methods used in the main study conducted with former clients from Manchester M.G.C.

It has described the research sample, and the method used in obtaining it, the characteristics of that sample, and the methods used to obtain the material for the research project. Information on the counsellors involved with the research sample was also included. It then described how the data was ordered and analysed and concluded with the limitations inherant in this kind of research approach, and how they were manifested in its execution.

CHAPTER 5: RATING SCALES AND PERCEIVED OUTCOMES

I. RESULTS

INTRODUCTION

As stated in the description of the objectives of the research, the study was basically intended to provide a qualitative assessment of the clients' views and experiences of the M.G. agency rather than a systematic measurement of the outcomes of marital counselling. However, numerical results of Marriage Guidance intervention are significant and this section of the thesis begins with findings based on some of the written data that the clients completed at the end of their research interview. Later the clients' description of the outcomes as well as their descriptions and evaluations of the experience will be reported and related to these results, along with some of the factors or events in the counselling process which might have affected these judgements. No one statistic or description can be taken in isolation as all the results/findings are inter-related and most have to be considered in relation to the context of the client's situation and set within the whole counselling experience. It seems likely that reports of events, or experiences in counselling by people who have rated that they were not helped by the agency will be more critical than those who rated that they were helped. But equally the event or the experience, or their perception of the counselling process, may have led to that rating. In the discussion section, the aim will be to try and tease out the different strands which have contributed to clients' experiences and also their judgements and to speculate on why some people found the experience of counselling more helpful than others.

Quotations from clients will be used where possible to illustrate some of the findings. Names of the clients have been changed to preserve their anonymity.

SATISFACTION WITH COUNSELLING

Of the clients who completed the rating scales on their degree of satisfaction with counselling, 49% noted that they were satisfied, 25.5% noted that they were satisfied in some ways but not in others and 25.5% were dissatisfied with counselling. (See chart 5:1).

The researcher's ratings on satisfaction on all 51 clients, showed that 49% of the clients seemed very or fairly satisfied with the counselling they received, 39% were generally negative and 11% spoke in very mixed terms about the experience and clearly had mixed feelings about how satisfied or otherwise they were with counselling. (See chart 5:2)

CHART 5:1
Chart showing client satisfaction with counselling.
N = 51 clients.

KEY

□   Satisfied

▤   Satisfied in
       some ways but
       not in others.

◩   Dissatisfied.

▥   Not recorded.
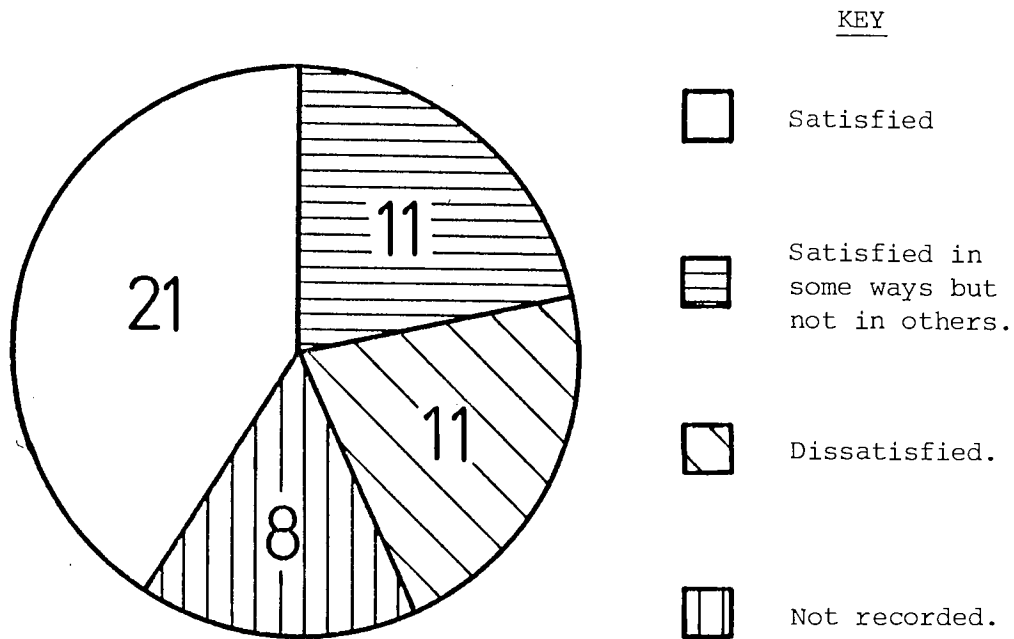
CHART 5:2
Chart showing researcher's assessment of client satisfaction
with counselling (based on material in research interviews)
N = 51 clients.

□   Satisfied

▤   Mixed
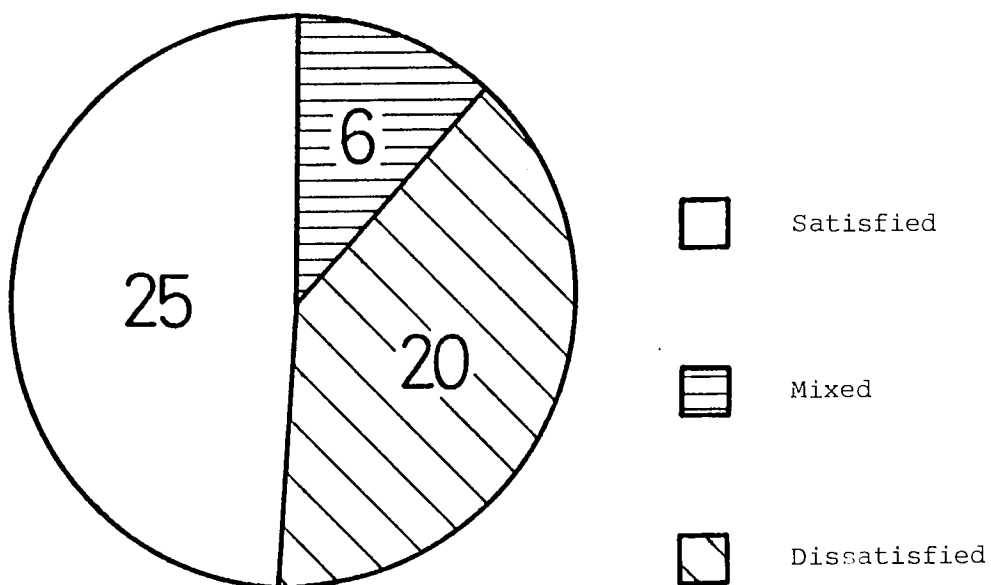
◩   Dissatisfied

BENEFIT FROM COUNSELLING

Clients' ratings of how much they had benefited from counselling differed from their evaluation of satisfaction and it was clear that some clients felt relatively satisfied with the M.G. service even though they felt they had not benefited in any way. Forty-six percent of the clients who completed the scales felt that they had benefited (or been helped) either to some degree or a great deal. Four percent recorded they were neutral, presumably feeling that they had benefited in some ways but not in others, and 50% recorded that they had not benefited at all from counselling. (See chart 5:3)

The researcher's ratings on the 42 cases were roughly the same. Forty-eight percent appeared to have been helped and 52% not helped by counselling. (See chart 5:4) However, the counsellors' assessments on the research sample cases as they were evaluated by the independent rater, were much more optimistic, as they rated that they had helped in 64% and not helped in 12% of the cases. There were a further 24% in the "dont't know" category, mainly because the assessment of the counsellor had not been recorded and thus could not be categorised by the independent rater. (See chart 5:5) In 13 cases, the counsellors had recorded that the clients had been helped when in fact the clients and the researcher had rated otherwise.

CHART 5:3
Clients' assessment
N = 51 Clients
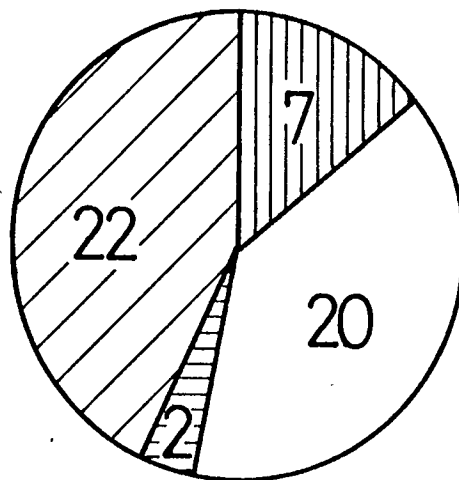
CHART 5:4
Researcher's assessment
N = 42 cases

KEY

Helped

Not Helped

Neutral

Not Recorded
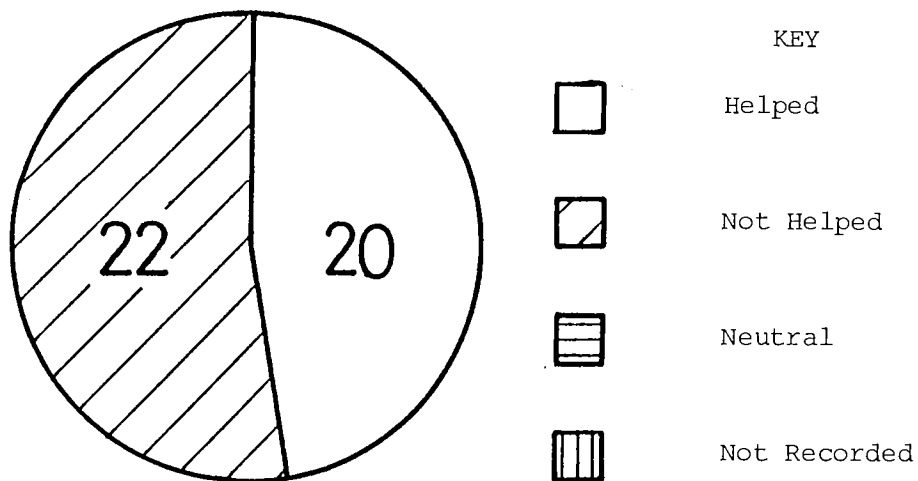
CHART 5:5
Counsellors' assessment
N = 42 cases
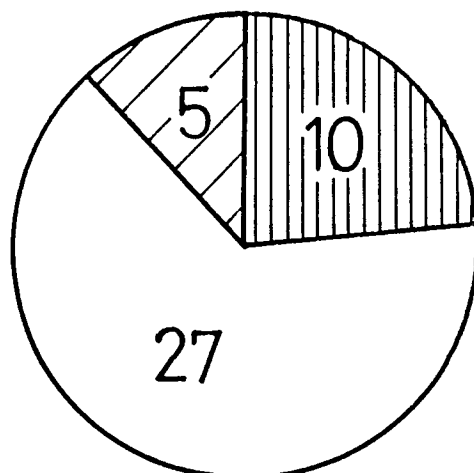
Because of the disparity between the clients', the researcher's and the counsellors' ratings a further analysis of the summary case record sheets of the research population was carried out. As described in the method section, the 174 cases that made up the research population could be divided into four categories. Clients who were screened out and therefore not contacted (33 cases); clients who chose not to reply to either the initial letter or the follow up letter about the research (69 cases); clients who declined to take part in the research (28 cases) and clients who agreed to be interviewed (44 cases). They could also be categorized into whether they had been helped or not, according to the judgements made by the independant rater. This judgement was based on the counsellors assessment, normally noted on the case record sheet at the termination of counselling. Table 5:6 shows that counsellors indicated they had helped in the majority of cases that had been contacted for the research (54%).

Looking at the research population as a whole, (to include the cases that were screened out as well as those contacted - 174 cases), counsellors indicated that they had helped in 48% of the cases, had not helped in 30% and did not know in 22% of cases (see table 5:6).

TABLE 5:6

ANALYSIS OF RESEARCH POPULATION INTO HELPED NOT HELPED
BY AN INDEPENDENT RATER, BASED ON COUNSELLORS' ASSESSMENTS.
Research Population 174 Cases

CASES	RATINGS			
Categories	Helped	Not Helped	Don't Know	Record Missing
Screened out (Not contacted) 33 cases (19%)	6	18	6	3
No Reply 69 Cases (39%)	34	20	13	2
Declined to be Interviewed 28 Cases (16%)	13	10	5	0
Agreed to be Interviewed 44 Cases (25%)	30	5	7	2
TOTAL 174 Cases	83 48%	53 30%	31 _____ 22%	7

If, however, counsellors were consistently over-estimating their
effectiveness in all categories, as they did with the clients who were
interviewed for the research, it is possible that far less than 48% of
the total research population ended up feeling helped. There is
further tentative evidence to support this conclusion. Of the 46
people who declined to take part in the research, 15 added comments or
wrote letters explaining their refusal. Four indicated that they were

separated or divorced; 3 gave other reasons for not wanting to be interviewed eg. "because I can't say anything useful"; 1 said that counselling had been helpful to her but 7 sent messages that counselling had been unhelpful (although one of these said the agency was a useful one). In 3 of these 7 cases, the counsellor had assessed that counselling had been helpful.

SEPARATED OR STILL TOGETHER?

The third item of numerical evidence that will need to be taken into account when considering the rest of the findings is the clients marital state when they were interviewed. As can be seen from charts 5:7 and 5:8, 33 couples from 42 marriages were living together at the beginning of counselling, 1 was co-habiting, 7 were separated, 1 was divorced. By the time they were interviewed for the research, 21 couples were still living together including the co-habiting couple, 7 couples were divorced including the already divorced couple and 14 were separated. Thus, exactly 50% of the sample interviewed ended up divorced or separated, a similar proportion to those of both pilot studies.

CHARTS SHOWING DISTRIBUTION OF SAMPLE CASES
ACCORDING TO MARITAL STATE N = 42 cases.

CHART 5:7
Marital state at the beginning of counselling.
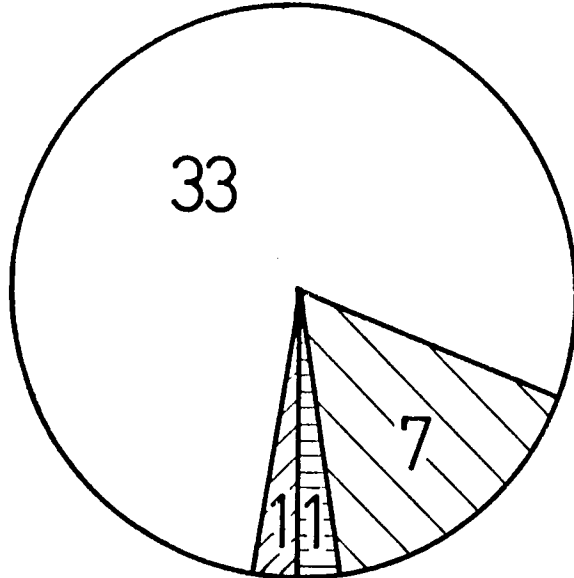
KEY

☐ Married

◩ Separated

▤ Divorced

◪ Cohabiting

CHART 5:8
Marital state when interviewed
for research.

▥ Separated and
cohabiting elsewhere.
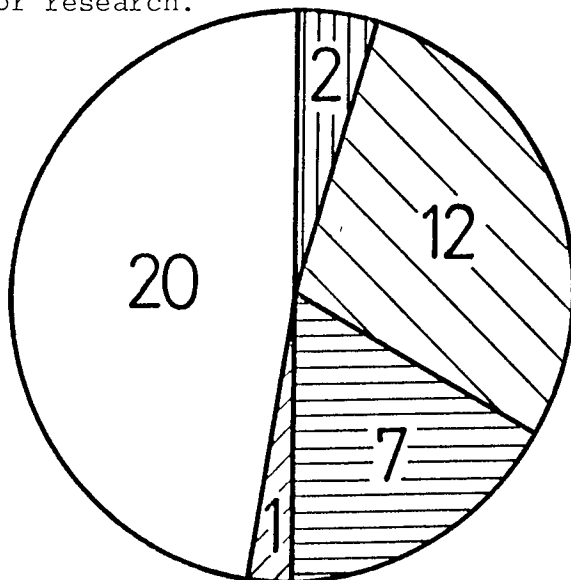
Of the 21 couples who were still together, 12 indicated by their comments that they were relatively happy to be in this state and reported improvement in their relationship as a result of counselling. Indeed 7 of these either said or implied that counselling had a significant effect on their decision to stay together. eg. Mrs Riches said,

"well before we actually went, we had talked, not very seriously, but separation and divorce had come into it, because I thought at one point to carry on like we were doing was unbearable and yet the practicalities of it were also impossible and unthinkable. But it had been very bad and so, yes, we did make a decision that we would stay together, not perhaps a conscious decision but the idea of separation and divorce disappeared".

However the other 9 couples continued to experience difficulties in their relationship and had more mixed feelings about remaining together. Mrs Crispin said,

"I'm basically stuck in the same situation that I was when I went in the beginning, except that I don't feel as depressed. Things aren't right still, but I don't think I can tell anyone about it..."

and Mrs Dugdale commented,

"I'm still in the same circumstances, nothing has altered I suppose I'll finish up that way for the rest of my life".

When considering the 21 couples who eventually separated or divorced, only 3 people said that it was a beneficial outcome for them and this view may not necessarily have been shared by their ex-partner, eg. Mrs Conway replied, when asked, "how are things for you now?"

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"In every way but physically, very very good, better than I
have ever been before in my life I should think. I had a bad
stomach ulcer which started at the end of the marriage and I
put off being treated ... at present I am having treatment
... but emotionally, yes, I am very very happy ..."

However the remainder (18) of those who were interviewed were unhappy

about their divorced or separated state and one person said

specifically that her divorce was a result of the counselling and that

this was a very unsatisfactory outcome for her. She reported,

"the counselling contributed to us staying apart and after a
length of time staying apart, eventually this led to
divorce... well it is funny actually, because we still keep
in touch with each other, there is still a lot there, this is
why I am so resentful about it really because ... I've been
trying to start again and break loose, but it doesn't seem to
work".

Tables 5:9 and 5:10 show the relationships between eventual marital

state, satisfaction with that state and clients rating of benefit from

counselling.

TABLE 5:9

TABLE SHOWING RELATIONSHIP BETWEEN MARITAL STATE AND
SATISFACTION' OF BEING IN THAT STATE (Based on interview material)
N = 42 CASES

	Clients who remained married	Clients who parted
Happy with their state	12	3
Unhappy with their state	9	18

TABLE 5:10

TABLE SHOWING RELATIONSHIP BETWEEN MARITAL STATE
AND CLIENTS RATING OF BENEFIT FROM COUNSELLING
N = 51 CLIENTS

RATINGS	Clients who remained married	Clients who parted	TOTAL
HELPED	16	4	20
NEUTRAL	1	1	2
NOT HELPED	7	15	22
RECORD MISSING	4	3	7
	28	23	51

THE RELATIONSHIP BETWEEN SATISFACTION WITH COUNSELLING
AND EVENTUAL MARITAL STATE

It is interesting to consider the relationship between the degree of

satisfaction or dissatisfaction with counselling and the subsequent

marital status of the clients. The majority of the couples who stayed

together and who seemed to feel happy about remaining married (12

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cases) were also satisfied with counselling, (13/19 clients) so too were the clients for whom separation had been a good outcome (3 cases, 3 clients satisfied). By contrast, most (9/11 clients) of those who were dissatisfied with counselling were either those who were unhappily separated or divorced (6), or those who had remained married, but with unresolved difficulties (3). See Table 5:11

TABLE 5:11

TABLE SHOWING RELATIONSHIP BETWEEN EVENTUAL MARITAL
STATE AND CLIENTS RATING OR SATISFACTION WITH COUNSELLING
N = 51 Clients

RATINGS	Clients who remained married	Clients who parted	TOTAL
SATISFIED	16	5	21
SATISFIED IN) SOME WAYS BUT) NOT OTHERS)	4	7	11
DISSATISFIED	5	6	11
RECORD MISSING	4	4	8
	29	22	51

It would be too simplistic to relate this entirely to the efficacy of counselling by concluding that counselling was ineffective so the client separated and as a result felt dissatisfied with counselling. There are many more factors that would need to be considered both in relation to the clients separating and feeling dissatisfied. However this does highlight some of the limitations of this kind of research discussed earlier, (chapter 4). The clients frame of reference and their current life situation inevitably colours their views and opinions.

In order to understand more clearly the personal significance of clients satisfaction with counselling and their evaluation of the help they received, it is necessary to look at what clients <u>reported</u> as being the outcome of counselling for them, still bearing in mind the foregoing:- that they will each have made a very subjective evaluation on the benefits of counselling as it was for them in their situation and no doubt in the light of subsequent events.

The question was asked "What if anything do you think you achieved through counselling?" Table 5:12 shows the categories of outcomes described.

TABLE 5:12

TABLE SHOWING THE REPORTED OUTCOMES FROM COUNSELLING
(Based on Interview Material)

CATEGORY	CLIENTS	DETAIL	CLIENTS	
Nothing	18	due to counsellor due to situation	10 8	
Made a decision	21	to stay together to separate or divorce others	8 9 5	
Felt differently	16	felt better felt worse	12 4	
Achieved gains in understanding	26	of self of spouse of marriage/ situation	18 9 11	some clients noted more than one
Achieved support	7			
Beneficial changes in marriage	} 23	in marriage eg."we were able to talk more"	17	} some clients noted more than one
in self		in self eg. "feel more confident"	17	
in partner		in partner eg. "he's less aggressive"	7	

NOTE: TOTAL exceeds number of clients because
         some clients noted several outcomes

"Nothing" The reply from 18 of the 51 people interviewed was a

categorical "nothing". However, they did not necessarily attribute

this to counselling or to the counsellor as their replies often

demonstrated that their judgement was based on the failure of their

original objectives for entering counselling, which had been very narrow and specific. For example the return of the spouse who had left. Eight clients attributed getting nothing to something connected with the situation . For example they felt it was hopeless because a divorce was going through. Mr Hugo, said:

> "It's not helped my marriage, so it would be dead easy for me to say it's not achieved anything... from the M.G. point of view it hasn't worked with us but by the time we went it was too late anyway".

Or they said that nothing was achieved because their spouse refused to go for counselling. This latter reason suggests they held the assumption that counselling could only be effective if both partners attended. Two people mentioned that nothing had been gained because they only came on 1 or 2 occasions and did not, therefore, give counselling a chance to have an effect. Seven of the people who said that nothing had been achieved rated they were in the main satisfied with counselling, but that they had not been helped.

Nevertheless 10 clients attributed the lack of achieving anything to the counsellor or to counselling directly and it is possible to speculate on a number of reasons as to why they said this. Certainly several (6) said nothing was gained because they did not get what they came for, eg., that they did not get the advice or suggestions they wanted on how to proceed. For example, Mr Parsons said:

> "I didn't think they helped me a lot – thought it was a waste of time ... no nothing was achieved really. I sought guidance ... they should say something after you have told the story, suggestions are needed ..."

When looking more closely at the 18 people who said "nothing" it is interesting to discover that when they were interviewed for the research, 6 - 12 months after counselling, 13 were separated or divorced and unhappy to be in that state and often still pre-occupied with their ex-partner and the other 5 were still in unsatisfactory relationships, where difficulties remained unresolved.

The remaining 33 people were able to identify that they had gained something from their experience of being counselled and this even applies to the ones who remained predominantly disappointed or dissatisfied with the counselling experience.

<u>Decisions</u> 21 of the 51 clients interviewed said that they had been enabled to make a decision, sometimes taking an action as a result of counselling. Out of these, 8 people from 7 marriages stated that they had made a decision to stay in the marriage and another 9 people from 9 marriages made the decision either to separate from their partner or to end the marriage. Four of these made a positive decision to do this, seemingly following on from discussions with the counsellor, but 5 said they had made this decision because counselling had made no difference, had not helped the relationship, so it had therefore negatively confirmed their original decision that there was no alternative but to end their relationship. Mrs Rutland's comment illustrates this well:

> "I dont't think it (counselling) made any difference. I suppose it was also due to the fact that things had gone so far then anyhow, I was clutching at straws to put the marriage back together again, but basically I was going to go ahead with a divorce unless something really drastic happened really quickly."

<u>Gains in Understanding</u> Twenty-six of the 51 clients interviewed said that their understanding had increased as a result of counselling and that they had gained insight, either with regard to themselves, or their partner or the marriage or all 3. For most (17 people) it was a greater understanding of themselves and "how they ticked" that was valued particularly and in several instances this led to changes in their behaviour that they were able to identify. For example, Mr Barnes said:

"The long term effect is I am more confident, willing to admit I have emotions that matter and even take notice of them every so often. I feel a lot better now and did before we finally split up. It gave me insight to get over the break up and to know why I am doing things."

In 3 instances too, reference was made to the educative element in the counselling process which also led to changed behaviour, the way one was helped to understand could be learned and used with others . For example Mrs Riches said:

"As well as understanding my own problems, I find I can understand others more, even if not directly to do with me and I look for the meaning behind the words which I didn't do before, because I was taught to do this in the counselling sessions, that it was the feelings behind the words which were the real things. And I have applied what I have learned to all kinds of situations."

and Mr Riches, talked about the lasting nature of what he had learned and how it had become internalized:

"...the experience is still there, and some of the things we talked about and the solutions we came to are still there ... frequently being drawn on in ways we don't acknowledge."

Mrs Ottley also learned some new behaviour possibly due to the modelling of the counsellor:

"There was this funny little thing that I learned that was helpful to me and that's just the technique that the counsellor used ... she would say what her impressions were or say something she thought and it wouldn't matter to her whether it was right or wrong, but it was clarifying ... thats something I do now ... I don't now have to be right before I say something."

For 9 clients, gaining a greater understanding of their spouse was mentioned as being helpful and 11 people referred to gaining a better understanding of the marriage relationship or the situation they were in. Mrs Jorgens for example, alluded to both:

"... I did start to realise that perhaps as a result of being responsible for the financial status of the family ... because Gordon wouldn't deal with money ... I've always had to do it all, I'd perhaps taken over the male role in the operation ... and trouble came because Gordon objected to me making these decisions and yet each time he made one it would go right up the wall ... I'd never thought of it before at all but I suppose I had taken away his role as head of the household..."

However understanding did not necessarily lead to change neither for this client who said:

"It (counselling) made me see the situation as it is, it didn't help me to deal with it."

nor for a couple in the pilot study who said:

"We understand much more now, but in a way things haven't changed. We do the same things, react the same way but we understand it more."

The impression gained was that this was both comforting and frustrating for this particular couple.

Support. One of the words used most frequently by clients, both by those who felt helped and satisfied and by those who were reasonably satisfied with counselling, even if they did not rate themselves as having been helped, was the word support. In fact 7 specifically stated that getting support had been an outcome for them. It did not necessarily mean that the counsellor had been emotionally supportive, in the sense of being particularly caring or concerned, though this was the case for some. Rather that being able to talk, being listened to, were themselves described as supportive. Certainly the regularity of the counselling sessions was experienced as supportive, as well as reliability of the setting. Coming to M.G. was described as "a life-line" and the counselling setting as "a safe place" where they felt they could be contained.

Mrs Cave recognised her need for support and that the regularity of the weekly sessions contributed to this support. She explained:

> "I used the counsellor as a support. I know it sounds awful, but I think you need someone ... but you can't have them all the time ... but at the beginning I did need to come, I don't think I could have gone weeks without coming. I needed that weekly appointment to come."

and she felt that she had achieved the support she needed.

Changes in Marriage. Twenty-three clients from 51 talked of changes that had taken place as a result of counselling. Seventeen people from 10 marriages made reference to the fact that the marriage relationship had changed or improved as a result of counselling and in all bar one

this was, in the main, because they had been helped to communicate in a more constructive or meaningful way. Usually the phrase used was "we are able to talk more now" and it was evident that being able to talk more easily to each other had started in the counselling room. For example, Mrs Elison said:

> "We needed to talk together, but couldn't. But the counsellor helped to get us talking together ... if we got stuck in talking together, she got us started again ... A lot was achieved (through counselling). We get on a lot better than we used to, we can talk about our problems now. Before, there were so many things bottled up, then we used to have a row. Now we sit down and talk about things instead of a row."

In every one of these 9 cases, where communication had been improved, both partners who had come for counselling and at some point they had been jointly. (The incidence of joint interviews and differences between cases where both partners had attended and only one who had come for counselling will be covered later in Chapter 9). However one man went on to say that the easier communication had had it's disadvantages and that perhaps <u>not</u> knowing how his wife felt had been more comfortable. He said:

> "This (improved) communication is a mixed blessing, we've opened up too much. Secrets are better ... we are too honest with each other, even though I advocated it."

<u>Changes in Self or Partner</u> In addition to changes in the marriage, as a result of counselling, 17 people referred to changes that occurred to them, and 7 thought that their partner had changed. For example several, like Mr Barnes in a previous quotation, felt that they were acting more confidently in all kinds of situations as a result of counselling. Mrs Cave also talked of gains in self-confidence and

self-esteem and Mrs Conway said she'd gained self-respect. Others talked of behaving differently for example, Mr Elison said he was less violent, and his wife said:

"He has changed a lot. He used to row with me, then took my money (from savings used for rent etc), then we would have a debt problem. He doesn't take (steal) money now and he doesn't hit me. He never bothered with the kids, but he does now. (They have 3 children under the age of 4). He does things with them, he's interested. More tidy and he didn't bother with himself before, but he does now."

However, not all clients attributed the changes in themselves to the counselling process. Two felt that the change in themselves, or their marriage was more likely to have been the result of the crisis they had encountered or the emotional upheaval that they had gone through.

Rating Scales on Changes At the end of the research interview clients were asked to rate changes on themselves, their partner and their marriages as a result of counselling. Table 5:13 gives the detail of how they completed these scales. In fact more people rated beneficial changes in all 3 areas than would indicate from comments in the interviews.

<u>TABLE 5:13</u>

<u>TABLE SHOWING HOW CLIENTS RATED CHANGES IN SELF/SPOUSE/</u>
<u>MARRIAGE</u>
N = 44 (Rating Scales not completed by 7 clients)

<u>SELF</u>	Changed for better No change Changed for worse Not applicable *2	23 * 1 17 1 3
<u>PARTNER</u>	Changed for better No change Changed for worse Not applicable *2	16 * 1 17 1 10
<u>MARRIAGE</u>	Change for better No change Change for worse Not applicable *2	19 *1 & *3 14 6 *1 & *4 5

<u>NOTES:</u>

1. Each includes 1 person who did not
   necessarily attribute the change
   to counselling.
2. Clients invented this category.
3. 1 Client meaning better because they
   had separated.
4. 1 Client meaning worse because they
   had separated even though she thought
   it necessary to do so.

<u>OUTCOMES FOR THE INDIVIDUAL VERSUS OUTCOMES FOR THE MARRIAGE</u>

The stated focus of marital counselling is the marriage or relationship

and M.G. counsellors are encouraged to keep the relationship and the

"marital fit" of the couple in mind, even when only counselling one

partner. For this reason it was interesting to examine the outcomes

reported by clients in terms of the help received with the relationship

and the help they had received personally. Only 4 people from 3

marriages spoke almost entirely in terms of gains for their

relationship and spoke in terms of the interaction between them for example, Mr and Mrs Elison said:

"We get on a lot better ... we can talk about our problems now ... we do have rows but they don't lead to violence ... we have really noticed how different we are ... we have learned to cope with money ..."

Interestingly the 2 couples who spoke entirely in terms of gains for the relationship also elected to be interviewed together for the research and therefore the setting of the research interview may have affected this way of responding.

Eight people from 4 marriages (all interviewed separately) talked of what had been achieved both in terms of their relationship and what they had gained as individuals. Eight people spoke of the gains that they had achieved in more personal terms and made less reference to their partner or the marriage.

When considering the people who felt that little or nothing had been achieved through conselling (22), 7 spoke in terms of what had not been achieved for the relationship and implied they had been seeking help more for the relationship than for themselves, whereas 10 spoke of what they had hoped for in more personal terms and 5 were hoping to get help in both areas. (See table 5:14).

TABLE 5:14

<u>TABLE INDICATING THE KIND OF HELP CLIENTS WANTED FROM</u>
<u>M.G. COUNSELLING BASED ON INTERVIEW MATERIAL AND</u>
<u>ACCORDING TO HOW THEY RATED BENEFIT FROM COUNSELLING</u>

	Help with relationship	Help with both relationship and with self	Help with self
HELPED *1	4	8	8
DID NOT *2 BENEFIT	7	5	10
NEUTRAL AND NOT RECORDED	2	-	7

<u>NOTES</u>:

1. Talked of receiving help in these areas.
2. Looking for help in these areas but did receive it.

<u>DETERIORATION</u>

Although no specific question was asked about deterioration as a result of counselling, the question "what if anything do you think you achieved through counselling?" resulted in replies that indicated clients felt that counselling had done some harm.

The issue of <u>defining</u> deterioration in a marriage or in an individual client will be discussed later. It is sufficient here to report what the clients said. Five clients in this present study reported that there had been deterioration in their situation as a result of counselling, although only 2 directly attributed this to counselling.

For example, Mrs Carey said:

> "(Counselling) made it all worse. I think what the M.G. counsellor said to him (husband) virtually made him think - well if he says we should give up, well may be he is right. This counsellor kept saying - "well you know you are not right for each other, you are young enough to split up and start again" ... I am even more convinced that the counsellor was wrong to say that now because it is a year later and neither of us is really settled in our lives ... if my husband had met somebody else or was settling down without me, I might have thought, yes, he might have been right ... The counselling contributed to us staying apart and after a length of time staying apart, this led to a divorce ... He (husband) said it was this experience (of counselling) that finally blew him. (Made him feel there was no hope - according to her)."

Mr Renwick also said quite specifically:

> "I blame the fact that we may split on going to counselling. The advice given has done more damage than if I had gone off (sic) my own judgement."

Mr and Mrs Leeming's only experience of counselling clearly led to a deterioration in the current situation and calls into question whether a counsellor's relatively ineffective or passive stance could actually be harmful. This couple had been living separately and had come together for counselling in a high state of tension. The discussion had quickly escalated into a row which the counsellor had been unable to control. The couple left in the middle of a row and did not contact each other for several months. Although Mr Leeming wished that the counsellor had been "stronger" and wished that she had been able to control them more, he was reluctant to say that counselling had actually made things worse:

> "No, it did not make it worse, the situation was already bad because it was impossible to have a normal discussion about our problems. Oh no, I would not blame it all on to the counsellor."

Rating Scales on Changes indicating Deterioration It can be seen from
Table 5:13 that more people (8) rated that counselling had had a
deteriorating effect than seem to have been indicated at the
interviews. In fact one person rated that he/she had changed for the
worse, 1 person rated that their partner had changed for the worse and
6 indicated that their marriage changed for the worse. However, with
hindsight, the question "how much do you think your marriage
relationship changed as a result of counselling" is an ambiguous one
and 2 clients noted this when they completed the scale. Staying
together, or divorcing or separating, can be interpreted as being a
change for the better or a change for the worse according to the
perspective of the client.

Table 5:15 gives the detail of how each client completed the rating
scales on benefit and satisfaction and also the researcher's and the
counsellors' assessments on the help each case received from
counselling.

TABLE OF SHOWING EXACTLY HOW RESEARCH CLIENTS, RATED BENEFIT FROM COUNSELLING AND SATISFACTION WITH COUNSELLING PLUS RESEARCHER'S AND COUNSELLORS' ASSESSMENTS

NAME (PSEUDONYM)	CLIENTS' RATING SCALES		COUNSELLORS' ASSESSMENT				RESEARCHER'S ASSESSMENT			
	SATISFACTION WITH COUNSELLING (Extremely Satisfied ← In some ways → Extremely Dissatisfied)	BENEFIT FROM COUNSELLING (A great deal ← → Not at all)	Helped +	Helped	Not helped	Don't know *5	Helped +	Helped	Not helped	Don't know
MR BARNES										
MR BIRCH										
MRS BIRCH										
MR BOROUGHS										
MRS CAREY										
MRS CAVE										
MRS CONWAY										
MR COXHEAD										
MRS CRISPIN										
MRS DAVIDSON	not applicable *1									
MRS DUGDALE										
MR ELISON	(/									
MRS ELISON	(*2									
MR FERRABY										
MRS FERRABY										
MRS GADSBY										
MRS GARLAND										

TABLE 5:15 CONTINUED

NAME (PSEUDONYM)	CLIENTS' RATING SCALES											RESEARCHER'S ASSESSMENT				COUNSELLORS' ASSESSMENT			
	SATISFACTION WITH COUNSELLING					BENEFIT FROM COUNSELLING													
	Extremely Satisfied			In some ways						A great deal	Not at all	Helped +	Helped	Not helped	Don't know	Helped +	Helped	Not helped	Don't know *5
MR GLEESON																			
MRS GLEESON																			
MRS HOLMAN	not completed *3																		
MR HUGO																			
MRS HYMAS	not completed *3																		
MRS JORGENS																			
MR KEEGAN	not completed *3																		
MR KEITH																			
MRS KEITH																			
MRS LEDGER																			
MR LEEMING																			
MRS LEEMING																			
MR LICHFIELD	not completed *3																		
MRS LILLEY																			
MRS LOCKWOOD																			
MRS LOMBARD																			
MR LONDON																			
MRS LONDON																			
MRS MONTROSE																			
MRS MOORCROFT																			
MRS MULHOLLAND																			

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TABLE 5:15 CONTINUED

CLIENTS' RATING SCALES

NAME (PSEUDONYM)	SATISFACTION WITH COUNSELLING — Extremely Satisfied → In some ways → Extremely Dissatisfied	BENEFIT FROM COUNSELLING — A great deal → Not at all	RESEARCHER'S ASSESSMENT (Helped +, Helped, Not helped, Don't know)	COUNSELLORS' ASSESSMENT (Helped +, Helped, Not helped, Don't know *5)
MRS OGILVIE				
MRS OTTLEY				
MR PARSONS				
MRS PHILBY				
MR RENWICK				
MRS RENWICK				
MR RICHES				
MRS RICHES				
MRS RUTLAND	not completed *3			
MR THOMAS	not completed *3			
MRS UPHAM	not used *4 —1st Co / —2nd Co			
MRS WARNER				
MRS WILSON				

NOTES:

* 1. N/a written in by client
* 2. Clients insisted on filling in the scales jointly.
* 3. For a variety of reasons, some clients did not complete the rating scales (see text p 179)
* 4. Client rated both counsellors independantly. Neither included in analysis.
* 5. Usually because the record missing.

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CONCLUSIONS

None of these results should be considered in isolation and certainly none should be quoted in absolute terms. Each merit further discussion and all have to be set within the context of the whole counselling experience. Following this discussion it is then proposed to examine the degree to which clients felt satisfied with the service, the degree to which they felt they had benefited from counselling, what they said about the outcomes of counselling and the issue of deterioration from four perspectives (the clients the counsellors, the relationship and the counselling process) and to present further more complex findings.

II. DISCUSSION

INTRODUCTION: WHAT IS A SATISFACTORY OUTCOME?

Before discussing the results it is necessary to consider the notion of "a satisfactory outcome". Researchers and practitioners commonly allude to a "satisfactory outcome" to counselling and talk about benefits or improvements effected by counselling. In many research studies the apparently benficial effects are measured specifically, although improvements are also described in global terms. Indeed Gurman and Kniskern's (1978a) review of a whole range of marital and family research refers to outcome criteria and its measurement varying from the highly objective and specific - for example, "weight gain" in an anorexic member of a family to the highly subjective and general - for example, "satisfaction with treatment" (p 822). In marital research, a global measure of change or marital satisfaction is often used, but other outcome criteria like the divorce rate, 1 - 3 years post-therapy, or reconcilation has been used in some studies as a measurement of "success" (for example, Cookerley (1976) Hickman and Baldwin (1970).

Although this present study was not designed to measure outcomes specifically, we need to ask more generally what is a satisfactory outcome for marital counselling and who defines what is satisfactory? Clients, counsellors, society generally and bodies who fund M.G. work will all have their different definitions of "a good outcome" according to their frame of reference and so will researchers. All will be using different criteria to arrive at their definitions. For example, the

researcher who used the incidence of reconciliation to measure outcome is starting with the value judgement that reconciliation or preserving a marital relationship is desirable.

The stated Aims and Objectives of the N.M.G.C. (n.d) were prefaced from 1968 until 1983 by the following statement which perhaps provides a definition of a good outcome from the agency's point of view.

> "The N.M.G.C. is conerned primarily with marriage and family relationships and believes that the well-being of society is dependent on the stability of marriage." (p.1.)

Similarly for society and funding bodies, possibly concerned with escalating divorce and welfare costs, a satisfactory outcome for couples coming for marital counselling may be that they stay together. Equally for some clients, staying together may also be their goal and anything less is unsatisfactory whatever else may have been gained in terms of understanding and insight. However, for some clients a good outcome may be that they divorce and go their separate ways, their goal may have been personal change, and a good outcome for one partner may not of course be a good outcome for the other.

Counsellors, however, may consider that the outcome of counselling is satisfactory if clients have gained insight, made decisions that are seemingly right for them and who finish counselling generally feeling happier or more integrated and perhaps able to relate to each other less destructively whether they remain together or whether they separate, but stay connected as parents.

Some of this raises the question of who is the client in marital counselling. Is it the spouse who comes to M.G.? Is it both as

individuals if they both come, or is the relationship always deemed to be the "client"? If the relationship is the "client" then the outcome needs to be considered in terms of what happened within that relationship and again who decides the "improvement in" or the "quality of" that relationship.

Linked in with the question of who defines a satisfactory outcome, there is also the problem of who decides when the process of counselling has been helpful or beneficial. Again different people may have different criteria by which they define the helpfulness or otherwise of the counselling process and this may be dependent upon their definition of a good outcome.

This whole issue of the different perspectives and values of the interested parties in psychotherapy, and as a result, lack of consensus in deciding what constitutes mental health and therefore a benefical outcome from psychotherapy, has been addressed by Strupp and Hadley (1977), who then go on to explore the problems of deciding what could be termed as the negative effectives of psychotherapy. One of the questions they pose in this respect is "if, as a result of therapy, a patient obtains a divorce, is this to be regarded as a desirable or un-desirable change?". The 3 major interested parties they identify as being concerned with definitions of mental health (and thus with the definition of a good outcome from psychotherapy) are:

1. Society (including significant persons in the patient's life)
2. The individual patient
3. The mental health professional

Thus Strupp and Hadley's "interested parties" are, broadly speaking,

the categories already mentioned in relation to this current research as possibly having divergent views on a good outcome. Viz. the agency and society, the clients, the counsellors and possibly the researcher.

Strupp and Hadley suggest:

1. "Society is primarly concerned with the maintenance of social relations, institutions and prevailing standards of sanctioned conduct ... and thus tend to define mental health in terms of behavioral stability, predictability and conformity to the social code" (p.188).

2. The individual client "uses criterion distinctly different from that used by society ..." that he wishes first and foremost to be happy and feel content ... and thus defines mental health in terms of highly subjective feelings of wellbeing" (p.188).

3. Whereas "most mental health professionals tend to view an indivdual's functioning within a framework of some theory of personality structure, which transcends social adaptions and subjective wellbeing" (p.189).

They consider a number of cases from these different vantage points and they conclude:

a. "The same individual may simultaneously be judged as mentally healthy and mentally ill and correspondingly his therapeutic experience may be judged as positive or negative depending on who is evaluating the patient and that these differences in evaluation arise from the vested interests of each judge" (p.196),

b. "acknowledging these differences does not necessarily negate the validity of evaluations made from any one perspective, but rather highlights the unique value inherant in each" (p.196)

Strupp and Hadley suggest that a truly adequate comprehensive picture of an individual's mental health can be possible only if the 3 facets/perspectives are taken into account - a clear directive to psychotherapy researchers. One implication of their discussion is that judgements made from a single perspective must be clearly recognised as

such and accordingly their limited usefulness must be acknowledged. In this respect therefore, it is important to remember that the research described in this thesis is primarily a consumer survey and not therefore designed to take into account more than the client's point of view. So the perspective, evaluations and judgements described in this thesis are in the main from the clients' perspectives. Their satisfaction with counselling and their assessment of how much they had been helped will be highly subjective and probably stem from the feelings of wellbeing (or otherwise) which resulted from the experience.

THE RATING SCALES: DISCREPANCY

Having stated the above, however, there are the researcher's and the counsellors' evaluations that can be taken into account when considering the results of the rating scales on benefit from counselling. The researcher's ratings were based on what the clients said, so it was not surprising that they were roughly similar to the clients, but the counsellors were much more optimistic about beneficial effects of counselling. The optimism of the counsellors' assessments is interesting also because it is at variance with a research finding by Beck (1975) who noted that social workers seemed consistently to underrate the degree to which they have helped clients. Gurman and Kniskern (1978a) also note that family therapists from the social work field tend to underestimate their effectiveness, in contrast to psychologists and psychiatrists. One of the reasons for the discrepancy between the counsellors assessment and the clients in this present study may be related to the timing of the assessments. The clients made their assessment of benefit from counselling when they

were interviewed for the research 6-12 months after counselling had finished, so the assessment may have been affected both by hindsight and according to their current situation. The counsellors belief that counselling had been helpful may well have been shared by the client at the time of finishing. Much more likely however is the possibility already discussed that counsellors and clients were using different criteria in making their assessment. Fiske (1975), in an article which predates the discussion by Strupp and Hadley (1977) on the different perspectives of the different parties interested in the outcomes of psychotherapy, notes that it is common for therapist's judgements about both the process and the outcome of psychotherapy to show only a low correlation with the views of patients and external judges and that:

"Researchers should seek to identify the unique components of the judgements and perceptions from each source" (p.23).

Interestinly Keithley (1982) when attempting to evaluate the benefits of M.G. counselling in a G.P's practice setting, also come across disparities between G.P.s', counsellors' and clients' assessments over the helpfulness of counselling and in fact there was only unequivocal agreement between the 3 parties over 16 out of the 74 clients in her sample. Moreover, in the responses relating to 17, clients the disparity was marked. She had similar difficulties in identifying the reasons why and briefly speculates on whose opinion should rank the highest.

In order to know more about the criteria that counsellors in this study were using to evaluate that counselling had been helpful, it was decided to look more closely at information given by the 10 counsellors

who were involved with the 13 cases where the clients and the counsellors differed on their assessment of the helpfulness. From this analysis it seems as though the most frequent criterion that the counsellor used was "understanding" or "insight". Eight counsellors used phrases which included these words to describe outcomes. By comparison several of the clients (3) acknowledged that they had gained in understanding but that it had been of little use to them and it was therefore discarded. For example, Mr Coxhead said:

> "Nothing was achieved (researcher reminded him that he had said earlier that he had gained some knowledge) ... no knowledge is ever wasted, but I wasn't able to use that knowledge, these problems were peculiar to the woman I was married to, I don't think they would arise if I were to marry again".

and Mrs Jorgens said, somewhat regretfully:

> "It (understanding) made me see the situation as it is, but it's not helped me to deal with it".

Thus, it is apparent that clients and counsellors give different weightings to an effect of counselling (in this case, insight), even when they agree it occurred. In the main the discrepancy between counsellors and clients was because clients expected things to happen (action) whereas counsellors perceived gains that were less concrete and more nebulous or concerned with internal change. For example, "she had an increased sense of self-esteem", "they came out of it with a greater understanding of themselves". In 9 of the 13 cases where there was discrepancy between the clients and counsellors assessments of helpfulness, the clients were eventually separted or divorced. Certainly several hoped to achieve something more concrete than insight.

RATING SCALES: SATISFACTION WITH COUNSELLING

It is interesting to note that ratings in satisfaction with counselling (49% satisfied, 25.5% satisfied in some ways and 25.5% dissatisfied) matches the findings in Brannen and Collard's study (1982 p.187) which included 14 M.G. couples. Their are similarities too with Keithley's (1982) findings on M.G. clients who were counselled in a G.P. setting - although Keithley equates clients assessments of helpfulness of counselling with satisfaction and thus benefits from counselling and satisfaction with it get intertwined. She indicated that just over half (55%) were satisfied with counselling another 25% satisfied in some ways, whilst 20% had not found the counselling experience helpful at all.

RATING SCALES: BENEFIT FROM COUNSELLING

It is interesting too compare the results of the scales on benefit from counselling with other research on the outcomes of marital counselling. Gurman and Kniskern (1978a) in their very thorough review of marital and family research conclude that:

> "Overall, the four major forms of non-behavioural marital therapy appear to produce beneficial effects in 61% of cases".(p 823)

The four forms of therapy that they refer to are:

1.   Concurrent, where both partners are seen separately, but during the same time span.

2.   Conjoint, where both partners are seen together.

3.   Conjoint group, where couples are together in a group setting.

4.   Individual, where only one partner in the marriage is seen.

Gurman and Kniskern go on to say quite categorically, that this percentage (61%) would be higher if research involving individual therapy for marital problems was excluded, because this type of treatment for marital problems appears to yield only a 48% improvement rate.

M.G. counselling involves concurrent, conjoint and individual work with marriages. Thus, it can be seen that the benefits reported by clients from M.G. (46%) compare unfavourably with Gurman and Kniskern's percentages (61%), even taking into account that M.G. counselling involves quite a proportion of individual counselling. In this sample, 24 couples had been involved with counselling either concurrently or conjointly, whilst 18 cases involved 1 partner alone. The differences between the clients who came with their partners and had joint interviews and those who attended on their own, will be discussed later in Chapter 9. It would be quite inappropriate even to speculate on the discrepancy between Gurman and Kniskern's conclusions and the results here, as their conclusions were based on the examination of 36 different studies. However the difference needs to be noted.

RATING SCALES: SUBSEQUENT MARITAL STATUS

The discovery that approximately 50% of clients in the study subsequently separated or divorced linked with the knowledge that the 2 pilot studies showed a similar proportion, leads to the speculation that this could be the percentage for all M.G. clients. The N.M.G.C.

1982 Client Survey (Heisler 1984) indicates that divorce proceedings were filed either before or during counselling in 11% of the cases (2,531) but there is no way of assessing changes in the marital status after counselling of M.G. clients, as an entire population. Nevertheless, if the current statistics in relation to divorce are considered (Haskey, 1982) ie. that 1 in 3 marriages may be expected to end in divorce if divorce rates continue at their current level; that the peak time for divorce is 3 - 4 years after marriage (for first, second or subsequent marriages); that a marriage which is a re-marriage for one or both partners is more likely to end in divorce than a first marriage; and that the median age group for divorce is 34 for women and 35 for men and consider this in relation to N.M.G.C. statistics (illustrated in tables 4:7, 4:8, 4:9, 4:13) then the assumption that 50% of N.M.G.C. clients eventually separate or divorce may have some reliability. However, it is equally possible to speculate that it is people who are in the early years of marriage; who have been married before; and who are in the the vulnerable divorcing age group, who are most likely to come to M.G. for help when they are in difficulties.

RATING SCALES: LINK BETWEEN SATISFACTION WITH COUNSELLING AND SUBSEQUENT MARITAL STATE

The discovery that it was the clients who were relatively happy with their current marital state (either remaining together or separated), who were the ones who rated their counselling experience positively and that the clients who were unhappy with their current life situation were, in the main, those who rated negatively, highlights some of the difficulties and limitations inherent in this kind of research.

(Already described in Chapter 4). The client's frame of reference and their current life situation inevitably colours their views and opinions. In the way Berger (1963) describes, they may also need to make sense of later events and possibly attribute blame to an external event or person for the fact that they remain in an unhappy situation and this may contribute to their negative view of the effectivness of counselling. It is possible that this factor has not been sufficiently taken into account when, for example, opinions are recorded in studies on divorce (eg. Mitchell 1981, Ambrose et al 1983), where the helpfulness of agencies like M.G. are called into question.

However, to play devil's advocate, the results here suggesting a link between a negative evaluation of counselling and a subsequent separated or divorced state, are at variance with some findings by Brown and Manela (1977). They conducted a similar "consumer survey" with 429 clients who had used a Court Marriage Counselling Service in Detriot, which offers marital and divorce counselling to individuals and couples. The goals of that service are:

"a. To explore possibilities for reconcilation

b. To understand what went wrong in the marriage

c. To help foster positive divorce adjustment

d. To lessen the traumatic effects of marital dissolution on the children involved" (p 295).

Brown and Manela discovered that 75% of the clients found the services provided by the agency to be helpful and reported also that the clients perception of the helpfulness of the agency did not depend on their marital situation, finding for example, that

"couples who had already decided to obtain a divorce were

just as satisfied with the counselling services as those attempting a reconciliation" (p.301).

Perhaps the crucial point in Brown and Manela's study is either that couples _were_ in a different stage of their relationship when they sought help - were nearer to the dissolution of their marriage (80% had filed for divorce and/or separated from their spouses, although the majority reported they would prefer to stay married), or that their expectations from the agency were different to those clients of M.G. - that many were looking for help with adjustment to divorce and for a concilation service.

REPORTED OUTCOMES FROM COUNSELLING

The factors that contributed to 18 people stating they had achieved "nothing" from counselling will be considered in later chapters. Chapter 6 looks at what part the clients situation and their initial expectations from the agency played in this assessment, chapters 7 and 8 examine how the counsellor and the failure to establish a good enough relationship contributed and chapter 9 looks at aspects in the counselling process that may have affected this judgement.

In considering the kinds of beneficial outcomes that clients reported as resulting from counselling, it is possible to put them into 3 categories:

1. Changes in feelings (affective)

2. Taking actions or acting differently (behavioural)

3. Gains in understanding (cognitive)

These areas are interlinked. Changes in one area are likely to produce changes in another. If a person feels differently as a result of counselling, it is possible that he or she will act differently. Equally new understanding can affect how a person feels and also how they go on to act.

It can be seen from the results that less people (12) referred to a beneficial outcome in terms of how they were feeling and when they did it was usually in very global terms, saying they "felt happier", "felt less guilt", "felt easier". Occasionally however some were more specific, like Mr Barnes who said he felt:

"more confident, more assertive".

More people talked of outcomes in terms of gains in understanding (26) or in terms of decisions or actions taken (21) and often made specific reference to the fact that new understanding led to taking action. However, as has already been indicated, although new understanding often did lead to new ways of behaving for some (eg. Mrs Riches, Mr Barnes), others felt that they did not get enough help to translate the understanding into action - and presumably understanding did not automatically lead to changed behaviour. (eg. Mrs Jorgens).

One of the original aims in coming to M.G. for a high proportion of clients was "to get things sorted out", and this frequently meant to get a better, understanding or to make sense of the confusion. This was in fact achieved by the majority of people (15 out of 16) who hoped for this (see chapter 6, table 6:8 p 249). Counsellors sometimes

tend to place more value on the experiential element in counselling - for example, the experience for a client of being accepted and valued by the counsellor, or the cathartic effect of getting in touch with and expressing feelings. In fact it can be seen that more clients (26) alluded to the value of gaining in <u>understanding</u> of the way they felt, or behaved and were clearly appreciative of the cognitive aspect of the counselling process.

Yalom (1975) refers to these two aspects in therapy when discussing some research on curative factors in groups. He suggests that although emotional experiencing and expression are necessary, they are not enough and are not necessarily related to a successful outcome. However when combined with some type of cognitive learning, they are clearly related to a successful outcome. He goes on:

> "In fact a pervasive and surprising finding was the overall importance of some form of cognition (insight accumulation of information about oneself etc.) in the process of change" (p.75).

It was interesting to discover that the educative element in counselling could be identified by some clients. Strupp <u>et al</u> (1969) discusses the inappropriateness of talking about "cure" in psychotherapy; that psychotherapy would be better regarded as a form of education. They support this with the argument:-

> "What the patient in psychotherapy acquires are new perceptions of himself and others; he learns new patterns of interpersonal behaviour and unlearns maladaptive ones" (p.141)

The observations of Mrs Riches and Mrs Ottley on how they had gained understanding and had learnt to behave differently in counselling and

were applying this new behaviour elsewhere adds weight to this view.

The fact that clients identified getting support as a beneficial outcome needs to be noted. Occasionally counsellors use the wording "supportive" pejoratively, implying that is all that can be offered because clients are not capable of "working through" their problems. There were several instances where clients had felt supported and as a result felt both satisfied and helped by the care and concern of the counsellor and where changes had taken place because of this, but where the counsellor dismissed her supportive role and even, on occasions, expressed in the research interview, irritation or frustration that the client had not been able to change. Mrs Cave was a case in point. She felt both her counsellors had cared about her, that she had been helped by counselling and she identified a number of positive gains, for example, more confidence, greater self-esteem, changes in the way she related to her husband and that she had been enabled to make an important decision. Both her counsellors recognised they had been supportive, but felt little else had been achieved and were thus quite unaware of how significant they had been to this woman.

Counsellors too, many underestimate the value of the supportive nature of regular counselling sessions, or the reliability of the counselling setting as a "safe place" or container. Bowlby (1979) makes the point that the therapists first task is:-

> "to provide the patient with a secure base from which he can explore both himself and also his relations with all those with whom he has made,or might make, an affectional bond ..." (p 145/6)

Clearly for some clients this secure base was achieved and appreciated.

Interestingly the research by Brown and Manela (1977) investigating clients satisfaction with marital and divorce counselling, shows similar findings to this present research in terms of what clients valued about the counselling. One third of their sample reported that the primary benefit from counselling was an increase in their understanding of the problems in their marriage and a broadening of the perspective, and 17% valued the opportunity to express their feelings. Other aspects of counselling that were valued were the emotional support that counselling provided, and the way that counselling helped to improve their communication with each other and so "helped facilitate positive and understanding interactions between them" (p.298). (The reasons why counselling was experienced as unhelpful were also similar).

In this present research, not all clients attributed the changes in themselves to the counselling process. They felt that change in themselves or their marriage was more likely to have been the result of the crisis they had encounted or the emotional upheaval that they had gone through. It is of course difficult to discriminate between changes in behaviour that might be due to insight gained through counselling or insight gained through experiencing an emotional crisis, or because events have shocked a person into reassessing and changing his behaviour. But perhaps what this highlights is the notion that some people may be most able open to change in themselves in a period of crisis, or a period of emotional upheaval. Some theories of crisis intervention are based on this idea (Kennedy 1982), although an alternative point of view is that often anxiety can increase inflexibility and highten defences and therefore may make people less

accessible to considering change, ie. that the psychic energy may be more directed to restoring the status quo than to accommodating change (Clulow 1982).

GAINS FOR THE INDIVIDUAL VERSUS GAINS FOR THE MARRIAGE

It is perhaps surprising, when analysing the reported outcomes from counselling, to discover that such a high proportion of gains (or lack of gain) is described in personal terms rather than in terms of the relationship. However, further analysis indicates that many of these people, both those had said they had gained personally and those who had hoped to, had been clients who had either attended M.G. without their spouse or where the majority of the counselling had been with each client on their own. Indeed, it seemed as if some had come specifically seeking help with individual problems rather than marital problems.

Of the 8 people who spoke in terms of gains for themselves, some said that they had changed but that nothing in the relationship had changed. Keithley (1982) makes a similar point - that clients reported receiving individual help that was clearly distinct and not necessarily linked to any improveement in their relationship. (In fact she goes on to speculate whether despite the marital bias in M.G. training, the main focus of the counsellor was to help the individual). However there is a view (Balint 1985) that changes in an individual inevitably affect the relationship and conversely that if there is no external change in a relationship, then the chances are that the internal world of the individual has remained untouched. In 4 cases it sometimes seemed as if what had been achieved personally through counselling (for example, autonomy or personal growth) had been at the expense of the marriage.

Mrs Conway said:

> "It became clear very quickly that I suppose I hadn't matured
> as an individual really ... I suppose I hadn't really looked
> at myself to see what problems I had within myself that I was
> inflicting on other people ... the fact that I had been
> pressured into getting married when I obviously wasn't all
> that bothered about it. And a lot of the later counselling
> ... was personal counselling (researcher asked "you abandoned
> looking at the marriage?") - yes it was a sort of re-start".

Mrs Conway's husband had come with her initially - indeed she felt that

he had brought her, but he dropped out of counselling after 3 joint

interviews and one on his own. The marriage was eventually terminated.

DETERIORATION

At one time there was a common belief in M.G. that couselling could not

do any harm, it could only be ineffective. This notion possibly went

along with the view that because counselling was primarily client-

centered - the counsellors main task being to facilitate exploration of

the problem from the client's perspective - that no harm would result

if this did not happen. The results, however, suggest that this is not

the case and indeed the counsellors relatively passive stance could

actually be harmful in situations where some degree of control was

required to manage an escalating row.

The notion of "deterioration" as a result of counselling is as subject

to different interpretations as the term "satisfactory outcome" and

different groups of people will each bring different perspectives and

therefore have a different definition of deterioration. Whilst Lambert

et al (1977) refer to the difficulty of having a set definition, they

suggest that with individuals, deterioration might generally be regarded as a worsening of the client's symptomatic picture. When considering studies on marital therapy however, they comment that the definition of deterioration is unclear because some studies focus on negative changes in the individuals in the marriage, and others focus on the negative changes in the relationship. Gurman and Kniskern's (1978a) review of marital research and their article on deterioration in marital and family therapy (1978b) both refer to the fact that 5 - 10% of marital clients appear to worsen as a result of treatment. They relate this to interview patterns, therapist factors, patient factors and the timing of treatment interventions and for example, draw attention to the fact that deterioration is more likely to happen if the therapy has been individual marital therapy as opposed to conjoint or concurrent therapy. They also suggest that a particular therapist style seems to increase the chances of negative therapeutic effects and this will be examined and discussed more fully in Chapter 9. Suffice to say that of the 5 clients who reported that there had been a deterioration in their situation, all had come for counselling with their spouse. Thus, being seen individually had not contributed to a deteriorating effect. The deterioration did indeed seem more attributable to the therapists style - their interventions or lack of them. Of the 8 people who rated changes for the worse in self, partner and marriage, all except one had conjoint interviews. One of Gurman and Kniskern's conclusions, that deterioration is more likely to happen if therapy has been individual marital therapy, is not necessarily borne out, therefore, by these findings.

III. SUMMARY AND CONCLUSIONS

The focus of this chapter has been on the results of the written data that clients completed on satisfaction with counselling and benefit from counselling together with data on their marital status. In addition the outcomes from counselling as they were reported by clients were identified and examined along with the rating scales they completed on changes as a result of counselling.

Although 74% were either satisfied or satisfied in some ways with counselling, only 46% felt they had benefited from counselling. Nevertheless 65% were able to identify they had achieved something as a result of counselling (even if it was a decision taken because counselling had failed them), and, for example 7 couples reported that they had decided to stay together as a result of counselling.

The features that emerged as significant from these findings were

1.   There was discrepancy between counsellors and clients as to the helpfulness of counselling, with counsellors attributing more benefit to counselling than clients. It became clear that counsellors and clients were often using disparite criteria to make their judgements.

2.   The results on benefit from counselling reported here (46%) were at variance with the results reported by Gurman and Kniskern (1978a), who from an examination of 36 different studies on marital research concluded that overall marital therapy appears to produce beneficial effects in 61% of

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cases. However, the reasons for this disparity are as yet unclear. It is worth noting too that M.G. counselling may not even produce benefits in 46% overall, because an examination of the record sheets of the research population (174 cases) showed that counsellors had assessed benefit from counselling in 48% of the cases. However if their tendancy was to overestimate the helpfulness of counselling, the percentage might be less.

3.   An exmination of the way clients rated their counselling experience (both satisfaction with and benefit from) and their eventual marital state revealed that there was a link, and that clients who ended up divorced or separated were more likely to express dissatisfaction with the helpfulness of counselling.

4.   Although clients placed a value on gaining in understanding as a result of counselling, and indeed more clients (26) alluded to this as an outcome from counselling than any other category, it became evident that they placed a different weighting on this achievement to counsellors. They did not necessarily view it as the outcome they had hoped for, nor that understanding had led to the changes they desired, whereas some counsellors saw the acquisition of insight more positively.

5.   It became clear that counselling had been viewed as harmful in a small number of cases (5) and that clients attributed a deterioration in their situation to it.

From the results in this chapter it is possible to examine some of the hypotheses.

It would appear that hypothesis I - the majority of clients attending M.G. would benefit - cannot be accepted. Only 46% of clients who completed the rating scales rated they had benefited and the researcher's ratings based on the interviews judged that 48% of the cases had been helped.

However hypothesis 3 - the majority of clients would be satisfied rather than dissatisfied with the service - can be accepted, as 74% of clients who completed the rating scales indicated they were, in the main, satisfied with the counselling service.

Hypothesis 5 - that more people would chose to stay together than separate as a result of counselling - cannot be accepted, as it would appear that 50% of clients could eventually separate or divorce. Certainly 50% of the research smaple clients (42 cases) were separated or divorced 6-12 months after counselling.

Hypothesis 6 - that counselling does no harm - is not accepted, as 5 clients reported deterioration in their situation as a result of counselling and 8 rated deterioration when completing the scales on change.

In order to add further dimensions to the data reported in this chapter, it is proposed to re-examine clients satisfaction, benefit from counselling, subsequent marital state, the reported outcomes and issue of deterioration from 4 perspectives and these are described in

the following 4 chapters. The four perspectives are as follows:-

1. In relation to the clients. What kind of problem they came with; their marital state when they approached M.G.; their expectations from the agency and their experience of other helping agencies.

2. In relation to the counsellors. Their experience as a counsellor; their counselling style and characteristics and the their gender.

3. From the perspective of relationship that the clients and the counsellors achieved together - the therapeutic alliance.

4. From the viewpoint of the "treatment" that was offered. What happened in the first interview; whether counselling was conjoint or individual; how may interviews clients had and how the counselling ended; what factors or skills in the counselling process contributed to or detracted from it being a helpful process and so on.

However it still needs to be borne in mind that these perspectives are mainly the clients, that it is a complex task to assess both the process of counselling and the outcomes when focussing on clients' views and that caution is needed in translating what the clients actually say into specific findings.

CHAPTER 6:   THE CLIENTS

I.   RESULTS

INTRODUCTION

In order to understand better the reasons why some clients were
satisfied with counselling, whilst others were dissatisfied, why some
felt they had benefited from counselling while others felt they had
not, it is proposed to examine the data on clients in more detail.
From this examination it might be possible to determine a pattern or to
establish links between, for example, clients expectations from the
agency and their subsequent assessment of helpfulness of counselling.
The following chapter therefore presents results and discussion on the
clients demographic data, the areas they defined as being problematical
in their marriage;   the stage they were at in their marriage when they
sought help;   the state of their marriage at that time;   the trigger
events that led to their contact with the agency;   their aims from
counselling, and expectations from the agency and what part their
experience of other helping agencies and people had played in their
contact with and assessment of Marriage Guidance.

DEMOGRAPHIC DATA ON CLIENTS

A brief analysis of the demographic details of the clients in the
research sample in relation to some of the written data completed by
clients revealed the following.

1.   There was no clear pattern between the length of time people had
     been married and their rating of whether they had benefited or not
     from counselling.   (See diagram 6:1) Nor was there any
     relationship between the length of marriage and whether they
     parted or not (See diagram 6:2).

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Those couples who had been married for 20 years or more (8) appeared to have had relatively long standing problems, but there was no more likelihood of the marriage surviving than breaking up. In fact 5 stayed together with apparently unresolved difficulties and 3 parted and indicated that they were unhappy to be in that state. Only 1 person felt she had benefited from counselling. However, of the people who had been married for 5 years or less (13 cases) and had thus sought early in their marriage, half rated they had benefited from counselling and half rated they had not. But, as with the whole research sample, the half who felt they had not been helped were the half that ended up separated or divorced. (See diagrams 6:1 and 6:2)

2. Of the clients who were in second marriages, more came into the category of not feeling helped by counselling (5 of the 8 interviewed) and 4 of the 8 marriages were eventually dissolved.

3. No particular age group predominated in the "helped" or "not helped" categories.

   It is interesting however to relate the length of time people had been married when they came for counselling (see table 4:7 p 155) and their age range (table 4:9 p 159) with the data on divorce (graph 4:8 p 157). The majority of cases that come for M.G. counselling have been married 10 years or less and the age range most likely to approach M.G., is between 30 and 39 (the majority interviewed being between 30 and 35). Graph 4:8 shows that the peak time for divorce is 3 - 4 years after marriage and the median age for divorce is 34 for women and 35 for men (Haskey 1982). Whilst it is impossible to say how M.G. counselling affects these divorce figures this statistical data on M.G. clients at least shows that couples are most likely to seek help from M.G. when they are in these "vulnerable categories".

4. The 4 couples who were childless had all been married between 3 and 6 years and they all divorced or separated eventually, although only 1 client felt this was a good outcome for her. From the interview data it did not seem that being childless had been a major influence in the decision to part.

5. This research did not discover any tendency for one social category of client to be more dissatisfied with counselling than another. As table 6:3 indicates there was a very even spread of classes in terms of their satisfaction and dissatisfaction with counselling.

DIAGRAM SHOWING THE RELATIONSHIP BETWEEN CLIENTS' RATING OF HELP
FROM COUNSELLING AND YEARS MARRIED   N = 51 clients

YEARS MARRIED	"How much do you feel you have benefited from counselling?"					
	NOT AT ALL					A GREAT DEAL
LESS THAN 1			/		X	/
1	//					
2		/	/			/
3	//					///X
4	//				/	/
5						
6						/
7					/	
8				/		
9	/				/	//
10	/					
11	/X	/				/
12	X					
13		/	/			
14	/				/	/
15						
16			/			
17			X			
18						
19	/				//	/
20						/
21						
22						
23	/					
24	X	/				/
25	/					
26			/			
27						
28						
29			X			
30						
31				/		

KEY / = clients' ratings
     X = researcher's assessment when record missing

DIAGRAM SHOWING THE RELATIONSHIP BETWEEN YEARS MARRIED
AND EVENTUAL MARRIED STATE N = 42 cases

YEARS MARRIED	DIVORCED OR SEPARATED		REMAINED MARRIED	
	Unhappily	Happily	Unhappily	Happily
Less than 1	S			
1				X
2	S			X
3	DD	S		X
4	DS			XX
5				X
6	S			
7				X
8			X	
9	DS			X
10	S			
11		DD	XX	
12	S			
13	SD			
14			X	X
15				
16	S			
17				X
18				
19	S			XX
20			X	
21				
22				
23	S			
24	S		X	
25			X	
26	S			
27				
28				
29			X	
30				
31			X	

KEY S = separated
     D = divorced

TABLE 6:3

Socio-economic Class	Satisfied	Satisfied in some ways, not others	Dissatisfied	Not recorded	TOTAL
I	2	0	0	0	2
II	7	4	5	1	17
III NM	6	3	4	3	16
III M	0	1	0	1	2
IV	2	1	1	0	4
V	0	0	0	0	0
Other	4	2	1	3	10
TOTAL	21	11	11	8	51

THE CLIENTS PROBLEMS

This present study was not designed to analyse the clients problems in
detail, being more concerned with the reasons why they chose M.G., what
happened during counselling and what if anything was achieved through
counselling. However in order to learn about the process and the
outcomes and to conduct the research interview sensitively, it seemed
important to know something about the problems that had led clients to
seeking help. Thus, the question was asked "Could you tell me a little
about the difficulties that brought you to M.G.?"

It is quite difficult to categorize neatly the problems that clients described as leading them to seek help with M.G. Some could be quite specific, others less so and some referred to a number of problems. The following list enumerates the presenting problem as described by clients:

1. An affair, or problems involving a third party was mentioned in 27 cases.

2. Problems manifested by sexual withdrawal or some kind of sexual difficulty were mentioned by 13. In 3 of these reference was made to an overt sexual problem eg. husbands homosexuality, or premature ejaculation.

3. Problems of verbal or emotional communication were referred to in 8 cases.

4. In 8 cases the partners were already separated (one of these already divorced) and the overt problem was how to effect a reconcilation.

5. In 5 cases the problems were described in terms of an illness affecting the relationship.

6. In 4 it was the management of the children that was deemed to be problematic. In 2 of these cases, the children were from a previous marriage.

7. Money problems were mentioned in 4 cases. In 1 this was linked to husband's unemployment.

8. Problems involving increased independence on the part of the wife or role adjustment were mentioned by another 6 cases.

9. Work problems affecting the marriage relationship were identified by 3.

10. Violent rows, even cruelty were mentioned by another 3.

11. In 2 cases it seemed as though a previous marriage still presented difficulties in the current relationship.

12. In 8 cases the problem was described in more nebulous terms. Four clients sought help because they were experiencing increasing inner discomfort or conflict and another 4 spoke about the marriage relationship becoming more and more uncomfortable or unsatisfactory in a somewhat generalized way.

TABLE 6:4

PROBLEM AREAS MENTIONED BY CLIENTS

PROBLEM	CASES	DETAIL
An affair or relationship with a 3rd party	27	overt presenting problem 13 linked to presenting problems but not known about at 4 1st interview peripheral 10
Sexual withdrawal or sexual difficulty	13	overt presenting problem 3 part of whole situation 10
Problems with communication	8	
Separated,wanted reconciliation	8	
One partners increased independance	6	
Illness of either partner affecting relationship	5	
Management of children	4	From previous marriage 2 Own children 2
Money problems	4	
Work problems	3	
Violent rows and cruelty	3	
Previous marriage still difficult	2	
Unspecific	8	Feeling uncomfortable with self or with marriage

NOTE   TOTAL IS MORE THAN 42 CASES BECAUSE SOME CLIENTS MENTIONED MORE THAN ONE PROBLEM

There appeared to be no correlation between the rating scales on satisfaction with counselling and benefit from counselling, and the type of presenting problem.

STAGE IN MARRIAGE

Approximately a third of the sample of couples (13) had been married for 5 years or less when they decided to seek counselling help from M.G. (see chart 4:7 p 155). In 7 of these cases it was a new second or third marriage that was in difficulties. A similar proportion of informants (14) who had been married for longer than 5 years suggested that their marriage had always been in difficulty or had had previous difficulties, or that it had been a "stormy relationship". For example, Mr Thomas said that he and his wife had had continual problems and had separated on at least 3 occasions during the 12 years of their marriage and prior to coming to M.G.

However, it was evident that life events had probably exacerbated situations or had triggered off underlying difficulties in other cases. For example, the birth of baby, either the first born or the last in the family, had apparently precipitated difficulties, or escalated difficulties in 8 cases. In 3 of these cases it was evident that the wife had suffered with a post-natal depression that had impaired her ability to relate to her husband. But there were also suggestions that altered feelings following the birth of child, or managing the inevitable changes in the relationship, which followed from the addition of a child, led to difficulties in the marital relationship. For example, Mr Riches said:

"I'm sure that the hormones were at the root of the problem initially because, prior to having babies, everything between us was wonderful. Then having the first baby and not knowing anything about depression, and it went on for so long before she went anywhere to have it sorted out ... but each time, with each baby, it came back again ... so hormones, the stresses of life generally and my aggression, because we did not have a sex life, all got intertwined".

His wife said:

"With each baby I've had post-natal depression and I always felt that Charles supported me with the first two babies, even though I was terrible to live with, and I had gone off sex and had no sense of humour, but after the third baby the same thing happened but much worse and I felt his support had gone ... we began to rub each other up the wrong way ..."

Other life events were also mentioned as precipitating difficulites, for example as mentioned before, the illness of one of the partners. There were comments like "the marriage was OK until I had a stroke/he had a heart attack". Changes in job, major moves in living arrangements, were all alluded to. However there seemed no clear pattern in the relationship between the newness or the chronicity of the problems and the eventual outcome, either in terms of whether the clients felt helped or not, or whether they remained married or not. Neither was there a link between the stage in the marriage when people sought help and the outcomes although there was just a slight tendency for people who had been married for 10 years and less to separate or divorce, and a very slight tendency for couples who had been married longer to stay married (see diagram 6:2).

STATE OF MARRIAGE

It is perhaps more profitable to consider the clients own evaluations of the state of their marriage when they initially came to M.G. They

often mentioned that they had come for help to late, that they should have realized earlier that their marriage was deteriorating. For example, Mr Hugo felt he had buried his head in the sand and ignored his wifes increasing dissatisfaction. They had been married 19 years and he said they had had rows but he did not think they were serious. He commented:

"You feel it's never going to happen to you. You feel fireproof - like with road accidents".

Looking at the clients who felt helped by counselling (20) it is fairly clear in the majority of cases that often both partners recognised that they needed external help with their relationship at a reasonably early stage, and in the majority of such cases both partners also participated in counselling (see chapter 9 for incidence of conjoint counselling). The pattern is less clear with the clients who felt they did not benefit (22), although in 8 cases the relationship had deteriorated to the stage where they had already separated when they came for counselling and in 5 others, a solicitor had been consulted and the possibility of divorce was being considered (indicating possibly that they saw the problems in their marriage as relatively serious). Clients alluded to the fact that they did not achieve anything because they had left it "too late" or because they had gone to M.G. "as a last resort". For example, Mr Hugo said:

"From the M.G. point of view it hasn't worked with us, but by the time we went it was too late anyway."

and Mrs Ledger commented:

"It was a bit difficult with me coming when my marriage had already split up, it's not like somebody coming together to try and pull their marriage together before it'completely fell apart. The impression is there that it would have been good if we had come a lot earlier, but then I was in the dark as to just how dissatisfied he felt about things".

TRIGGER EVENTS LEADING TO CONTACT WITH M.G.

The issue of when people seek help and what actually triggers them into doing so is complex. The question was asked "What made you seek help at this particular time?" The triggers that prompted the research clients to seek help can be analysed thus:

For 15 cases in the research sample some kind of event occurred and this was identified as precipitating them into making a decision to seek help from M.G. For example, in 4 cases it was the discovery of an affair, in 3 it was because the partner had left the matrimonial home. In another 3 because a partner had consulted a solicitor about divorce proceedings.

In another 18 cases the trigger event was hard to define and the decision to seek help was more linked to a mounting pressure in the marital situation. For example, 5 referred to an increasing desperation to do something, because of how badly they were feeling and 4 mentioned that their health was suffering.

In 8 cases both mounting pressures and events were mentioned, sometimes the mounting pressure leading to an act or an event like a violent row, and sometimes vice versa - the event like a spouse leaving or a violent row being followed by an increase in desperation, confusion or distress. In 1 case it was not possible to identify the precipitating

events leading to the decision to seek help prior to contact with M.G. (See tables 6:5 and 6:6).

TABLE 6:5

TABLE ANALYSING TRIGGERS LEADING CLIENTS TO CONTACTING M.G. N = 42 Cases

An event	Internal pressure	Both event and pressure	Not known
15	18	8	1

TABLE 6:6

AN ANALYSIS OF THE TRIGGER EVENTS
N = 15 + 8 = 23 Cases

EVENT	CASES
Partner left	5
Affair discovered	7
Divorce proceedings started	3
Crisis in own affair	2
Row	5
Other	1
	TOTAL 23

DEGREE OF DISTRESS PRIOR TO CONTACT WITH M.G.

It was evident from the clients' descriptions of the events that led up to them approaching M.G. that many were feeling quite badly prior to their contact with M.G. At the end of the research interview, the client sample were asked to complete a rating scale indicating how distressed they were when they first approached M.G. (See appendix 7).

Of the 46 people who completed the scale, 27 classified themselves as being extremely distressed and an additional 13 indicated that they were very distressed. Two indicated that they were not distressed or concerned. Three put themselves in the neutral category and 1 indicated that the question did not apply to him. See Table 6:7

TABLE 6:7

TABLE SHOWING CLIENTS RATING OF THEIR DEGREE OF DISTRESS
PRIOR TO CONTACTING M.G. N = 46 Clients

Extremely Distressed	Very Distressed	Neutral	Not Distressed	Not Applicable
27	13	3	2	1

CLIENTS AIMS (AND HOPES) IN COMING TO M.G.

Clients were asked about their aims in coming to M.G., although it would be fair to comment here that people often mixed up their aims, their hopes, and their expectations of the agency, which will be discussed later. The actual question asked was "What were you hoping to achieve with counselling?" and some people mentioned a number of aims. The aims could be categorized thus:

1. Two men wanted specific help with a sexual problem.

2. Three people said they hoped to get help to make a decision.

3. Six people expressed the hope that they would get some support in some form.

4. Ten hoped to have their partner changed in some way.

5. Ten said they hoped to get help with communicating with each other.

6.	Eleven came hoping for specific advice or suggestions on what they should do.

7.	For 14 people the stated aim was to get help to save the marriage.

8.	But the hope that was expressed by the largest number of clients (16) was, that they would get help with clarifying a confused situation or be helped to "sort out" confused thoughts and feelings, to understand, to make sense of things, possibly with a view to finding a solution or making a decision.

It is interesting to compare the outcomes of counselling described by clients with these original hopes or aims (although few clients made this link explicit for themselves when they described what they had achieved through counselling). The relationship between aims and achievements are as follows:

1.	Fifteen of the 16 who had hoped to "sort themselves out" or get a situation sorted out, felt that they had been helped to do so and had gained in understanding.

2.	However only 4 couples from the 11 cases were stated hope had been to "save the marriage" had done so.

3.	Two clients of the 11 who had wanted advice had received <u>direct</u> advice and they admitted that they had not taken it!

4.	Only 2 people of the 10 whose initial hope had been to get help to talk to each other had achieved this.

5.	Interestingly 2 clients of the 10 who hoped that counselling changed their partner felt this had happened.

6.	Five of the 6 who had sought support said they had received it.

7.	The 3 who said they wanted help to make a decision had done so.

8.	But the 2 men who wanted help with a sexual problem said specifically that they had not got this, although they acknowledged that they had got other forms of help.

TABLE 6:8

TABLE SHOWING CLIENTS AIMS IN COMING TO M.G. AND WHETHER
THE AIM WAS ACHIEVED N = 51 Clients

AIM	HOPED FOR	ACHIEVED
To gain understanding of self/situation/ marriage	16	15
To save marriage	14	7
To get advice	11	2
To change partner	10	2
To get help with communication	10	2
To get support	6	5
To get help to make a decision	3	3
To get help with a specific sexual problem	2	0

NOTE The total exceeds more than 51 clients because
more than 1 aim was mentioned by some people.

CLIENTS EXPECTATIONS OF THE AGENCY

An important factor in determining whether clients ended up feeling

satisfied or dissatisfied with counselling was the kind of expectations

they had of the agency in the first place. Their assumptions, beliefs

and knowledge of M.G., all of which were intertwined with what they

hoped for from counselling, played an important part in their

expectations. Often those who had a very narrow or specific view of

the kind of help they wanted and expected of the agency, which was

never modified or enlarged by explanation or experience, in a way they

could accept or appreciate, usually ended up feeling dissatisfied, puzzled and unhelped. (At least 8 clients came into this category).

The first question in the research interview was "How did you come to know about Marriage Guidance?" and was followed up by " What help did you think M.G. could offer?". It really seems that Marriage Guidance is an institution as well known as the R.S.P.C.A. or the Royal National Lifeboat Institution. People were puzzled when asked how they knew about Marriage Guidance. "It's one of the agencies you know exists" was a typical phrase. However, most referred to the media as being the source of the knowledge. Womens magazines, newspapers, radio and TV. Claire Raynor, Majorie Proops, Piccadilly Radio (a local station) etc., were often cited as reminding the clients of M.G.'s existence, and that M.G. offered help with marriages in difficulty. However, there was quite a gap between the knowledge of M.G.'s existence and what happened when you got there. The majority of clients (48) were very vague indeed about what help M.G. could offer and often attributed a great deal more to M.G. than M.G. itself would claim. In addition, there were a number of misconceptions. The words "Marriage Guidance" and "counselling" have associations for people that were very much to do with their current needs and it was interesting to learn what part of the name people latched on to as being meaningful for them.

Marriage The marriage part of the name was significant for at least 16 people. "They specialize in marriage problems" was a typical phrase, or "it's the professional place for marriages". In addition to this 4 people thought that M.G. had such a body of knowledge about marriage and it's problems that their particular problem could be identified and placed in some sort of framework. They expected to be told where they fitted in the scale of marital problems, what normally happens in the

majority of these cases and then be offered a formula for helping their particular problem.

For a number of clients (7) the belief that the agency specialized in marital problems was synonymous with the idea that they sorted out those problems with a view to "mending" a "saving" the marriage.

Guidance. For another group of clients (17) however, the most significant part of the name was the word Guidance. They were looking for solutions and for most the word guidance was synonymous with the word "advice".

An Independent Viewpoint. There was a third, group of clients (12) who had expectations that were not necessarily associated with the name, but were to do with needing a person who was independent and uninvolved with their current problems. They were looking for "an unbiased referee - a person in the middle who could see a different side of things". "An outsiders point of view - some-one who was unconnected with the problems who might perhaps see things more clearly". "I wanted an independent person who would act as an intermediary between the 2 of us". "I was expecting a completely independent objective third party" and, "I wanted somebody to arbitrate ..."

Three people had expectations that had nothing to do with the name. Indeed, they appeared to be looking for personal counselling for themselves, and 8 indicated that they had "no idea" what to expect.

TABLE 6:9

<u>TABLE SHOWING CLIENTS' EXPECTATIONS FROM MARRIAGE</u>
<u>GUIDANCE</u> N = 51

EXPECTATION	CLIENTS	DETAIL
Specialists in marriage problems To save marriages	16	To save marriage 7
		To be fitted in a framework 4
Gives guidance/advice/ solutions	17	
Provides an independant viewpoint	12	
Personal counselling	3	
No idea	8	

<u>NOTE</u> Number exceeds 51 because some clients indicated
more than one expectation.

<u>Other Factors Influencing Clients Choice of M.G.</u> Seven clients had been

to Marriage Guidance before although interestingly their degree of

satisfaction with the previous counselling did not appear to play much

of a part in their decision to contact M.G. again. For example, Mrs

Gleeson, who was very dissatisfied with counselling, did not even see

the first experience relevant to the current situation. The first

experience was different because she had gone on her own and it was

with regard to her first marriage. Fourteen clients had been

recommended to come to M.G. by other people or other agencies and

although they had not necessarily immediately responded to the

suggestion, it eventually influenced their decision. "Official"

agencies such as Samaritans, the CAB, G.P.'s, Health Visitors, and

local Priests had all recommended M.G. but other more informal

suggestions came from "Dad, who is in Probation", "my husband who is a

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Social Worker", "a friend who is an M.G. counsellor in the South", "my ex-boss, who used to be a M.G. counsellor in the West".

<u>Confidentiality</u> Nine people mentioned that their choice of M.G. was influenced by the fact that M.G. provides a confidential service and is independent from local authority welfare provisions, although confidentiality and independence did not seem to be overwhelmingly significant for the majority. Mrs Philby commented:

> "I'm very wary of the establishment and I wouldn't want to get involved with a government controlled body - having had experience of that in the past. I knew that Marriage Guidance was a charity".

Mrs Moorcroft's view expressed the dilemma of being involved professionally in the helping agencies, and the value of M.G's independence.

> "Because of my connections with Social Services and other friends in social work agencies, I wouldn't have approached those. I knew too many people, so M.G.'s independence from local authority services was important to me".

Confidentiality was seen however, in a more personal context by a couple of people, who criticised the fact that what was said between client and counsellor was confidential, so that it could not be divulged to the partner. Mr Lichfield, who was apparently completely in the dark as to why is wife was behaving as she was commented:

> "It was a failing of the system that it (confidentiality) is so rigidly adhered to".

He felt strongly that he should have been told what his wife had said to the counsellor.

OTHER AGENCIES

In order to add another dimension to the analysis of why clients chose M.G. and their expectations of the agency, it was decided to enquire about the other helping agencies they had used. The question was asked "Did you try anything before coming to M.G.?" and " Have you tried anything since?" Table 6:10 gives an analysis of other helpers used by the research clients.

TABLE 6:10

TABLE SHOWING THE INCIDENCE OF OTHER HELPERS AND
AGENCIES USED BY RESEARCH CLIENTS BEFORE AND AFTER
M.G. COUNSELLING

CATEGORY	NUMBER OF REFERENCES
Informal helpers	35
Formal agencies	86
Nobody	5

NOTE

> The total exceeds 51 clients beccause some people used
> several helpers or agencies

Informal Helpers. There were 35 references to informal helpers like friends, members of the family and colleagues at work. Opinion was divided however, as to their helpfulness. Eight people said firmly that they would not use family or friends, either because they would be biased or take sides or give advice, or might in fact even be harmful. They usually went on to say that they had chosen M.G. for it's independence and neutrality. The 6 people who mentioned they had turned to work colleagues had seen them as being more objective than

family or friends and consequently of more use in helping them sort out their problems. In 3 cases the colleague was an older person, who gave wise advice but in 2 other cases the colleague eventually became "the third party", thus presumably adding to the difficulties. Several of the friends, relatives and colleagues were instrumental in helping the client to approach M.G. Of the 14 who mentioned that they had been referred or advised to come to M.G., 5 had received the suggestion from these informal helpers.

TABLE 6:11

TABLE SHOWING THE CATEGORIES OF INFORMAL HELPERS

CATEGORY	NUMBER OF REFERENCES
Friends	16
Relatives	13
Work colleagues	6
TOTAL	35

Formal Agencies. Table 6:12 shows the variety of formal helping agencies that were used by clients either before or after M.G. counselling and the incidence of their use.

Nearly all of the research clients had been involved with other agencies or people. In fact only five people from the 51 interviewed said they had not approached elsewhere or not spoken to another person.

TABLE 6:12

TABLE SHOWING "FORMAL" HELPING AGENCIES USED BY RESEARCH
CLIENTS BEFORE AND AFTER M.G. COUNSELLING

Agency or Profession	Number of References	Detail
Local G.P.	26	
Hospital based	10	Psychiatrist 6 Clinical psychologist 3 Psychotherapist 1
Local Priest	10	
Solicitor	9	
Samaritans	6	
C.A.B.	5	
Health Visitor	2	
Social Services	3	
C.M.A.C.	3	
Jewish Counselling Service	2	
Family Services	2	Family Guidance 1 Family Services 1 Assoc. (U.S.A.)
Other telephone Services	3	Family Careline 2 Piccadilly Careline 1
Womans Therapy Centre	1	
Probation	0	
Other	4	Agony Columnist 1 Hairdresser 1 Endocrinologist 1 Osteopath/ acupuncturist 1
TOTAL	86	

NOTE

Total exceeds number of clients because some people
mentioned they had sought help from several
agencies/professions.

PAYMENT

It was considered to be useful to know clients attitudes to any contributions that they made or were ask to make to M.G. funds, again with a view to linking this to their satisfaction or otherwise with the service. However the question about payment was a subsidiary one to the more general question "What was decided at the end of the first interview?" Nevertheless most clients were asked "Did you agree to pay anything?" and "Do you have any comments on payment?"

In 8 cases the clients said that they did not remember payment being mentioned, 6 of them would not have minded paying while 2 said they could not have done so because of their financial situation.

In another 4 cases payment was mentioned, but the clients did not in fact pay although only one person said it would have been difficult to pay. The reasons for not paying were more to do with the preoccupation with other problems, money being of a "secondary consideration". One would have preferred a set charge, because "when you've got other things on your mind, you don't want the added problem of having to decide how much to pay".

Nineteen cases paid quite happily and seemed to feel it entirely reasonable to do so. Many of these 19 had "expected to pay" and several said that they "preferred to pay', meaning that it evened up the relationship and they thought they then had the right to come back. There were a few comments like Mr Birch's who was in fact from a low income bracket,

"What is a few pounds to save a marrage?... To get a problem like this sorted out - it's priceless really".

However, at least 10 people stated that they would have preferred more guidelines on how much to contribute as they felt embarrassed, confused, and troubled about the amount that they gave.

Finally there were 4 cases where the clients paid but thought that paying was an imposition for them, and that the service should have been free. All said that they thought that paying would put off potential clients from coming to M.G. Mrs Garland said:

"I don't think that people realise that you have to pay before they go. I know it's not compulsory but you are made to feel you ought to pay".

Mrs Ogilvie was "horrified" at the amount she was asked for and it was a factor in her not returning. Another person suggested that better guidelines were needed. With Mr and Mrs Gleeson, the issue of money was an important factor in the stressed marital relationship and this was acted out in the counselling setting. They both objected strongly to paying and each left it to the other to pay.

Interestingly, the clients of these 4 cases also expressed dissatisfaction with the counselling they received and did not feel they had benefited in any way from the experience. However, 6 of the clients from the cases where a contribution was given, and where they felt it entirely appropriate to do so, also recorded that they had not felt helped by counselling.

In 7 cases the issue of payment was not dealt with adequately enough in the research interview for useful comment to have been recorded.

TABLE 6:13

TABLE SHOWING AN ANALYSIS OF CLIENTS COMMENTS ON
PAYMENT N = 51 Clients from 42 cases

CATEGORY	CLIENTS	CASES
Do not remember payment being mentioned	11	8
Did not pay	5	4
Paid happily	23	19
Paid but objected to paying	5	4
Made no comment	7	7
TOTAL	51	42

II. DISCUSSION

DEMOGRAPHIC DATA ON CLIENTS

It can be seen from the results linking clients' demographic data with their assessment of the helpfulness of counselling that no clear cut pattern emerges.

The fact that there was no relationship between the length of time that people had been married and their rating of whether they had benefited from counselling or not, is at variance with a finding by Wattie (1973), who found that the best outcomes for marital counselling were obtained with couples who had been married 13 - 16 years. In this present research only 5 in the sample came into this category but only 1 of those felt they had positively benefited from counselling.

In relation to social class of the client in this study, it is interesting to compare findings with other research. Mayer and Timms (1970) argue that working class clients are more likely to be dissatisfied with casework based on an insight-oriented approach. They summarise from other studies.

> "Members of the working class do not understand the
> psychotherapeutic processes; they attribute personal
> difficulties to external conditions; they expect the
> therapist to give advice and take an active role; and they
> lack the conceptual and linguistic skills to maintain
> themselves in a therapeutic encounter" (p 76).

Mayer and Timms felt that these findings were confirmed in their own study, and suggested that there was an unrecognized mis-match in the clients' and workers' mode of problem solving, which was in part

attributable to their class differences.

Certainly it was discovered in this research that there was a mis-match between clients' and counsellors' approaches to problem soloving, which led to misunderstanding and dissatisfaction and failure in the establishment of a therapeutic alliance (see chapter 8), but this was not necessarily due to their class differences. Indeed as table 6:3 shows, (p 239) the findings of this study indicate there was no more tendancy for working class clients to be dissatisfied with their counselling than their middle-class counterparts.

THE CLIENTS' PROBLEMS

It has to be borne in mind that the way that clients described, or categorized their problems would, in all probability, have been modified by counselling, subsequent events and their feelings about the current situation. In addition, their need to make sense of things and probably their wish to provide the interviewer with reasons - something understandable and coherent - would also have affected their responses. The overt reason leading clients to seek help from M.G. - the presenting problem - could in any case be the "top layer" of a number of underlying difficulties. Although clients like Mrs Ferraby could be quite specific about their problem:

> "My husband was having an affair with someone else ... wanted to go off and live with her".

or Mr Renwick:

> "My wife was going with someone else and it came to light that she was going to bed with him. I tackled her over this, and she said well you are just useless in bed".

it would be too simplistic to say that an affair or having a sexual difficulty was the cause of all the difficulties in the marriage, although it could be one way of rationalizing it. One could equally say, however, that difficulties in the marriage (less easily labelled?) had led to the affair or a sexual problem.

Many clients were less concrete in their explanations and tried to describe the nebulousness of the marital problem. Mrs London for example:

> "We just didn't seem to care for each other any more, we just weren't getting on. We used to have rows and I'd get hysterical and cry and he didn't know what to do with me ... we just kept rowing ... not over a specific thing particularly ..."

So people described their problems in terms of role adjustment, financial difficulties, illnesses (their own and/or their partners), management of the children, sex, their need for independence, difficulties in communication, or difficulties posed by their own or their partners affair. Ultimately, however, it seemed that these ways of seeing the problem were manifestations of two basic difficulties.

1.) dissatisfaction with the "fit" of the relationship, or to put it differently, problems in adaptability to a change in circumstances, or in a partner and

2.) difficulties in communicating about these adaptive difficulties.

Marital "Fit" There are various theories on mate selection and marital bonding, and the way couples interact in their marriage can be viewed from a variety of perspectives. For example from the viewpoint of

exchange theory (Thibaut and Kelley 1959) which considers the extent "pay-offs" or mutual satisfaction plays in relationships, or from the point of view of the roles people play and the "life scripts" that are "acted out" through these roles (Goffman 1971, Berne 1968). However the theory that makes the most contribution to the understanding of marital interaction as it is taught during M.G. basic counsellor training is that formulated by Dicks (1967) which takes into account the underlying unconscious elements that may play a part in each partners' behaviour and the ways they interact together.

Briefly Dicks suggests that people have unconscious (irrational) as well as conscious (rational) motives for choosing each other as a partner and part of his hypothesis is that the initial attraction and selection of a mate is based on an unconscious need to resolve some unresolved aspects of interpersonal conflict from the past - usually with parents and family - and also to get in touch with "lost" or denied aspects of the self. People may, therefore, choose a partner as a complement to express aspects of themselves that they cannot express for themselves or for their "fitness" for working through past unresolved conflicts. But a marriage where initially each partner's needs are met in this way and where they seem to complement or match each other, may be affected by subsequent events like the birth of the first child or an illness, or the normal changes in the family life cycle and the process of maturation and the attributes which attracted become the cause for complaint. Equally the difficulties that occurred in past family relationships, far from getting resolved, may get repeated in the marital relationship. Either way the initial marital "fit" is affected, and difficulties can occur.

So although problems in the marriage were described in terms of finance, management of the children, or illness and so on, they all seemed to be linked to the "fit" in the relationship becoming uncomfortable, as if the partners had got out of step in some way.

For example, on 4 occasions, problems were described either by the wife or the husband as stemming from the wife's desire for more independence, or from the wife's increased independence. Perhaps they started when she went out to work for the first time, once the children had started school; or, maybe they started when she made a decision to go out more socially with friends, once the children were teenagers and leading more independent social lives. The original basic "fit", which could be crudely described as submissive, powerless wife and dominant in - charge husband, which probably suited them both at the start of their marriage, was disrupted and needed re-negotiation and the marital difficulties were related to failure to adapt or re-negotiate.

In 5 other instances the original fit was affected by illness. For example Mrs Dugdale, who had been married 31 years when interviewed for the research, said that her marital problems had begun when she had had a stroke 7 years earlier. Previously she had been the strong coping and caring partner in the marriage but almost overnight she was dependent and in need of strength and care for herself. Unfortunately it did not seem as if her husband was able to adapt to become the carer.

Of course this perspective on the problems that clients described could be viewed from other theoretical standpoints, but I was impressed by the number of times that the initial overt or covert reasons for

marrying had somehow become redundant or out-grown and the problems described were associated with making adjustments and negotiating a different kind of relationship. Sager (1976) has also written on the implicit contracts that couples make with each other at the time of their marriage about their roles as husband and wife. (So describing in more detail Dicks' (1967) theory of marital interaction), and also addresses the problem of how these role expectations can be re-negotiated.

Communication The second major difficulty, and this was probably the reason for seeking outside help, was the inability to communicate, either at all, or in a way that was meaningful and constructive, about the feelings and the issues that were causing trouble. Efforts to talk either resulted in rows, recriminations, misunderstandings or even violence. Or, in silence and withdrawal, with accompanying tension and frustration and often with tacit assumptions and misunderstandings being made as a result. Both ways, it seems, led to pain and unhappiness.

These two basic ways of categorizing the marital problems that were described can be related to the outcomes that clients describe as deriving from counselling. For example, the ability to communicate in a more effective or satisfying way was positively identified and valued by 16 people. Gains in understanding were identified by 26 people and often the new insights were focussed specifically on an increased understanding of the marital fit, the patterns of behaviour in the marriage, or the reasons why they, or their partner, reacted as they did. Implicitly, also, people talked of their relationships becoming more satisfying or less fraught, because they had been helped to re-negotiate their roles in their relationship.

<u>The Third Party</u> It was interesting to discover that perhaps in an effort to solve the basic difficulties, in at least 27 of the cases, a third party of some kind had had a significant effect on, or a part to play in, the couples' relationship. This is not to say that the clients necessarily brought an affair as an overt presenting problem, although this occurred in a number of cases (13). Indeed the discovery of an affair was often the trigger event that caused the client or clients to seek help from M.G. (almost as if a crisis was needed to produce some kind of action that would lead to help being sought and thus, to change). Although a "third party" posed a serious threat as an alternative relationship in 10 cases - and in fact the marriage split up and the wife or husband went to live with the other person in 8 of the cases - it seemed as though the third party was often used in a more subtle manner and represented something rather different.

Margo (1984) has exlored the clinical implications of a third party in therapy and also the various ways in which a third person can be used in a marital relationship. For example she suggests the presence of a third party may represent an attempt by one spouse to break out of the marital system - or be used in a attempt to restore the balance of a relationship. Alternatively a third party may allow the couple to avoid the risks implicit in an authentic relationship (of intimacy) by enabling them to maintain distance and avoid commitment; be used to reationalize marital difficulties; or used to express hostility towards a partner, or as a means of dominating a partner.

Triangles and their function in a family system is a well documented concept in the field of family therapy. For example, Guerin (Guerin

and Fogarty 1971) states:

> "The concept of a triangle is one of the primary ones in family systems thinking. It is based on the idea that the emotional process between 2 people is unstable and thus, moves to stabilize itself by triangling a third person or object. This triangulation may take place when one or both parties actively moves to triangle a third or when a third party, caught up by the anxiety of the tottering dyad, is pulled into the emotional process as a stabilizer.... the dysfunctional or undesirable aspects of this process is that it prevents the emotional process between two people from ever being worked out." (p.13)

A family therapist will use a number of manoeuvers to "de-triangulate" this kind of system, or alternatively, with a couple, moves in as a third person in order to form a triangle in a way that alters the interaction between the couple.

Fader (1982) has put forward the hypothesis that the third person can be used in the role of a transitional person, used as an attempt by one of the partners in the relationship to make the transition from dependency to self-reliance, needed because of one partner's internal growth and change. Dicks (1967) also writes about the function of a third person as a transitional object, but used in a wider sense than above, and he discusses how the therapist can also be used as a transitional object (p.268). Whilst it is outside the scope of this study to investigate in detail the function of a third party in a relationships of the research sample, it is worth drawing attention to some of the remarks clients made in relation to a third person and speculate on these.

From observations and comments made by clients, it seemed that in several (approximately 7) of the research cases, if counselling help had been sought earlier and if the counsellor had become "the third

party" the other women/man might not have been needed. The third party often seemed to start off as a listening ear or the understanding helper. For example, Mr and Mrs Keith, who had been married for 4 years - the second marriage for 1 of them - found their relationship under great pressure because they were beset by family, financial and job problems. Mrs Keith was at the end of her tether and she eventually told her husband:

> "Look, I've had enough, I can't take any more I want to separate."

This was the trigger that caused her husband to contact M.G., but at about the same time, and quite of the blue, an ex-boyfriend telephoned her. She said:

> "At this point, when we were in this situation, where we had to go for counselling, I had what I call a straw to grasp to (the ex-boyfriend). Up till then it was just Adam and me battling on together with the crisis, trying to survive, supporting each other and all of a sudden somebody was there saying, I'll help you, come to me, sort of thing."

She arranged to meet the ex-boyfriend, but turned back, and the impression gained was that he would have become the "helper" if counselling had not by then just commenced.

Mrs Ledger described how her husband had left her for another women and had been coming for counselling to help him sort out what he wanted. The wife (who was interviewed) was not at that point involved in counselling. During his counselling he had returned to his wife and then she reported:

"The counsellor went on holiday and I don't think that helped... the break in him coming didn't help, and it was at that point that he went back to this girl - I'm not saying he wouldn't have done anyway, he probably would, but the break didn't help it was just unfortunate."

Mrs Upham described how desperately she needed to talk:

"I was desperate and upset. I kept phoning and phoning (M.G.) and they couldn't get me in. I phoned for at least 5 weeks ..."

Later she told me:

"I started the second affair because I needed someone to turn to, a friend, someone to talk to at that time."

(this was just prior to coming to M.G. during the weeks she was phoning for an appointment.)

There were other examples where the third party faded from the scene once counselling had started and the counsellor became "a significant other". In one case it was evident that both partners were in competition for the attention of the counsellor. Mrs Ledger decided to come into counselling without telling her husband in order to see the wonderful person that her husband was always talking about and apparently, succeeded in taking the counsellor away from him! According to Mrs Ledger her husband:

"Stopped coming partly because he felt he couldn't lean any more and partly because he found out that she'd been seeing me, and he didn't like the fact that she hadn't told him - that spoilt the image." (of the counsellor in his eyes).

Obviously one can speculate in a variety of ways about the function of the counsellor in a couple relationship, but it really seemed as if in a number of cases, a third person was necessary at that particular

point in their marriage, (perhaps in the ways described by Guerin 1971 or Fader 1982 or Margo 1984) and if a counsellor was not available, somebody else would do.

Past Relationships In the 8 cases where the couples were already separated or divorced prior to coming to M.G., it was the persistence of their attachment to their partner and their confusion and ambivalence about this which consituted the problem, (see also Weiss 1975). In every instance there was a degree of hope that there would be some kind of reconciliation, but in only one instance did this happen.

In another 8 cases where either one or both partners had been married before, the current problems were frequently linked in some way to the former marital relationship - perhaps in the guise of problems presented by the children of that previous relationship. Mrs Ottley even found that the majority of her counselling was about the past, previously un-mourned marriage, although she had initially been triggered into coming to M.G. because of her current partner's infidelity. The impression gained was that many of these clients were haunted by the past "failure" and that it undermined their confidence in the current relationship. In four of these cases, the current relationship also broke up, and one man admitted that he was terrified of the possibility of a future third relationship going wrong.

Haskey (1982) states that the increasing rates of divorce over the last 15 years, has resulted in both the number of divorced people in a position to remarry and the number who do so. He also states that the rates of divorce amongst the remarried are proportionally higher than

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amongst the first time married, so contributing to the current divorce rate of 1 in 3 marriages being expected to end in divorce. It did seem that amongst the formerly married in this research sample, that issues from the past relationship contributed to the second marriage being more vulnerable and so possibly more likely to end. A fuller examination of this is contained in Burgoyne and Clarke (1985).

STAGE IN MARRIAGE

One of the surprising discoveries was that a number of people had apparently endured an unsatisfactory relationship for as long as, for example 20 plus years, a point also made by Wallerstein and Kelly (1979). However, one hypothesis for this may be linked to the theory of marital fit (Dicks 1967) described previously. Perhaps the initial attraction between partners was based on the unconscious need to repeat the unsatisfactoriness of previous relationships - perhaps the violence or the coldness - in an attempt to work things out differently this time. The length of time endured in an apparently unrewarding relationship being, perhaps, a measure of the persistence of hope that it will be different. Perhaps too, fighting and conflict served some emotional purpose, (a way of maintaining distance?) and was part of the collusive bond. Clients however, often gave more concrete reasons as to why they had stayed, for example, because the children were young and so on.

The difficulty about making links between problems in a marriage and the stages of marriage or life events, is that they are all likely to interact with each other. It is difficult to decide a sequence of events. Does somebody take an increased job commitment, move house, have another baby, because the marital relationship is unrewarding or

vice versa? Or do people remember significant life events and then attach blame to them - bearing in mind people's apparent need to make sense of what happened to them in some kind of rational, retrospective manner? (Berger 1963). There is, however, a view that there are certain normal developmental stages in a family life-cycle and corresponding stages in an individual's life-cycle which inevitably lead to the partners in a marriage needing to adapt or renegotiate their relationship (see Levinson et al 1978, Duvall, 1977).

Brannen and Collard (1982) have gone into the issue of the vulnerability of the marriage relationship in relation to life events in more depth. They have drawn on a theoretical framework developed by Brown and Harris (1978) and adapted Brown and Harris's "life events schedule" in order to try and identify critical events that occurred during the 18 months prior to their respondents seeking help for marital problems, including those which may have precipitated the respondents to approach a marital agency. One of their conclusions was that the majority of couples in their study, which had involved 28 marriages, had recently experienced at least one major critical event, problem or dissatisfaction likely to have depleted the emotional resources of the individuals concered, which in turn may have made coping with the marital problems more difficult. They cite health problems, loss (by death) of a parent, or employment problems as examples.

One of the clients in this current research, Mr Coxhead, revealed that when his marriage had deteriorated to the point when he decided to seek help, he had been married 3 years (the peak time for divorce) and it had always been a stormy relationship. They had just had their first

child, had recently moved to an expensive new house and he had problems with his job. In addition there were relationship problems with his wife's children from a former marriage. He could be considered "vulnerable" on Brannen and Collard's adapted life events schedule, although in fact he did not see any of these events as being directly linked to the stress in his marriage, or his inability to cope with it.

However, Bain (1978) argues that it is not just a summation of stressful events which triggers a breakdown or an inability to cope but the meaning of the events and the context within which they occur. For example, the magnitude of the role change that might be involved because of the event, and the size and relevance of both the formal and informal social networks available for support and containment during the critical time.

STATE OF MARRIAGE

It is fairly clear that people often use M.G. as a last resort, and the chances of them feeling helped or of getting the kind of help they want is less likely when this is the case. Most of the M.G. clients whom Brannen and Collard (1982) interviewed, also approached M.G. when their marriages were under serious threat or when separation and break-up had already taken place, and Brannen and Collard thus concluded that M.G. is used as "a service for marriages that are breaking up". Possibly the agency needs to consider ways of promoting an image that more accurately conveys what the service can offer and in this context to encourage the notion that it is also for couples with relatively "minor" difficulties in order to encourage them to seek help at an earlier stage. However, since denial or rationalization are commonly used defences against acknowledging difficulties or pain, this may be

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easier said than done. As Mr Hugo concluded:

"I don't see what service you can give or offer. If I'd known
6 to 12 months (that I had a problem) before I needed to go,
we would have got help. By the time I went the damage was
done. How do you get that idea (to seek help early) to
people when everything is supposedly OK, I just don't know".

TRIGGER EVENTS LEADING TO CONTACT WITH M.G.

The issue of why clients seek help at that particular time, is a
significant one for both the counsellor and the researcher. Although
it is evident from the data that a few clients (5) experienced events
seemingly out of the blue that "shocked" them into seeking help, the
majority (18) of those who identified trigger events (23) referred
either to an event that was the culmination of a number of distressing
events, and was thus seen as the "last straw". Burgoyne and Clarke
(1985) in their research on divorce and remarriage, also discovered
that many people were able to identify "key" incidents which
precipitated them into admitting to themselves and others that they had
problems and that their marriage might be at an end. Thus, reaching
this point in the history of a marriage is significant.

The actual act of picking up the telephone and making contact with a
helping agency marks this signficance and can be seen as not only the
first step in the therapeutic process, but as therapeutic in itself in
that it signifies that a person has acknowledged something he may
previously have minimised or denied - that there is a real difficulty,
that it is something he cannot manage any longer on his own, and that
he requires outside help. This latter realization can sometimes be
experienced as a source of shame and a weakness and possibly

contributes to why some people delay approaching a helping agency until it is almost too late. However, reaching for the telephone is a gesture indicating motivation.

French (1952) talks of motivation being defined as the "push" of discomfort and the "pull" of hope. Certainly both discomfort and hope played a part in provoking these clients into coming to M.G. at this particular time. People described vividly how their tension mounted in response to a deteriorating situation or an internal conflict and the words "I was feeling desperate" or "I just couldn't take any more", were used on many occasions to describe their state when they approach M.G., illustrating perhaps the push of discomfort. As we have already seen, several felt that either they or their marriage had got into such dire straits that coming to M.G. was seen as "the last resort" or "clutching at straws", perhaps indicating that they had come to the agency with some residual although possibly unrealistic hope. Both factors play a part in motivation, but some clients dwelt more on one aspect than the other. One way of discriminating between the "push of discomfort" and the "pull of hope" was by focussing on the ways people talked about the events leading up to their initial contact with the agency and their aims in approaching the agency. If they talked mainly about the situation they were in, how distressing it had been, were preoccupied with themselves and their "back home" dilemma, and had the aim of relieving the pressure in themselves, they could be characterized as being more motivated by discomfort than hope (the clients of 18 cases could be categorised in this manner). If however, they talked about the solution or advice that they hoped would be given to them, concentrating on their expectations and needs from the agency or someone outside themselves, so that they were more preoccupied with the relief that might be provided by others, they could be regarded as

being more motivated by hope than discomfort. (The clients of 24 cases came into this category). Of course these divisions are purely arbitary, but are useful later in attempting to discriminate how and why counselling ended and why some clients felt helped and others did not (see chapter 9).

An example of a client who seemed to come with hope that the agency would do something for him was Mr Coxhead. The trigger event for him was when he discovered that his wife was "going out with another bloke" and "announced she was putting in for a divorce". His aim in approaching M.G. was "clutching at straws" he knew his wife had been to M.G. some months earlier and he hoped that M.G. would be able to intervene for him with her in some way. Whereas for Mrs Riches, who described a deteriorating marital situation brought on by her post natal depression, the trigger for contacting M.G. was a particular row – one of a series of painful incidents which seemed to be escalating a rift between her and her husband. Her aim by coming to M.G. was to ease the tension and so to mend that rift. She felt that the solution lay in her own hands and in fact later talked of the value of them being able to work it out for themselves, in the counsellor's presence.

Obviously all clients who approach a helping agency do so with a modicum of hope and the significance of hope in relation to the casework relationship and the outcome of counselling has been well documented. Frank (1974) has noted that "unless the patient hopes the therapist can help him, he will not come into therapy in the first place, or if he does he will not stay long". So part of the counsellor's task initially is to "capture" or foster that hope as a way of mobilizing the client's motivation. It was clear however that

clients came with different degrees of hope. For example, Mrs Garland's aim in coming to M.G. was:

"Just to see what she (the counsellor) said really, I didn't really think there was much hope. Hope only maybe if my husband's attitude could change, but it didn't".

and later, when asked what was achieved through counselling, her reply was:

"Just confirming that there was no hope, thats all".

So, initial hope and as a result motivation, varied considerably and played a part in whether clients even persisted with counselling, as well as affecting their feelings of satisfaction or dissatisfaction with counselling. When the issue of how counselling ended is considered, it will become evident that, as with Mrs Garland, loss of hope was a factor mentioned by many (see chapter 9).

DEGREE OF DISTRESS AND WAITING FOR AN INTERVIEW

Just as there was variation in clients' levels of motivation and hopefulness, so did the levels of distress vary. Strupp (1978) has noted that:

"Prospective patients differ not only in the kinds of problems for which they seek help, but they show great variations in the degree of subjective distress they experience, the urgency with which they desire relief and the eagerness which they accept help once it is offered". (p.5)

It is evident that this was the case with M.G. clients, although the fact that the 87% rated themselves as being extremely or very

distressed perhaps provides a measure of just how intolerable the tension and unhappy feelings had become and an indication of why they had approached M.G. at that point, perhaps hoping for some relief from the distress. Indeed, in a previous study Strupp et al (1969) also noted that 69% of patients believed themselves to have been more than moderately disturbed at the beginning of treatment - suffering with intense anxiety and considerable internal pressure to do something about their problems. These findings have implications for the waiting time for an interview.

The length of time that people had to wait for their first interview and the effects of this are described in chapter 9 as they have links with the subsequent counselling process. Suffice to say here, that in this particular M.G.C. the time people had to wait for an interview between contacting M.G. and coming for an interview varied from between a few days to several weeks. However for many clients, no matter how short the wait or how satisfactory the counselling was subsequently, that wait was experienced as difficult. They did not necessarily expect a quick or instant response/solution to their problem, often recognizing that the problem was of long standing and that there was more to it than the latest row, but they wanted a quick response to their distress, which had become sufficiently intolerable for them to reach for the telephone. Or they needed a response to their acknowledgment that they had a problem and their decision that they now needed outside help. As one person said:

"Once you have made up your mind to go and talk, you are sort of ready to talk straight away".

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The foregoing raises important implications for M.G.Cs when considering how long people can and indeed do wait for an initial interview.

It is interesting to note that Strupp et al (1969), in attempting to identify the ingredients of successful psychotherapy from their research findings, consider motivation in terms of some of the factors discussed here as being present just prior to contact with M.G. Strupp et al report that the clients who were most highly motivated (1) had fewest cancelled appointments, (2) were under great internal pressure to do something about their problem at the beginning of therapy and (3) reported feeling more disturbed at the time of their first contact. They conclude:

> "... there seemed to be agreement that patients' own initiative, discomfort and determination are crucial to the success of the therapeutic undertaking" (p.116)

The whole issue of the triggers, or pressures that bring clients to a helping agency at a particular time, their degree of distress at that time and the effect of a wait before seeing a therapist merits further investigation. This might then lead to guidance on how best to harness clients motivation to ensure that a service is more effectively used as well as perphaps pointing to ways in which the time spent waiting could be more creatively managed.

CLIENTS HOPES FROM COUNSELLING

As has been indicated in the results, clients had specific aims or hopes of what they felt might happen as a result of counselling, as well as the more generalized hope that the agency would be helpful in some way. Some of these hopes might be regarded as realistic and others unrealistic depending on the situation. As Strupp (1978) notes:

> "Virtually everyone has retained from childhood the hope of magical solutions, a wish that becomes intensified when a person experiences anxiety or distress". (p 5)

So it is not surprising that many clients came with wishes or hopes that were unrealistic in relation to their situation, or even secret expectations of magical solutions. Perhaps what is surprising is that what might on the face of it seem a reasonable hope "to save the marriage" or get help with communicating with each other was achieved by so few who expressed this hope (see table 6:8 p 249). Being helped to communicate more constructively, or getting the kind of help that enabled the marriage to continue were outcomes achieved through counselling, but these were outcomes identified by clients who had not expressed them as initial hopes.

CLIENTS EXPECTATIONS OF THE AGENCY

It is evident from the results that the name "Marriage Guidance" carries quite specific connotations for some clients which then affects their expectations of the agency. It also becomes evident when we come to consider what happened in counselling and how consellors dealt with these initial expectations (see chapter 9) that initial expectations affected clients' perceptions of counselling as a process as well as

the eventual outcomes from counselling, their assessment of whether they had been helped or not, and whether they were satisfied or dissatisfied with the service. It is, therefore, worth examining their expectations in more depth.

<u>Marriage</u>. It could be hypothesized that wanting to be located within a framework of "normal" marital problems, is an attempt by clients to find some order in their confusion, to find some comfort or relief from their uncertainty, to get reassurance, perhaps to know that others had also endured and dealt with the same problem. Of the 4 people who thought their problem would be viewed from the perspective of a body of knowledge about marriage, 2 would have liked to know, for example, what the likelihood was of a spouse returning in a given situation. For example, Mrs Ogilvie whose husband had apparently left without any warning said:

> "I expected that they would give me some idea of how my problem fitted into the context of everybody elses. I knew they were concerned with problems in marriage, so I wanted to be told what scale of a problem mine was and whether I had assessed it properly and whether there were lots of things I hadn't thought about that I might be doing or thinking about ... I felt so helpless. I was sure that this probably happens all the time if only I chose to ask and that in the majority of cases the husband would come back, that the best way to treat it was do this or that, and I was expecting to get some kind of statistic to be able to put my problems into perspective. I realized I was in an emotional upheaval and couldn't see the light. Not sure whether I was making too little or too much of the whole thing".

Mr Hugo also wanted statistics, he:

> "wanted to put my set of circumstances and get answers like, 9 out 10 end in divorce, or 9 out 10 in reconcilation".

Timms and Blampied (1985) also discovered that clients were concerned

about "placing" their behaviour within a framework of normal marriage behaviour and comment:

> "Marriage counselling agencies are approached in part at least as public repositories of the accumulated experience of marriage and its difficulties" (p 5)

However in this present study, it was evident that the 4 clients who specifically expected Marriage Guidance to offer solutions based on ther accumulated experience of marriage, were dissappointed.

In addition to 7 clients specifically stating that M.G. was the agency for "saving" marriages, others implicitly equated M.G. with this function. Even people who were not hoping for their marriage to be "saved" associated the agency with that and were wary initially that they might be guided that way. However, on the whole it was the ones who <u>hoped</u> to have their marriage "saved" who had this expectation and were even angry to find otherwise. A comment by Mrs Carey, who believed that M.G. had been instrumental in her eventual divorce was:

> "It might be a wrong assumption on my part, but I assumed that if you set up Marriage Guidance, it must be basically to try and help couples stay together ...'

The interviewer replied: "well only together if thats what they want" her reply continued:

> "Well, I don't think either of us would have gone there unless we wanted to ... I can't see that anyone would go to Marriage Guidance if they didn't want to save their marriage ...

This is perhaps a clear example of how a client's hopes for herself,

coloured her assumptions. Mrs Rutland also "saw M.G. as the people who prop up your marriage and put it straight", although her assumption was modified later. She commented:

"I've since found out that they also help ones that have broken down but that isn't made so public".

Mr Lichfield whose second marriage had broken down and who felt he had "got nothing" from M.G., persisted in his quite specific view of what the agency's function was and he did not blame them for the fact that he "got nothing" out of counselling.

"No, nothing was achieved at all, but that was not the fault of M.G... the service itself is very good. Obviously it takes 2 people who want to get back together again before they can help (ie. he saw M.G. only as a marriage mending service). There is not much a counsellor can do unless there is both parties".

He would not accept that M.G. could help people to part in a less bitter way, nor did he think that M.G. was in the business of helping people with their feelings about breakup and divorce. He thought the Samaritans would be better at that.

"I definitely think M.G. is to help people to get back together again, its not their job to get people over a marriage that has broken down".

Brannen and Collard (1982) also refer to the tacit wide spread assumption by both counsellors and clients that M.G. is a "mending" services rather than an "ending" service and that this affected clients perceptions of what happened in counselling. They report on one of the cases in their study where this led to the assumption by the client

that counselling had been terminated abruptly by the counsellor <u>because</u> the marriage had broken up (p 197).

<u>Guidance</u> This is important to note that guidance was synonymous with advice for 17 people. For at least 6 of these, this belief persisted and their expectation and need for advice, which they did not get, caused difficulties in how they experienced the counselling process and resulted in them finding it unhelpful. Because the need for advice emerged as an important issue in counselling, it is addressed in more detail in chapter 9. Quotations here illustrate the clients initial expectations. Mr Keith, who although disappointed initially, continued with counselling said:

> "I had the basic misconception that guidance counselling was
> ... thought that somebody would hand me a solution on a
> plate, which they didn't. In the beginning I thought there
> would be a set kind of plan on how to solve our problems ..."

Mrs Lombard, a lady who ended up becoming a fairly long term client over a number of years and who appeared to have gained a great deal from counselling (which had <u>not</u> included advice) said somewhat defiantly:

> "Initially I was looking for straightforward advice ... and I
> still think that a lot of clients want straightforward advice
> ...!

Mr Keegan assumed the word "counsel" meant advice, linking it to "legal counsel". He persisted with marriage guidance counselling for 5 interviews, totally bewildered by what it was about and with a narrow view of what he required from counselling. He commented:

"I thought, what am I doing here, if I'm not getting advice?... The very word counselling implies that they are going to give you advice, you have counsellors in law ... it's a bloody puzzle to me as to what the hell ... just what function they serve ... it didn't seem from what we heard from the other rooms as if they were having a very high success rate. Have you any figures as to how many marriages you save?"

Keithley (1977) comments that the name Marriage Guidance is misleading. She says:

"The very name "Marriage Guidance" implies the giving of positive advice and as such it may not, convey very accurately the nature of the help many of today's counsellors are prepared to give".

However it is also possible that just as with the assumptions linked to the word marriage - that M.G. is a place for saving marriages - the expectation that guidance means getting positive advice, is as much bound up with the hope or with the wish for this.

An Independant Viewpoint The third group of clients who hoped for an arbitrator, mediator or conciliator, often implied in their phrases that there was conflict that required the intervention of a third person in order to see "fair play". Both Timms and Blampied (1985) and Brannen and Collard (1982) also discovered that the neutrality of the counsellors was important, either because they would be, as a result, emotionally detached from the situation, or because they could negotiate and form a bridge between the parties. In this present study, those clients who had the expectation that their counsellor would be an intermediary of some sort, were generally satisfied that he/she fulfilled this function.

The title Marriage Guidance, the public image of M.G., as well as

people's hopes, expectations and assumptions all contribute to confusion that need to be dealt with adequately by the counsellor, perhaps even before counselling can properly proceed. Mr London's view:

> "M.G. - it more or less speaks for itself, the name Marriage Guidance ... it's exactly what it says - to guide you through the bad parts of a marriage".

was a minority view but it no doubt contributed to the use he made of the counselling that was offered. He went on to say:

> "I knew in my own mind that it would work (the marriage) but we just needed guidance through the bad part which we were going through at the time".

and indeed this was it exactly what seemed to happen for this couple.

OTHER AGENCIES

The research clients image of M.G. and what they expected from the agency was also affected by their experience of other agencies, and their experience of seeking help in other contexts. Mayer and Timms (1970) have made the point that clients expectations from welfare agencies often stem from earlier experiences with other professionals, notably Doctors, where usually the procedure is to describe difficulties and then wait for a solution which comes either in the form of advice or a treatment prescription.

However, although some of the clients in this current research expected a similar form of help to that offered by other agencies, many were

looking for something different. Equally their response to the service offered by M.G. affected the kind of help they sought subsequently. Some of those who were dissatisfied with M.G. actively sought an alternative kind of intervention. Clients were usually able to identify the differences in the kind of help they received and make comparisons with M.G. counselling. For example, Mr Ferraby while appreciating the "M.G. approach" in the initial stages of counselling, (which he saw as being like a "sounding board") eventually moved on to consult a clinical psychologist for what he called "the positive approach". He found it helpful that the psychologist:

> "Asked a good many more questions, probed more deeply and offered a good many more solutions".

Informal Helpers   In relation to the informal helpers, clients were able to discriminate what was helpful and what was not and, as already stated, opinion was divided between those who felt friends and relatives were too close to the problem and as a result unhelpfully took sides, and those who appreciated the supportive and listening role offered by them. Indeed one person said she had come to M.G. because her friend - who had always listened and helped before - had died and left a gap. However there is clearly a risk in turning to friends and colleagues for help, as there were several instances where supportive friends or colleagues became "the third party". This strengthens a suggestion, made earlier that possibly the function of the counsellor is sometimes to become a legitimate third person, whilst not getting personally involved.

Mayer and Timms (1970), Brannen and Collard (1982) and Timms and Blampied (1985) write at some length on clients use of family networks

and friends and how this affects their use of professionals and much of what they found was reflected by clients' comments in this current survey.

Indeed Gourash (1978) in reviewing the literature on help-seeking, states:

"The social net-work plays a vital role in determining who seeks help and where they turn for assistance" (p 419)

It is possible that M.G. has not taken sufficient account of this factor when considering the avenues by which clients come to M.G., and how best to publicize the M.G. service. Timms and Blampied (1985) draw attention to the fact that in M.G.

"Counsellors on the whole express little curiosity about the paths clients have traced in order to arrive at their agencies" (p 17)

and go on to comment that counsellors focus on the counselling session as if it had no context.

Doctors - The pilot study in Leicestershire M.G.C. had revealed that the person clients most turned to for help, either overtly with marriage problems or covertly with stress symptoms associated with marriage problems, was the G.P., and the main study showed a similar finding. In fact, 26 people consulted their G.P. at some stage. The majority seemed to think that the Doctor was unhelpful with regard to their marriage problems. Either he prescribed drugs which they did not want or take, or he gave advice which they were unable to take or which they found unhelpful. For example, one client in the pilot study was

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reminded by her lady G.P. that she had a small baby and that she would not be able to manage on her own so that she should therefore make the best of it. There were also instances in the main study of the G.P. giving misinformed advice. Apparently one told a client she could not go to Marriage Guidance on her own, she needed to get her husband to accompany her. However, a number of clients went to the Doctor primarily for medication to help with their symptoms of distress and appreciated what was offered. This finding links with a survey by Chester (1971) of divorced wives. He discovered that approximately three- quarters visited their G.P. due to a deterioration in their health prior to and during separation.

The fact that the G.P. is the person most commonly consulted by people when they have marriage difficulties or with the stress symptons associated with these difficulties, perhaps underlines the usefulness of the current trend for M.G. counsellors to be attached to health centres or G.P.s' surgeries. Doctors who have initiated this attachment are likely to be more alert to the possibility of there being an underlying emotional or marital problem when people present with physical symptoms and it is easier to make a referral to the counsellor if necessary. A simple survey (N.M.G.C. 1983) investigating the kind of work M.G. counsellors were doing in Doctors' surgeries, showed that many of the Doctors were good at detecting a marital problem presented under the guise of a medical problem and referring on to the counsellor. One of the counsellors who replied to this survey noted that she believed that few of the clients she saw in this way would have sought help from M.G. themselves if they had not been referred by the Doctor.

Keithley (1982) found that clients mentioned the advantage of the link between the G.P. and the counsellor, commenting that the G.P. was often the first person to see those with marital or other emotional and relationship problems. Several of her clients mentioned the link between physical and emotional symptoms and problems. Later Keithley also argues that many of the clients who had been referred to the M.G. counsellor attached to the G.P. setting would not otherwise have approached the M.G. service.

This present study is concerned with clients who attended the M.G. centre and thus did not include casework done by counsellors attached to heath centre or G.P's. surgery.

Of the 26 people in this present research who consulted their G.P. in only 3 cases did the Doctor help with a referral to another "expert" and in no case was this M.G. In one case the G.P. appeared to take the couple on himself for marital counselling, which the wife appreciated, although the husband was uncomfortable as he had gone to see the G.P. about his wife's <u>health.</u>

<u>Compartmentalization</u> This latter finding raises the issue of compartmentalization. Clients often categorized in their own minds what help was appropriate from where and just as this man thought that the G.P.'s concern should be health (and sickness), others discriminated between the helping agencies in a similar way, by classifying their problem, with M.G. most often being seen as the agency "specializing in marriage". For example, for some, the Samaritans were associated only with desperation and emergency. Mr Barnes said that the Samaritans was not considered as suitable for their problem as it was for emergencies only and Mrs Lombard discarded

the Samaritans initially because her problem was not desperate enough, although she used it later when she was feeling more desperate. Mrs Rutland was quite specific in her compartmentalization. She said:

> "M.G. is one of the places to go for help with marriage - like Gingerbread has always been the place for one parent families. There are 2 things if you are struggling, you go to M.G. or Gingerbread, depending on what your problems are and if it's that bad, you go to the Samaritans ... I associated M.G. with marriage problems, Sams is for any problems".

She also went to her G.P. for medical reasons and saw social workers with regard to problems with her children and access arrangements. Mrs Rutland also made the point that different agencies are "time related" as well as problem related. She had turned to different people during the process of her marriage breakdown as different problems came up at different stages in the process. She had seen M.G. as being needed at the point prior to breakdown when help was needed to " prop the marriage up" or to "put it straight".

Psychologists The 3 people who went to see a clinical psychologist identified the approach as being much more positive and directive than that of M.G. This was experienced as more helpful to one, who had found the M.G. approach to be too passive. It was however viewed ambivalently by another who appeared to have very mixed feelings about taking action anyway and it was experienced as counter-therapeutic for the third. She felt she had benefited a great deal from her counselling with M.G. and only consulted a clinical psychologist because her counsellor had advocated it. She quickly dropped out of treatment with the clinical psychologist.

<u>Clergy</u> The person who featured most as an alternative counsellor to M.G. was the local Priest or Vicar, mentioned by 10 people. Again, satisfaction with his approach varied from the cynical "all he suggested I do was pray" to a real appreciation of the support offered. However, Mrs Wilson, who did appreciate the support of her local Vicar, made a point which may in fact be valid for others:

> "I had just moved up here and the Doctor didn't know (about her marriage problems) and also I felt I wanted to keep it separate. I wanted to feel it would come to an end and that I would be able to close a door on that part of my life ... but with the Doctor and the Vicar you are meeting them all the time and they know all you have said".

This links in with comments made by at least 3 other clients about wanting to keep secret the fact that they are having marital difficulties and valuing M.G. as a "safe place" that was apart from their normal life.

<u>Legal Help</u> The 9 people who consulted a solicitor and the 5 who used the C.A.B. had mainly used them for legal and practical advice.

<u>Probation Service</u> It was a surprise to learn that the Probation Service was not mentioned except by one man who said he had decided <u>against</u> going to Probation, because of his knowledge of it from a relative. In the past, the Probation Service has been considered to be an alternative agency to M.G. with expertise in marital problems. This lack of use of Probation as a marital agency, is no doubt a reflection of how the service is now viewed by both the public and the Probation Service themselves. The Probation Service's involvement in marriage is now more concerned with statutory divorce court and welfare work in relation to marital conflict and with conciliation and less with

marital casework and reconciliation.

Alternatives to Counselling It is interesting to note the other somewhat unusual alternatives to M.G. that clients used. Mr Keegan had written to Marjorie Proops (agony columnist in the Daily Mirror) about his problem and was well-satisfied with her directive approach. Mrs Ledger mentioned how helpful her hairdresser had been when she had broken down and cried about her marital problems while he was tending her hair. He had listened sympathetically and she felt she had used him as a "sounding board". Mrs Riches had received help from an endocrinologist with regard to a possible hormone imbalance and this had apparently helped her mood swings - so making her easier to live with and thereby improving the marriage relationship. Mrs Warner had sought help from an osteopath/acupuncturist whom she saw as a perfectly reasonable alternative to M.G. He had apparently helped her to feel less tense and her more relaxed approach was helping the marriage relationship.

Multiple Use of Helpers One of the surprising discoveries was perhaps that 10 clients had tried a whole host of people and helping agencies within a very short space of time and 5 at least gave the impression that their plight had caused them to rush blindly from person to person, hoping to find someone or something that could alleviate their "suffering" or intervene to prevent further escalation of a stressful situation. It was also surprising to discover that such a wide range of agencies (22) had been used by this relatively small sample of clients. Moreover, from the interviews with the counsellors, it was evident that they were totally unaware of the extent to which others had been involved, and the variety of helpers that had been approached prior to M.G. - further evidence to support Timms and Blampied's

(1985) contention that counsellors are uncurious about clients' help seeking activities prior to their arrival at M.G.

PAYMENT

The issue of payment for M.G. counselling has links with clients expectations of M.G., their assumptions of where it fits in the Welfare State and their experiences of other agencies. Until about 8 - 10 years ago M.G. counselling was usually offered free of charge, although there was often a donation box somewhere in evidence in the counselling room. This policy was in line with the status of M.G. as a charity and the counsellors being volunteers. However, as a result of increasing economic pressures, most M.G.Cs have now become dependent upon client contributions to help supplement the often meagre grants from Local Authorities. However, N.M.G.C. has never had a very clear policy on client contributions, although as a charity it has felt bound to see all clients irrespective of whether they can pay or not. It was interesting therefore to get the clients views on contributions and to see where these fitted in with their satisfaction or otherwise with the service.

It was clear that although the clients in 23 cases made contributions and the majority (19) were quite happy to do so, the amount to give was a source of difficulty and they would have preferred more specific guidelines on payment. Mrs Wilson"s comment illustrates the confusion felt by many others:

"I asked, "How much do people give?" and she said, "Whatever you feel", which is awkward because you don't want to look as if you are being mean when someone has given an hour of their time, but then if you can't afford much ... I would have

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liked to know the minimum at least ... the phrase, " people pay according to their means" is too vague for me. When I did give something to her, there was no reaction. I worried - is this too little? So I remember coming out more worried about the amount I had given than ...'

Mrs Crispin also found the guideline given unhelpful. She said:

"The counsellor said, "Would you like to give a donation because we don't ask for a fee?" "I said, "Well how much do I give?" she was a bit embarassed and said, "Well some people put in anything from 50p to £5". I was fumbling in my purse. Well I couldn't afford £5. How much did she expect me to give?"

The embarassment seemed connected with the notion that a donation might

be linked to worth. Mrs Conway said:

"I was embarrassed that I felt I was paying the counsellor what I thought she was worth ... which I wasn't actually, it was the amount I could afford each week".

and Mrs Riches said:

"We just didn't know how much to give ... if I had a £5 note, we would give £5, but we never knew whether that was over-paying or not paying enough. It would have been helpful to have had, for example, some guidance like - 10 sessions will be between so much and so much".

Mrs Ottley who had had counselling in America said:

"I would have preferred a set fee. The Family Services (an American organsiation) had a sliding scale according to income and that made a lot of sense to me".

There was a lot of confusion about M.G.'s position within the Welfare

State and many were unaware that it was a voluntary organisation. Not

surprisingly, if clients' previous experiences of receiving help had been through the services provided by the N.H.S. or the Social Services, there was often an assumption that M.G. was financed in a similar way.

In fact there are few parallel experiences that clients have to help them over this issue of payment. The clients who were most at ease were the ones who had come to M.G. before. Mrs Lombard, who had had intermittent contact with M.G. over a number of years, remembered the changing M.G. policy over payment and graphically described her dilemma. When she first came there was a donation box in the room but each time she offered to pay, the counsellor apparently queried it and the client worried about "buying favours". She thought it eased things for her when she realized that M.G. was moving towards asking for contributions. She said:

> "I felt happier to pay, but I wanted it clear whether I should pay or not. If the counsellor had said there is no need to pay ever, that would have eased my mind as well. I just didn't like this not knowing what was expected of me."

She then went on to describe the dilemma of dealing with the actual sum of money and this was commented on by others:

> "It's difficult with a box there. What do you do? Slip it in when nobody is looking? At the same time, you want it appreciated that you have done it, or some people do. Do you give it to the counsellor to put in, or let it be seen you have put it in, or do you put it in an envelope? I've done all these things. A brown envelope so they can count it later when you've gone out. Do you send it at Christmas anonymously, or with your name? ... in fact for me ideally, if I were coming again, I would prefer to pay the receptionist in the office an agreed sum".

The problems relating to contributions became clearer when they were discussed with the counsellors because they reflected the difficulties and confusion of the clients. The counsellors were much less forthcoming over payment, some even tended to dismiss it as something that happened routinely and therefore they could not really remember the details of payment with the researched client. Several said that they got the question of payment out of the way as quickly as possible as it was an embarassing topic for them, and others admitted it was such a difficulty for them that they sometimes avoided raising it. It also emerged that the M.G.C. had a mixed policy with regard to asking for contributions at that time, as one outpost was receiving urban aid and so it had been agreed that clients attending there should not be asked to contribute to the service. It was not surprising then that the counsellors mixed feelings over asking for contributions got passed on to the clients.

There is more to be considered in relation to the issue of payment than simply the amount and how it is paid. As several clients mentioned, giving something in return for the service or help received, may make the relationship between the counsellor and the client seem more equal. Indeed several of the research clients said that they had agreed to be interviewed for the research in order to repay for the help they had received, and clearly enjoyed being in the reversed role of "helper". Mayer and Timms (1970) also refer to the fact that clients are sometimes anxious to "repay" the worker for all he had done and feel happier if there is some kind of reciprocity in the relationship. However, one of the M.G. clients in the Brannen and Collard study (1982) alluded to payment somehow "tarnishing" the relationship. Presumably the act of paying for something somehow devaluing the "gift", although Brannen and Collard saw it as tarnishing the

relationship in terms of equality and informality. In this present study Mrs Conway also touched on the intrusion of payment into a situation that was somehow beyond such mundane matters and the jarring effect for her. She said:

"What it was, was the fact that the coldness of money came into a very emotional interview I suppose ..."

The study by Maluccio (1979) was conducted with clients where it was the custom for clients to pay for the service, and he makes a number of points about the symbolism of the fee that also needs to be considered here. For example, paying a fee signifies the clients active participation in the problem solving process and contributes to their sense of competence and self-worth. It also symbolizes the sacrifice that should be made as a condition for getting help. In this present study it was evident in several cases that opportunities were missed by counsellors for taking up the issue of payment with clients in this symbolic way, in order perhaps to confront their motivation, or even as in the case of the Gleesons, the way they related to each other over money issues, or by discussing how "valuable" their marriage was to them.

III. SUMMARY AND CONCLUSIONS

The focus of this chapter has been on the various characterics of the clients and background information on them generally prior to their contact with M.G. Thus it has been concerned with an examination of their demographic data, their marital problems and marital situation and the events leading up to them seeking help, their hopes prior to counselling and expectations from the agency as well as data on the other helping agencies they had used, and their attitudes towards paying for the service.

There appears to be no real correlation between demographic data (length of marriage, age group, social class) and outcomes from counselling, or client satisfaction with counselling. Nor was there any evidence to suggest that clients' satisfaction with counselling, or help from counselling was related to any particular type of marital problems or associated with them being in a particular stage in their marriage, although it did seem that critical life events, for example the birth of a child, could precipitate or exacerbate problems. It did seem however, that clients who sought help 'at the onset of their marital troubles - before they had got to the stage of separation, or consulting a solicitor, - were more likely to rate they had benefited from counselling.

The significant findings in this chapter relate to clients' expectations (assumptions, anticipations, preferences) of the agency and the part these played in determining how satisfied they were with the service, and whether they ended up feeling helped or not. Indeed the part expectations played in whether counselling ever really got started. Clients attached meanings to the name Marriage Guidance, and

had assumptions about the service which were seemingly influenced by their hopes. These included the expectation that the agency would work to "save" their marriage, and that they would receive some expert advice. Later, in chapter 9, it is shown that unless these expectations were modified, or enlarged by experience or explanations, clients ended up puzzled, and dissatisfied with the counselling offered.

Another important discovery was the significance of pre-therapy influences - the events and feelings and the client's context generally prior to coming to M.G. The build up of tension, the degree of distress, the events that precipitated the contact with M.G., as well as the people or agencies from whom help had been sought were described and provide a back-cloth to the experience of the first interview (which is examined in chapter 9).

It is possible that these factors have been too neglected by the counsellor. But they need to be taken more account of because events and feelings which precede the counselling experience can crucially affect what happens subsequently, and also play a part in clients' motivation.

CHAPTER 7: COUNSELLORS

I. RESULTS

INTRODUCTION

Although data was gathered from the counsellors, both on themselves (where they were in counsellor training etc) and on their experience of counselling the research clients, this has not been used systematically. This study is concerned primarily with the clients' view of the service, so the information from the counsellors has been used only occasionally for cross referencing or to supplement the clients' views where it might add meaning or clarify the clients' perspectives. The following evaluation of the counsellors therefore is from the clients' point of view.

The question was asked "What was your counsellor like?" and depending on the fullness of the response, subsidiary questions might then be asked about age, likes and dislikes etc.

RESULTS IN RELATION TO COUNSELLORS' DEMOGRAPHIC DATA

Table 4:12 (chapter 4 p 164) gives some data on the 26 counsellors who saw the 42 cases.

Age Approximately half the clients (26) felt relatively content with the age of their counsellor, said that it had not made any difference to the counselling. Most (15) of these perceived their counsellor to have been older than they were, some (7) thought their counsellor was

the same age and (4) thought their counsellor was younger. However 6 clients had young counsellors and that had not been satisfactory for them. For example, Mrs Lilly said:

"I didn't feel she had maturity to help - to understand."

One women in her twenties had an older counsellor whom she perceived as being in a different generation and that was a handicap and unsatisfactory for her and one client was dissatisfied with the counsellor being a similar age to herself. Seventeen clients made no real comment on the age of their counsellor.

Clients usually preferred their counsellor to be older than them and it was suggested both explicitly and implicitly that age equalled wisdom and life experience. Five made reference explicitly to this and 7 (including Mrs Lilly) mentioned that they would not have liked a younger counsellor. For example, Mrs Crispin said:

"I was frightened of getting someone in their twenties ... (they) would have been too young ... I feel somebody mature is needed - young people haven't lived, don't know about life. If it had been someone in their twenties, I couldn't have spoken to them."

However 3 wondered if older counsellors would be old fashioned in their outlook. Perhaps Mr Ferraby's comments sum up what many of the clients implied:

"He (the counsellor) was about the same age and that was helpful. I have a belief that people within the same generation, within the same 10 years of each other, do have similar points to progress through and do share common experiences. I would be quite happy to go and speak to an older person but I would be unhappy about speaking to a much younger person. I wouldn't want to go to speak to anyone less than 35 (he was 41). I would probably have been even

more happy if I were perfectly honest, if I were to go and see an older man, because this would approximate to my father image. I also believe that an older person has more wisdom and life experience."

Gender Table 4:12 (p 164) shows that the research cases were seen by 6 male counsellors and 20 female.

The counsellor's gender did not seem to matter particularly to the majority of clients (38). However 7 did indicate that the sex of their counsellor was wrong either for them or for their spouse (and none of these clients rated they had been helped by counselling). The reasons for this were often linked with assumptions or beliefs about the sexes. Seven clients (5 women and 2 men) said they would have preferred to see a male counsellor. In fact only 1 had done so. And 10 clients (7 women and 3 men) said they preferred to talk to a female counsellor. All bar 1 had done so. Six people made no comment on the sex of their counsellor. Interestingly no client had particularly asked to see a male or a female counsellor when they made their initial contact with M.G.

There was little difference in the perceived helpfulness of male and female counsellors. For example, a comparison of the gender of the counsellors between the clients who felt helped by counselling and the ones who did not feel helped, showed that male counsellors were involved in 4 of the cases who were helped and male counsellors were involved with 3 of those cases who were not helped.

Social Class Although the social class of the clients was examined to see if this made a difference to whether they benefited or not from counselling (see table 6:3 p 239), no attempt was made to compare

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social class of the counsellors with the clients to systematically examine the differences and the effects on outcome. However, from the interviews it emerged that the social class of the counsellor was seen as a disadvantage by the client in 2 instances and they considered that this contributed to them not understanding each other. For example, Mrs Gleeson said:

"I know that everybody has their own level of problems, but to me she seemed to be comfortably off, she never worked during her own marriage ... she could still find faults with her marriage ... but I didn't feel she'd been through a lot to understand ... it seemed as if she led a very sheltered life ... (it emerged that the counsellor had shared with the client the fact that she had had differences with her husband over life assurance policies and the client went on to comment) ... that was not a proper financial problem. I thought our problems were very big and hers were very little ... I just thought she was wrapped up in cotton wool, she'd have 2 holidays a year ... how could she possibly understand how I felt."

THE TRAINING AND EXPERIENCE OF THE COUNSELLOR

As table 4:12 (p 164) shows, more than half the counsellors (14) were at some stage in the basic counsellor training when they saw these clients, whereas just under half (12) were fully trained. Table 7:1 shows the distribution of trained and in-training counsellors between the clients who rated they had benefited from counselling and those who had not. It can be seen that the clients who rated themselves as being helped were seen by 7 fully trained counsellors, 5 counsellors who were mid-way in training and 3 who had just started. By comparison the clients who said they did not benefit from counselling had been seen by 8 fully trained counsellors, 6 in mid-training and 2 who had just started counselling.

TABLE 7:1

TABLE SHOWING DISTRIBUTION OF TRAINED AND IN-TRAINING
COUNSELLORS IN RELATION TO CLIENTS RATINGS OF BENEFIT FROM
COUNSELLING N = 26 Counsellors
N = 51 Clients/42 cases

Counsellors' Training Category	CLIENTS' RATINGS			
	Helped (20 clients)	Neutral (2 clients)	Not helped (22 clients)	Not recorded (7 clients)
Fully Trained (12 counsellors 3 M 9 F)	7 counsellors (2 M 5 F) involved in 8 cases	1 counsellor (1 F) involved in 1 case	8 counsellors (2 M 6 F) involved in 12 cases	6 counsellors (1 M 5 F) involved in 5 cases
Mid training (10 counsellors 2 M 8 F)	5 counsellors (1 M 4 F) involved in 5 cases	1 counsellor (1 F) involved in 1 case	6 counsellors (1 M 5 F) involved in 7 cases	1 counsellor (1 F) involved in 1 case
Just started (4 counsellors 1 M 3 F)	3 counsellors (1 M 2 F) involved in 4 cases		2 counsellors (2 F) involved in 2 cases	1 counsellor (1 F) involved in 1 case
NOTE	The number of counsellors exceeds 26 because some counsellors were rated as having helped by some clients and of having not helped by others. The number of cases exceeds 42 because in 3 cases the clients were seen by 2 counsellors. In 2 cases (1 with 1 counsellor. 1 with 2 counsellors) the partners were divided in how they rated the benefit from counselling.			

THE CHARACTERISTICS OF THE COUNSELLOR

Clients were often quite perceptive in their observations on their counsellor and quite able to identify the characteristics in the counsellor that they found either helpful and enabling, or off-putting, and they were able to discriminate. For example, they could appreciate

the counsellor's genuine concern and sympathy for them, although they could still feel misunderstood and perhaps as a result rate the outcome of counselling negatively. In fact many (12 out of 22) of the dissatisfied and not-helped clients were able to say something positive about their counsellors and in no instance did a client say he disliked his counsellor (although 3 of the counsellors said that they disliked their client!).

The question "What was your counsellor like?" usually prompted a description but occasionally the subsidiary question "What words would you use to describe him/her?" was used. Many of the words used to describe the characteristics of a counsellor could have negative or positive connotations. For example, the word "nice" was used by 12 clients. The clients who felt they had been helped used it in a complimentary way and said things like "she was really very nice" or "he couldn't have been nicer" and they usually went on to add words like he/she was "helpful", "understanding", "concerned" etc. However the clients who felt they had not benefited from counselling used the word "nice" pejoratively and had a "but" after "she was nice" like "but she was too nice", or "too good to be true", or "she was nice but didn't guide me, she wasn't responsive" etc.

The detachment or otherwise of the counsellor was also viewed from different perspectives. Three clients, both helped and un-helped, were critical of their counsellors for being too uninvolved, too detached, or for disclosing too little of themselves and they felt frustrated or disappointed as a result. By contrast 2 felt that the counsellor's lack of involvement - meaning lack of personal sharing - was helpful, necessary and appropriate. However, 3 clients appreciated the

counsellor "giving a bit of herself" and for one man, his counsellor's self-disclosure - that he too had gone through the same experience - was experienced as reassuring and helpful.

Being a good listener was also experienced differently. Three of the helped clients saying it appreciatively, whereas an un-helped client said:

"She was a sympathetic listener - but we needed more".

The main criticisms of counsellors by the 22 un-helped clients were associated with 2 characteristics - being too objective and being too weak. For example, 2 people thought that they were regarded as cases rather than people. Mrs Carey thought that she and her husband were being:

"Looked at theoretically, rather than as human beings".

and Mr Lichfield felt his counsellor:

"Played at being a psychiatrist, getting information about how I ticked with a view of increasing knowledge of other clients".

Both of these clients felt misperceived and misunderstood. At least 7 of the un-helped clients used comments like "she needed to be stronger", "she could have been more forceful", "she wasn't definite enough", "too wishy-washy" and they often felt disappointed and frustrated by this.

However, the words used to describe the characteristics that were appreciated by the helped clients were more varied and included for example, words like understanding, pleasant, kind, warm, sensitive, sympathetic, genuinely interested etc. Table 7:2 lists the words used to describe counsellors.

TABLE 7:2

TABLE SHOWING THE WORDS USED TO DESCRIBE THE COUNSELLORS ACCORDING TO CLIENTS RATINGS OF BENEFIT FROM COUNSELLING

HELPED	NEUTRAL AND NOT RECORDED	NOT HELPED
Nice (6)	Nice (2)	Nice (4)
Understanding (4)	Understanding (2)	Understanding (1)
Sympathetic (1)	Sympathetic (2)	Sympathetic (3)
A good listener (3)	A listener (1)	A listener (but needed more) (2)
Helpful (1)	Helpful (1)	Helpful (1)
Concerned (1)	Concerned/she cared (3)	
Genuinely interested	Interested	
Kind (2)	Kind (1)	
Calm/relaxed (2)	Relaxed	
Considerate		Considerate
Gentle		Gentle
Pleasant (3)		
Quiet		
Not pushy		
Persistent		
Intelligent		
Warm		
Sensitive		
Gave of herself/ not detached		
Frank/honest/truthful		
Had authority		
Wise		
Experienced		
Likeable		
Sensible		
Well mannered		
Mature/well balanced	Fabulous/fantastic	
	Excellent	
	Alright	
	Tolerant	
		(Able to talk to her
		(Super to talk to
		Reassuring

TABLE 7:2 continued

HELPED	NEUTRAL AND NOT RECORDED	NOT HELPED
(Too uninvolved/ (detached (rarely let out (thoughts and feelings Not positive enough		Uninvolved Not positive enough Needed to be stronger Needed to be more forceful Didn't guide Not definite enough Too wishy-washy Needed someone firmer Should have taken charge Didn't intervene Applied theory to situations Played at being a psychiatrist Dogmatic Analysing Mechanical? Aggressive Casual Not sensitive Not responsive Off-putting Something missing
	On edge - uptight Immature	

Rating Scales on Counsellor Characteristics   From the rating scales
that the clients completed on counsellor characteristics, it emerged
that counsellors were rated highly for being keenly attentive and
genuinely interested and also for being able to communicate well, but
the statement which got the lowest score was about feeling understood
(empathy). (See table 7:3)

TABLE 7:3

TABLE SHOWING HOW THE CLIENTS RATED SOME OF THE CHARACTERISTICS
OF THE COUNSELLORS N = 51 (see note 2)

The counsellor used words I could not understand (see note 1)

NOT AT ALL	41	7	2	0	1	0	0	VERY OFTEN
	+ 98%			0%		− 2%		

The counsellor was keenly attentive to what I had to say

KEENLY ATTENTIVE	31	8	2	5	2	1	2	NOT AT ALL ATTENTIVE
	+ 80%			10%		− 10%		

I felt the counsellor was genuinely interested in helping me

TO A GREAT EXTENT	29	10	1	1	4	1	4	NOT AT ALL
	+ 80%			2%		− 18%		

I felt I was "just another client"

NOT AT ALL	27	10	3	3	2	2	4	TO A GREAT EXTENT
	+ 78%			6%		− 16%		

I felt fully accepted by my counsellor

FULLY ACCEPTED TO A GREAT EXTENT	22	9	6	6	3	2	3	NOT AT ALL ACCEPTED
	+ 72%			12%		− 16%		

The counsellor was distant and uninvolved

NOT AT ALL	23	7	4	6	4	3	3	DISTANT TO A GREAT EXTENT
	+ 68%			12%		− 20%		

The counsellor responded to me with a great deal of warmth

TO A GREAT EXTENT	17	8	5	14	1	2	3	NOT AT ALL WARM
	+ 60%			NEITHER WARM NOR COOL 28%		− 12%		

I felt the counsellor understood my feelings

UNDERSTOOD TO A GREAT EXTENT	13	12	5	10	4	1	5	DID NOT UNDERSTAND AT ALL
	+ 60%			SOMETIMES UNDERSTOOD SOMETIMES DID NOT 20%		− 20%		

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1. Statements arranged in order of positive rating
    (Statements offered to clients in a different sequence
    and order)

2. 46 clients completed the rating scales, but 5 of them
    rated 2 different counsellors hence N = 51.
    However 1 client only partially completed the scales.

FAVOURITISM

The analysis of the replies to a subsidiary question on whether the
counsellor treated partners differently, showed that the majority (20)
of the clients who replied to this inquiry - both helped and un-helped
- felt that their counsellors had been "unbiassed", "neutral", or
"impartial", that they had not taken sides or laid blame at one
partner's feet and that they had, in fact, given both partners space to
speak. For example, Mr Riches commented:

> "I might have had a feeling before I went that he (the
> counsellor) having seen my wife before ... that they would be
> 2 to 1, but that wasn't the case. He didn't take sides, he
> was for us both".

Six of the un-helped clients agreed that the counsellor had not taken
sides. For example, the Gleesons, who were fairly critical about every
other aspect of counselling said:

> "She was very very fair with us both".

However 2 of the helped clients and 5 of the un-helped clients felt
there had been a bias. The 2 helped clients thought that the
counsellor had sided with them and the 5 un-helped clients felt the
counsellor had been biassed in their partner's favour. Mrs Rutland in
particular felt the counsellor had sided with the absent partner and

had therefore misunderstood Mrs Rutland's point of view:

"I felt she sided with my partner. She was trying to back
him. I felt that something was amiss... can't put a finger
on ... I just felt that it wasn't right somehow, she was
listening to me, but hearing it from my husbands point of
view and therefore not totally understanding what I was
trying to get across".

II.   DISCUSSION

DEMOGRAPHIC DATA

<u>Age</u>   The observations made by clients on the age of their counsellors and the fact that most preferred their counsellor to be older than them, highlights the difficulties counsellors who are young, or who look young have to face in the initial stages of counselling. They probably have to work harder to become credible and trustworthy, however talented or experienced they are. Rees and Wallace (1982) also allude to youthfulness being a handicap for social workers and again note the implication clients make of equating age with experience.

<u>Gender</u>   Clients' satisfaction or dissatisfaction with the sex of their counsellor and their preferences for a particular gender were bound up with their assumptions about the characteristics of each sex. However, these assumptions were quite complex. There was , for example, a common assumption that men can better understand men and women can best understand women. However there are 2 sides to that particular argument. Either that the same sex counsellor can see through the facade or alternatively can sympathize and understand more.   For example, Mrs Montrose felt that her female counsellor had been taken in by her charming husband (and sided with him as a result) She thought that a male counsellor:

> "Would have looked at the man (her husband) a little deeper and probably understood how a man behaves. A man knows a man in a way that a women can assess another women and he may have been able to see through a facade as opposed to seeing this kindly charming fellow."

Mr Parsons saw having a male counsellor as a disadvantage and he wanted a female counsellor:

"A man can understand a man, but a women is needed to understand a woman's point of view."

He had hoped that a women would have helped him understand his wife more and he also felt that his wife would have been more prepared to come to see a woman.

Both sexes were endowed with stereotyped gender differences. For example, Mr Ferraby who had a male counsellor said he needed a:

"Mother figure to say "there there" ... and a father figure to say "come on pull yourself together"."

He felt that his counsellor "effectively de-sexed himself" (presumably meaning he either combined both approaches or did neither). There was an assumption by the clients of both sexes that women might be more "understanding".

Parloff et al (1978) review some of the research on the effect of the sex of the therapist in individual therapy but find it difficult to make any simple summary statement about this. For example, in relation to sex-matching, they say "there is very little evidence to support any conclusions of the effect of same sex versus opposite sex pairs on outcome" (p 264) and indicate, as one would suspect, that there are many other variables like the experience of the therapist and their attitudes and values that may be of more primary importance. However, when considering marital therapy, Beck and Jones (1973) found that male counsellors found it easier to get husbands involved with counselling

and also easier to keep husbands in treatment, and thus also produced better outcomes in terms of the changes husbands were able to make. They also found that female clients terminated earlier with male counsellors than with female counsellors. It would be hard to relate this with any degree of accuracy to the M.G. counsellors in this research. There are several other factors that cannot be ignored like training and experience, and practical considerations about the time of day each counsellor works. Five of the 6 male counsellors counselled in the evening, so were much more likely to be able to attract husbands into counselling for this practical reason.

Social Class   Although Parloff et al(1978) review some of the studies on the effect of the social class of the therapist on treatment, they comment "there has been very little research conducted on the influence of the social class background of therapists", or for that matter "on other therapist characteristics, attitudes, and biases that might be related to the social class treatment differences". (p.259). However, it is evident from the comments made by Mayer and Timms (1970) that in their study, the different attitudes and assumptions that clients and counsellors had towards the helping process, which mainly originated from class differences, often resulted in confusion and puzzlement and an unrecognized mis-match in the mode of problem solving. This latter difficulty is equally so in this research, although not necessarily because of class differences. This will be explored more fully in chapter 8. However the difficulty that emerged with the 2 cases in this research where the counsellors were perceived as being from a different class, was not so much that they imposed a different kind of problem solving process, but that they were deemed by the clients not to be able to empathize with the clients attitudes, feelings, difficulties,

as the quote from Mrs Gleeson (p 304) illustrates. A new British research project (Yardley 1985) designed to investigate the social and cultural factors that influence the way therapists work and the values that are implicit in their theoretical and personal stance, their ethical system and priorities in living, should contribute to the elucidation of the effects of the class and culture of the therapist on the process and outcome of therapy.

THE TRAINING AND EXPERIENCE OF THE COUNSELLOR

Marriage Guidance is certainly not unusual in allowing clients to be seen by counsellors while they are in training and indeed this is fairly accepted practice in psychotherapy, although the frequency of supervision may be higher. There have been only a limited number of studies to investigate the effects of the therapists experience on the outcome of marital therapy. However Gurman and Kniskern's review of relevant marital family therapy studies (1978a) conclude that despite the limited data, "more positive outcomes do seem to accrue to experienced than to inexperienced therapists." (p 865) and they indicate that inexperienced therapists also appear to have a higher rate of 1 session drop-outs. However there is also a view seemingly unsubstantiated, that trainees often do better as they can be more committed and enthusiastic and also because they receive regular often intensive supervision.

There is a greater volume of research on the effects of therapist experience in individual therapy - although it might be argued that therapy with couples requires different skills to working with individuals, so there is no equivalence. However even here research

findings are somewhat inconclusive. For example, Meltzoff and Kornreich (1970), in a critical review of psychotherapy research studies, conclude that they could not state (from the review of studies on therapist experience), that differences in "success" were due to experience alone. However they go on to say:

> "The preponderant weight of evidence is that experience does seem to make a difference. In no instance did the inexperienced do better, in a minority of studies experience did not differentiate, in most studies it tended to promote more favourable results... a lower drop-out rate appears to be a consistent result of experience." (p.272-3)

Whereas Parloff et al (1978) in a later critical research review on therapist variables in psychotherapy state that:

> "The most important statement we have to make in summing up our impressions on the literature on the therapists level of experience for outcome is this:- the body of data available is not sound enough to permit us to draw any firm conclusions." (p.240)

One of the difficulties they encounted being in the different definitions used of therapist experience.

In the present research it is evident that there are no clear patterns between clients' ratings and their assessment of the benefit derived from counselling and the counsellors' training and experience. It had been an impression when transcribing the tapes and analysing the verbal data, that the 4 most disastrous experiences of counselling (from the clients' point of view) had been with 2 new counsellors and 2 fully trained and very experienced counsellors; and the 4 most successful cases (from the clients' point of view) had been with 2 counsellors mid-way through training and 2 fully trained counsellors. Comparing all the cases in a systematic way with counsellors length of experience

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confirmed these impressions. There appeared to be very little difference between the "success" rates of fully trained counsellors and counsellors-in-training. Often the same fully trained counsellor or the same counsellor-in-training were rated as having helped by one client and not helped by another.

Three of the cases had each been dealt with by 2 counsellors, although in only 2 cases had the counsellors been at different stages of training. Mr and Mrs Birch were reasonably satisfied with both of their counsellors, but felt that the first, (who was fully trained), had been more relaxed and less pushy. They had both felt hurried by the second (who was a beginner) and less understood as a result. However, Mrs Cave, who was also satisfied with counselling and who felt she had been greatly helped by both her counsellors, marginally preferred her first counsellor, (who was mid-way in training), as opposed to the second (who was fully trained) because:

"To be quite honest I was probably more comfortable talking to the first one than the second, mainly because he was the first one and I'd been going to him longer."

A tentative conclusion from the findings on the counsellors so far is that age, gender, social class and experience and training are all factors that are worth examining in the complex task of analysing the clients' experiences of counselling and their satisfaction with counselling, but that other characteristics in the counsellors, like their personalities, their attitudes and the way they related to the clients, probably out-weigh these demographic and training considerations.

THE PERSONAL CHARACTERISTICS OF THE COUNSELLOR

The characteristics of a therapist which might affect outcome in individual therapy have received a great deal of attention over the years and there is now a volume by Gurman and Razin (1977) entirely devoted to research on this subject. However, less attention has been paid to the therapist variables in marital work, although there is no reason to believe that marital therapists need radically different characteristics from individual therapists. This body of research includes numerous studies carried out to test the theory originally formulated by Rogers (1957) that certain facilitative conditions are needed in a therapeutic encounter to promote a good therapeutic outcome, and that these are dependent on the attitudinal characteristics of the therapist as perceived by the client. It is generally accepted now that Rogers' "core" conditions of non-possessive warmth, empathy, and genuineness are desirable in a counsellor for most client populations. However, Truax and Carkhuff (1967) have stated that they are necessary but are not <u>sufficient</u> conditions for client improvement, whilst Orlinsky and Howard (1978), concluding a review of studies on warmth and empathy, contend that:

> "If they do not in themselves guarantee a good outcome, their presence probably adds significantly to the mix of beneficial therapeutic ingredients and almost surely does no harm."

It was interesting, therefore, to know whether clients felt their counsellors related in a warm, empathic manner and how far these attributes contributed to the clients feeling helped. Whether their presence was sufficient for change to occur, or whether something more was required.

Unfortunately clients tend not to use words like "the counsellor was empathic", or "showed me unconditional positive regard"!, so one is left with assessing words that were used to describe the counsellor and the context in which they were said. On the whole the clients who felt helped by counselling (20) experienced their counsellors as being warmer, more likeable and more involved with them and as a result they felt more relaxed, more understood and more accepted. Whereas, the unhelped clients (22) usually felt uncomfortable with their counsellor in some way, that he/she was distant or unresponsive and as a result they felt misunderstood and that there was no rapport between them. Nevertheless, the rating scales on counsellor characteristics, show that the majority of clients (80%) rated their counsellors as being keenly attentive and genuinely interested in helping. Seventy-two percent felt fully accepted by the counsellor and 60% felt that the counsellor responded warmly towards them. Sixty percent too felt reasonably understood (see table 7:3 p 310).

It is possible to tentatively conclude from this that M.G. counsellors certainly have some of the core characteristics that contribute to a good counselling relationship being established, but that for some of the clients this did not include the counsellor being sufficiently empathic to understand what things were really like for them. It also seems clear that being warm and sympathetic, and a good listener, is not in itself enough to promote change in many instances. (5 clients who rated that they had not been helped, referred to their counsellors as sympathetic and a good listener). The biggest criticisms were that the counsellor was not sufficiently active or positive, that he or she did not intervene enough, or give direction in a way the client hoped for. This will be discussed in more detail later in chapter 9.

So far this analysis of how the counsellors were seen by the clients has not taken into account the transference element in the counselling relationship and the tendency in certain cases for the clients to endow the counsellor with attributes, both idealized and denigrated. Later it will be necessary to examine how both the clients' transference feelings and the counsellors' counter-transference responses may have hindered the counselling process and the establishment of a working alliance   (see chapter 8). However the following describes how the counsellors were perceived.

There were 4 examples of clients implicitly indicating their wish for their counsellors to act as substitute parents. For example, Mrs Upham wanted her counsellor to keep her to "guidelines" (set moral standards) and Mr Ferraby said he wanted both a "mother figure" and "father figure", to give both sympathy and a "robust paternal perspective". There were 2 examples of the counsellor being endowed with "parental" qualities. For example, Mrs Ledger's husband had referred to his counsellor as a "Female Messiah" and his wife had come into counselling to see what this great person was like. Mrs Lombard saw her counsellor as having wisdom:

> "I felt she had this tremendous store of knowledge, not just the secret of a happy marriage, a tremendous store of knowledge about people and the way things worked that I didn't have and I wanted to learn from her."

Other clients (3) also saw the counsellors in idealistic terms and endowed them with being mature, well-balanced and of having happy marriages.

In 5 - 6 instances where the relationship was rated as good by the clients and the clients felt helped, a certain amount identification seemed to take place between the clients and their counsellors and they were regarded either as similar, or someone who might have been a friend in a different context. For example, Mrs Ferraby said:

"In other circumstances we would have invited him to dinner, he would have been acceptable as a friend."

This way of seeing the counsellor links in with some findings of Timms and Blampied (1985). They found that the most commonly used word given by clients to describe the good relationship with their counsellor was "friendship" (p 53). As a result they entitled their first report "Formal Friendship" (1980) from a phrase used by one of their research clients to describe the relationship he had with his counsellor.

In this present research the counsellor as a friend seemed to imply that he/she was less formal (meaning less distant) than other professional workers. Indeed Mrs Riches said, when trying to discriminate between various counselling experiences:

"The counsellor was a friend, whereas the psychologist was just a therapist.'

implying that the counsellor was warmer and more involved with them.

However , in 3 instances where the client did not feel helped, the counsellors were deemed to be unhelpfully identified with the clients or the problem. Thus they were assessed as being unhelpful because they were going through similar difficulties. For example, Mr Keegan

wondered if his counsellor was menopausal like his wife, Mrs Carey wondered if her counsellor had just gone through a divorce, because he was so bitter.

There were 4 other instances amongst the unhelped clients of perceiving the counsellor in a transferential way - for example, "as a nun", "as a headmaster", "as a psychiatrist", "like a school function organiser" (a do-gooder?) - which then acted as a barrier to establishing a therapeutic relationship.

FAVORITISM

It has been argued that triangular relationships are often difficult to manage. Not only does this kind of grouping sometimes stir up competitive feelings - which may well have originated in early triadic family relationships, where 2 members may have been competing for the attention of a third - but it also has the potential for one sex to feel overwhelmed, or to feel that two members of the opposite sex are aligned against him or her. In addition, it is inescapable that one person has to remain silent while the other 2 interact. Thus, it seemed important to know if clients felt their counsellors had been uneven in their treatment or had shown some kind of favouritism or bias.

Although Brown and Manela (1977) mention in passing that the literature on conjoint interviews points to the hazard of the counsellor siding with 1 spouse - and indeed in their own study, which was on clients satisfaction with marital and divorce counselling, they referred to this happening on occasions - there seems to have been surprisingly little research focussed specifically on this particular aspect of

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marital counselling. Neither Beck (1975) nor Gurman and Kniskern (1978a) in their reviews of research on marital therapy make reference to it.

The results of this present study indicate a surprising lack of bias in the way counsellors related to each partner in the cases, as the clients perceived it. They appear to have worked in a fairly even handed fashion. Only 5 clients felt the counsellor had been biassed towards their partner - and this contributed to their feelings of being misunderstood - when in fact in 24 of the research cases both partners had been involved in counselling. (However it needs to be remembered that the partner in 15 of these cases was not interviewed for the research and may have had a different perspective on this!). It is, nevertheless, an interesting finding that even 6 dissatisfied clients felt that their counsellor had been fair with both partners.

III. SUMMARY AND CONCLUSIONS

This chapter has focussed on the various attributes and characteristics the counsellor brought to the counselling encounter, as they were perceived by the clients.

In relation to the demographic variables, it seems that, on the whole, clients prefer their counsellor to be older than them, believing that age equals life experience and wisdom, but they did not appear to mind about the counsellors gender. There was no difference in the perceived helpfulness of male and female counsellors although female counsellors were endowed with being capable of more understanding. The social class of the counsellor presented difficulties for 2 clients.

There was no pattern between the clients' ratings of whether they had benefited from counselling or not and counsellors' training and experience. As many fully-trained counsellors (7) and those in training (8) were involved with the helped clients, as with the unhelped clients (8 trained, 8 in-training).

Clients were asked both to describe their counsellors and also rate some of their characteristics. The words used to describe counsellors indicated that clients who felt helped saw their counsellors as "warm", "genuinely interested" and "understanding" whereas unhelped clients were more likely to say their counsellors were too weak or passive ("needed to be more forceful", "too wishy washy", "should have taken charge"). Some descriptions like "nice", "a good listener", "detached", had negative or positive connotations according to whether the client felt helped or not.

Counsellors were rated highly for being keenly attentive, genuinely interested and for being able to communicate well by both helped and unhelped clients, but the characteristic that received the lowest score was their ability to understand (empathize).

However they were seen on the whole as being relatively unbiassed and therefore fair in their treatment of each partner in a couple.

The significant points from this chapter are:-

1. Better outcomes are not necessarily achieved by counsellors who are fully trained and experienced.

2. Nor are they always achieved by counsellors who display the characteristics of warmth and acceptance, genuine interest and keen attention - which are roughly analogous to some of the "core" characteristics identified by Rogers (1957).

It was evident that other factors have to be taken into account, and in particular whether the clients felt understood by the counsellor. However:-

3. Counsellors appear to be somewhat deficient to their capacity to empathize (according to the clients).

It will be seen in chapter 8 that this inability to respond empathically frequently led to clients feeling misunderstood. As a result a good enough relationship was not established and they rated they had not benefited from counselling.

CHAPTER 8: THE COUNSELLING RELATIONSHIP

I. RESULTS

INTRODUCTION

It became very evident when analysing the comments that clients made about the counsellors and about the whole counselling process, that the most significant factor in determining whether counselling was effective or not, whether the clients felt helped or not, whether counselling in fact even got off the ground, was the kind of relationship that was established between the counsellor and the clients. How the counsellor and the client felt they had got on together, the degree of rapport, understanding, trust, respect and warmth they had for each other were the important determining factors. Of the 20 clients who rated that they had been helped by counselling and who were as a result predominantly satisfied with counselling, 17 said that they felt they had got on well with their counsellor. By contrast, the majority of the clients who rated that they had not been helped by counselling (15 out of 22), felt that a good relationship had not been established. See table 8:1

TABLE 8:1

TABLE SHOWING HOW CLIENTS REGARDED THEIR RELATIONSHIP WITH
THEIR COUNSELLOR DIVIDED ACCORDING TO THEIR RATING OF BENEFIT
FROM COUNSELLING. N = 51 clients

Clients' Assessments	Clients ratings of benefit from counselling			
	Helped	Not Helped	Neutral & not known	TOTAL
Felt they had an understanding with their counsellor	17	3	6	26
Felt mis-understood	1	15	2	18
No real comment	2	4	1	7
TOTALS	20	22	9	51

As a cross-check a comparison was made of the "helped" and the "not
helped" cases as rated by the researcher (which had been done on the
basis of what had said in the interview). Again in all of the helped
cases (20), with the possible exception of 1 - whose reply was somewhat
ambiguous - the clients said they had a good relationship with their
counsellor. Whereas, only 3 of the 22 unhelped cases indicated their
relationship with the counsellor had been satisfactory. See table 8:2

<u>TABLE 8:2</u>

<u>TABLE SHOWING THE CORRELATION BETWEEN THE RESEARCHER'S
ASSESSMENT OF THE HELP RECEIVED AND THE CLIENTS' COMMENTS
ON THEIR RELATIONSHIP WITH THE COUNSELLOR</u> N = 42 cases

Clients' assessments	Researcher's evaluation of help received		
	Helped	Not helped	TOTAL
Felt there was an understanding between selves and counsellor	19	3	22
Felt there was no understanding	1	19	20
TOTALS	20	22	42 CASES

<u>ESTABLISHING AN UNDERSTANDING</u>

The question was asked "How did you and your counsellor get on together?" and there was a subsidiary question "Do you think he/she understood your difficulties?" Clients who were positive about counselling said things like "there was an understanding between us", "we got on very well together". For example, Mrs Wilson, who had had 2 counsellors and who had not felt at all helped by the first, said of the second:

"I felt I had a good relationship with the second counsellor because I felt he genuinely cared ... I suppose I felt that he felt that as well ... I felt at the end of a session with him that he felt pleased with how it had gone as well ... I felt accepted by him ... I hit it off straight away with him."

Mr and Mrs Riches both believed that their counsellor's capacity to be empathic had contributed to the depth of their relationship with him. Mr Riches said:

"Yes, I think he did understand what it was like for me. He went through quite a lot of our problems. You are supposed to stay detached, but I don't think he was entirely detached, he wasn't weeping or upset, but he gave me the impression that he wasn't detached from our problems. When we were agonizing as it were, he was sharing, which was comforting."

His wife said quite independently:

"He really understood very deeply, almost as if he'd had that sort of experience himself.'

By constrast, the clients who were negative about counselling frequently felt they had not been understood or accepted, or they mentioned they had not established a rapport with the counsellor. For example, Mrs Philby said:

"I felt no rapport at all with the counsellor, so the sessions were intellectual ... I can't honestly remember any positive feelings. I didn't feel warm towards her at any stage and no I don't think she did feel warmly towards me... I sensed her irritation, it was off putting for me. She said at one stage that she had a bit of a problem sorting out the different facets."

In 9 cases reasons were offered for the relationship not going well. For example, one working class client felt the counsellor could not understand her because the counsellor was from a different class background, and so not able to relate to her particular difficulties. Another felt that her counsellor was from the wrong generation. Two clients felt they had not been understood because they had misrepresented themselves initially. For example, Mr Renwick said:

"I got off to a bad start (with the counsellor) ... whatever else I am what I am and she accused me of editing words before I say them ... and only say what I want my wife to hear ... it gave me the impression that she thought I wasn't telling the truth."

He went on to say that he did not feel she understood his difficulties, she was biassed in his wife's favour and he had not felt very accepted.

Interestingly, both clients and counsellors used similar imagery when they referred to "not being on the same wavelength". So from the clients comments it seemed that establishing an understanding between them, which involved the counsellor being empathic (understanding things from the clients point of view) was the key to having a good counselling relationship. This process is perhaps a more active one than many counsellors appreciate, because it involves careful checking out of the nature of the problem and an active response to indicate understanding. For example, Mrs Montrose said:

"It was too one-sided, people need feed-back from the person they are speaking to, even if it is criticism. I got no feed-back, so I felt as if I were talking to a wall most of the time ...and I wondered at the end whether I had told her too much or told her too little, or whether she was able to assess me because I was terribly unhappy. I just wasn't aware that she was feeling anything for me as a person.'

Another important part of the counselling relationship was the degree of agreement, either explicit or implicit, the counsellor and the client shared about the nature of the problem and what they were aiming to do about it in their work together. There was often a complete mis-match on this, although unintentional, which then resulted in the clients feeling misunderstood. As the tapes were transcribed, it was

possible to compare counsellors' and clients' versions of the counselling process and thus assess just how much they "connected". In at least 10 cases it seemed as if they were on 2 parallel tracks throughout counselling, although each with the best intentions, just missing each other in their understanding of each other and in their perceptions of what they were working on. It is difficult to give specific examples of how clients and counsellors misunderstood each other because the misunderstanding and the mis-perception seemed to run through the whole of the research interviews. However this small example perhaps illustrates this lack of connection.

Part of this client's version of the kinds of things that were talked about during counselling was:

> ..."I tried to sever the relationship with this other chap while I was going to M.G. and I did, which made me feel terrible. I said, well it's just pointless carrying on this way, because he said he definitely would not leave his wife - he won't talk a lot - so it's obviously me thats carrying on the relationship in my fantasy life. But 3 weeks after I had stopped going to M.G. I said, Yes I'd see him again. I thought, well, she's never going to be able to help me (the counsellor) because I still need him so much ... I think she knew my aim was to break and not feel so miserable, but she didn't guide me in any way. She didn't say a lot at all, she'd just say a few sentences perhaps more towards the end of the hour. The more I went, the more guilty I felt because I was going and he (the husband) thought the problem was solved by severing the relationship with the other man ... the more I kept going to M.G., the more it meant that things were not right at home ... the more I realized I was uncovering things."

The counsellor's version is similar in content, but it is slanted differently with regard to the feelings involved, perhaps indicating that the counsellor had not entirely understood just how things were for the client. The counsellor said:

"It seemed as though she'd decided to ask the other man questions and she'd got answers she didn't want to hear. She realized that with this unsatisfactory affair, there was no point in hanging on because he wasn't prepared to leave his wife and kids for her. In one way she was glad to know – something definite – but she was getting depressed about it, was finding it difficult to cope ... her husband also knew (about the affair) and he was getting depressed as well, so she was finding it difficult now he knew."

From this it appears that the client felt sadness and pain over giving up the other man to whom she was very attached and despair over whether counsellor could help her to emotionally break with him. Whereas the counsellor thought she felt sad/angry because the other man had let her down and so there was no point in pursuing it. The client also felt guilty because her husband thought the problems were solved but she was realizing more and more how unsatisfactory their relationship was. Whereas the counsellor thought she was glad things were settled, but thought that both the client and her husband were depressed about the affair. In fact the counsellor said they had achieved a rapport, but the client said they had not!. The client rated she had not benefited at all from counselling.

II. DISCUSSION

INTRODUCTION

A great deal of research has focussed on either therapist variables or client variables in the therapeutic relationship and has attributed. various beneficial or non-beneficial outcomes to these factors. (see Garfield, 1978,pp 191-232, Gurman and Razin, 1977, Parloff et al 1978, pp 233-282). In the 2 preceeding chapters, the outcomes of this research have been considered in relation to factors associated with the clients, and in relation to the data and characteristics of the counsellors. Undoubtedly the perceived presence or absence of, for example, Rogers' core conditions of warmth, genuiness etc. in the counsellor will affect the therapeutic process. So too will the client's degree of motivation or mental stability. Both will influence whether a relationship can be productively established. However, in this study, it was the degree to which counsellors and clients could collaborate in working together which seemed to be the overall significant factor in whether counselling was successful or not. However warm the counsellor was or however motivated the client, the crucial factor was whether they connected and somehow agreed to collaborate together to work. The important factor then was, whether the "therapeutic alliance" was established or not.

It is generally agreed as a result of research findings, that it is the quality of the relationship that is established between the counsellor and the client which affects the eventual outcome, whatever the kind of treatment offered. Orlinsky and Howard's (1978) very thorough review of the research on all aspects of the processes of psychotherapy and

their relation to outcome, conclude that:

"Psychotherapy that is effective is distinguished most consistently by the positive quality of the bond that develops between the participants", (p 317).

Although these findings relate to individual therapy, Gurman and Kniskern's (1978a) review of marital and family research comes up with similar conclusions. However, they emphasize the therapist's responsibility for creating a good relationship. They also point out the fact that when deterioration occurs in marital and family therapy:

"It appears that the therapist variables, and the patient - therapist interaction, accounts for negative effects far more than patient factors alone." (p 884)

Strupp (1978) also implies that the responsibility for creating a good therapeutic relationship rests with the therapist. He states:

"The professional therapist's stance of acceptance, respect, understanding, helpfulness and warmth, coupled with deliberate efforts not to criticize, pass judgement, or react emotionally to provocations, creates a framework and an atmosphere un-matched by any other human relationship ... How to create such a relationship and turn it to a maximal therapeutic advantage is the challenge facing the modern pyschotherapist" (p 7).'

Meltzoff and Kornreich (1970), however, are less emphatic about the therapist's responsibility and consider that the establishment of the therapeutic relationship is a two-way process, with both the therapist-offered conditions (characteristics or traits), and the patient's attitude and behaviour, affecting the relationship and the subsequent outcome.

In addition to the findings of researchers, many other writers on the art of psychotherapy have argued that the kind of relationship the counsellor makes with the client is the major therapeutic force in successful counselling and there are factors in that relationship which have more power to heal than any skill or technique. (e.g.Frank, 1973, Halmos, 1965, Rogers, 1957). Indeed Rogers' original specific hypothesis was that the core conditions of genuiness, unconditional positive regard and empathy in the therapist, as preceived by the clients, promoted the kind of therapeutic relationship that effected change, and by implication he dismissed any notion that the techniques of various therapies were important except as a means of achieving one or another of these facilitative conditions. (See Parloff et al, 1978 p 244). This hypothesis has been extensively tested but as noted earlier, (chapter 7) some reviewers of the research have stated that these conditions, whilst promoting a good therapeutic relationship do not necessarily guarantee a good outcome for counselling.

Frank (1973) has also argued that there are non-specific factors in all therapeutic approaches which are related to the human qualities of the therapist. These then affect the kind of relationship that is established between the counsellor and the client. He lists the primary non-specific factors as understanding, respect, interest, encouragement, acceptance and forgiveness - most of which can be allied to Rogers' core conditions. Research supports the fact that clients appreciate these non-specific factors in the counselling relationship more than the therapeutic approach or technique used by the therapist, (see e.g. Llewelyn and Hume, 1979, Strupp et al, 1969, Feifel and Eells, 1963), although frequently therapists continue to give greater importance to technical skills and techniques. (eg. Feifel and Eells, 1963). For example in the study by Strupp et al (1969) - which has

similarities with this research in that the patients were asked to assess their psychotherapy - "successful" patients emphasized the fact that their therapists were attentive, warm, respectful and above all "human".

THE THERAPEUTIC ALLIANCE

There is, however, more to the therapeutic alliance than a good positive relationship between counsellor and client, created in part by the non-specific human qualities brought to the relationship by the therapist, although this is a major factor. Conversely, the therapeutic alliance remains only part of the total relationship.

Although the concept of the therapeutic alliance is quite an old one, it is not so widely discussed. Strupp (1978) comments that Freud himself recognized, as he developed the techniques of psycho-analytic therapy:

> "that the patient must become an active partner who
> collaborates with the therapist in his cure. Freud
> distinguished between the patient's "observing" and
> "experiencing" ego, postulating that the former represents
> the reasonable and rational part of the patient's personality
> which forms an alliance and identifies with the therapist's
> efforts at analysing the irrational, or transferential
> aspects of the patients personality - the principle task in
> analytic therapy." (p.14).

Dryden (1982) summarizes some of the more recent thinking on the therapeutic alliance. He makes a similar distinction between the working or therapeutic alliance - the rational conscious aspect of client/counsellor relationship - and the transference or irrational unconscious aspect of the relationship. The therapeutic alliance is then defined as the degree of understanding and agreement between the

counsellor and the client in three areas:

1. The goals of counselling (goals)
2. The means of achieving those goals (tasks)
3. The quality of the relationship between the client and counsellor (bonds)

Problems in forming this working alliance can occur in each of these areas and it would seem that when misunderstanding and mis-match occurred in any one of these three areas in the research cases, that clients then felt dissatisfied and that they had not been helped by counselling.

Goals It will already be evident that clients hopes and expectations of the agency contributed to misunderstandings about the goals of counselling and if the counsellor was unable to work with these expectations and negotiate a realistic or achievable aim for counselling, the result was often disappointment with the service. As Parloff et al (1978,) note when discussing the congruence between the therapist and patient expectations from therapy:

> "Widely discrepant expectations ... may make the establishment of a truely therapeutic alliance painfully difficult" (p 53).

and this was the case with some of the research clients.

Tasks It will become evident later in chapter 9 that there was also considerable discrepancy for some clients on the means of achieving their aims. There was criticism on the helpfulness of "just talking" and the absence of advice, a plan or a solution, and this also led to

disillusionment or disappointment with the counsellor, or the counselling process. Again, as with the misunderstandings over the goals of counselling, part of the misunderstanding about the method of achieving those goals was due to the fact that the counsellor and the client did not discuss the counselling process and what it entailed. Each had his or her assumptions and tacitly assumed that the other shared them.

In the discussion on disatisfied clients in the study by Mayer and Timms (1970, p.75), they conclude from the clients' comments about the workers' failure to act, that the clients were almost totally unaware that the workers approach to problem solving was fundamentally different to their own. The clients tacitly assumed that the workers shared their approach. Moreover, it was Mayer and Timms' impression that the social workers were <u>unaware</u> that the clients entered the treatment situation with a different mode of problem solving from their own. As a result, each accounted for the other's conduct from their own frame of reference. Mayer and Timms allude to the "Kafkaesque" quality of the worker - client interaction which occurred as a result. This exactly describes the relationship in the 10 cases in this present study where clients and counsellors, with the best of intentions, failed to connect and thus appeared to be following parallel tracks. This then prevented the working alliance from ever being properly established.

Thus, dissatisfied and unhelped clients experienced misunderstandings both over the goals of counselling and the means of achieving those goals. Most often the client wanted advice but the counsellor was aiming to promote insight. The client wanted suggestions and specific

action but the counselling method was to stay with exploring the problem areas. (See chapter 9). However, practically all clients, both satisfied and dissatisfied, and counsellors, found it hard to be specific about the kinds of goals or aims that had been agreed in counselling and only one client actually remembered the counsellor explaining her method of working, either in the initial interview or once counselling had got underway. Where counselling was successful it seems that the aims of both the counsellor and the client coincided in some way and the tacit method of achieving those aims was acceptable to the client.

Some of these misunderstandings about the nature of counselling could have been minimized if some kind of properly negotiated contract had been made in the early phase of counselling. None of the research clients remember a specific agreement or contract being made in the initial interview, although occasionally (in 4 or 5 cases) later in the counselling, more specific agreements were made - usually concerning the aim of the work and the number of sessions. Maluccio (1979) draws attention to the need for a contract in counselling, and also suggests that it is possible to redefine problems and goals as counselling progresses within the framework of a contract, which helps to reduce mis-match between counsellors' and clients' objectives and expectations from counselling The issue of contract making will be examined in greater depth in chapter 9.

Bonds: - Clients' Transference Feelings It could be hypothesized however, that in a number of cases it may have been the very early manifestation of transference feelings towards the counsellor that prevented the therapeutic alliance ever being established. Evidence for this is based on the fact that at least 4 clients used words to

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describe their counsellor and the counsellor's attitude that were
similar to how they described their spouse and other people in their
lives and perhaps referred to the counsellor having this characteristic
right from the outset. But an even more powerful reminder of how early
transference feelings can get in the way, happened with the interviewer
in one of the research interviews. Mr Thomas reacted quite agressively
to the first question which was, "How did you come to know about
Marriage Guidance?", as if he experienced it as a belittling question.
His reply was:

> "Who nowdays hasn't heard of M.G.? ... I am aware, I'm not
> locked up in an attic all the time. I am aware of what's
> going on you know."

It emerged that he also felt that his wife was continually criticizing
and denigrating him and that he had felt "put down" by the counsellor
and as a result had not established enough rapport for him to return.
He felt misunderstood but knew that the tension in him had inhibited or
affected how he had presented himself. He believed the counsellor
thought he was a "male chauvinist pig", and had sided with his wife.

Other instances of this kind of early reaction to the counsellor are
described in chapter 9 in the section on one - interview cases, (Vol. II
pp 14-18) as it usually contributed to the clients not returning for
further interviews.

Temperley (1979) refers to the belief that transference can occur
immediately and that:

> "With very traumatized people, such as form the bulk of many
> social work case loads, that transference is likely to be

largely negative or else defensively idealized."
and since M.G. clients come from all walks of life, it is likely that a proportion will come into this category. Thus, there may be difficulties right at the outset in establishing a good enough relationship or bond for work to proceed.

Bonds: - Counsellors' Counter-transference Feelings Alongside this we need to consider the counsellor's counter-transference reaction and how this may have affected the relationship and subsequent counselling. Three of the counsellors said honestly that they did not like their clients very much and since Shapiro (1974) concluded:

> "There is a relationship between the way in which therapists feel towards their patients and the decision by patients of whether to stay in treatment or drop out" (p 105).

it can be hypothesized that their feelings contributed to the failure of a good-enough bonding.

Research has shown there is a tendency for counsellors/therapists/social workers to be more attracted to working with the YAVIS type of client (young, attractive,verbal, intelligent and successful) who are seen as being potentially rewarding and that they are less enthusiastic about non-YAVIS or HOUND type of client (homely, old, unsuccessful, non-verbal and dull) (Schofield 1964). In fact, some research suggests non-YAVIS type patients get rejected often on the grounds that they lack the "proper" attitude or have the wrong motives for psychotherapy (Gurman and Razin, 1977), and M.G. counsellors probably rationalize their lack of enthusiasm for some clients sometimes by saying they are "uncounsellable". Indeed Keithley (1982) discovered that the main reason M.G. counsellors gave for

counselling not being helpful, as being due to the characteristics of the clients that they were not "counselling material" (p 253). M.G. takes "all comers" and it thus seems inevitable that some clients are going to seem a more attractive proposition for marital counselling than others. The majority of counsellors are unpaid and it is possible their reward is mainly to be found in the actual work with clients. They are, therefore, likely to be attracted to the clients who have the potential to blossom and grow as a result of their efforts. Rees and Wallace (1982) consider the whole issue of preferred and non-preferred clients in relation to a number of research studies and make the point that the sense of achievement and competence of workers is related to clients' responses. They go on to suggest that the onus is often on the client to prove himself a good candidate for the role of client and this will be dependent on the model of "help" held by the worker. Maluccio (1979) also notes:

> "the preferred client evokes a sense of competence and fulfillment in the worker, while the non-preferred client provokes feelings of self-doubt, inadequacy and frustration." (p 182)

In the following example from this research, it is quite possible that either the client failed to "prove" herself, in the way indicated by Rees and Wallace, and was thus labelled "un-counsellable", or she provoked feelings of inadequacy and frustration in the counsellor, as described by Maluccio. In fact this client's reaction to the counsellor seems to exemplify how early negative transference feelings on the part of a client can prevent engagement with the counsellor. She was a one-interview case and there is discussion in chapter 9 on the possibility that these early negative feelings prevented her from returning. However it is possible that the counsellor's feelings and

counter-transference reaction had a part to play also. The client said:

> "I was under the impression she was trying to analyse why my marriage had broken down. I felt she was working ahead of me ... I felt she was trying to assess me. I didn't get the impression she liked me much and I don't know why. I didn't feel to be getting on with her at all and I was worried about it as I was talking ... I felt when she was a bit aggressive with me, perhaps she has seen something in me that she doesn't like and was impatient because she could see it and I can't ... I was ultra-self-conscious ..."

Her counsellor said:

> "... I ended up feeling I was not surprised that her husband wanted to get away. She talked fast and continuously and I felt bombarded by words. I felt sorry that she was so unaware of the effect she had on other people".

It seemed the counsellor had been quickly affected by the client's manner and had responded adversely before she had realized what was happening, and had thus not been able to use how she was feeling in a constructive or helpful way. As a result, the relationship had not been good enough for a working alliance to be formed.

So it is possible to speculate that amongst the factors that contributed to the failure of bonding between the client and the counsellor were adverse transference and counter-transference reactions and that this in turn prevented the therapeutic alliance from ever being established. It is interesting to note that Strupp et al (1969) discovered:

> "difficulties in the therapeutic relationship, which could be loosely labelled transference and counter-transference problems were apparent in fully three-quarters of the failure cases..." (p 111)

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which led them to conclude:

> "...inadequate handling of transference and counter-transferance problems appeared to be prominent in most therapeutic failures." (p 113).

Whilst it is not possible to be quite so precise as Strupp et al with the clients in this research, it is the researcher's assessment that the above might also be true for probably 16 out of the 22 cases she rated as being unhelped by counselling.

III: SUMMARY AND CONCLUSIONS

This chapter has been concerned with the "ingredients" of the counselling relationship and the factors that played a part in whether a good enough "therapeutic alliance" was established or not, between counsellor and clients.

The most significant factor in the formation of a good enough relationship was the degree to which clients felt accepted and understood by their counsellor and thus felt there was a rapport between them. When this failed to occur, either counselling did not get under way (clients dropped out after one session) or clients finished counselling feeling dissatisfied and unhelped. In 19 of the 27 unhelped cases, clients felt their counsellor lacked understanding either of them and their feelings, or of their problems.

Although the counsellor might offer important human qualities like warmth, respect and genuine interest, and the client be well-motivated, unless there was a shared understanding and agreement on; (1) the problems being worked on; (2) the method of working and; (3) the aims of counselling, it was quite possible for each participant in the counselling encounter to proceed from their own frame of reference and assumptions, never properly checking out with each other and so never really connecting. In addition, there might be problems of "bonding" between counsellor and clients due to adverse transference and counter-transference reactions.

Since the most significant factor in successful therapy appeared to be in the realm of the kind of relationship established, and since failure in this area can be linked to a lack of shared understanding over the

goals and tasks of therapy, as well as due to the more nebulous qualities in the counsellor-client interactions, the question of having more explicit agreements has to be considered . These could help to minimise the mis-matching and mis-understandings. The issue of agreements or contracts, and contract making is considered in chapter 9 (Vol. II pp 84-88).