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What Couples Say Works in Domestic Violence Therapy


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What Couples Say Works in Domestic Violence Therapy

by
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Abstract

This ethnographic study adds to our professional knowledge about the effectiveness of domestic violence counseling. We learned from couples who had been court referred for domestic violence counseling what they found to be most effective in their therapy. The study was conducted by a student practitioner-researcher. The inquiry is written in an open manner and details the procedural steps, discusses trustworthiness specific to the inquiry, and includes reflections from the authors.

Introduction

Domestic violence is a controversial and complex issue that has captured the attention of professional helpers, advocacy groups, pastoral counselors, medical personnel, law enforcement personnel, and lawmakers (Cooper-White, [1996](#); Jenkins & Hutchinson, Johnson & Elliott, [1997](#); Kok, [2001](#); Krishnan, Hilbert, VanLeeuwen, & Kolia, [1997](#); Loseke, [1992](#); Miller & Krull, [1997](#); Tamasese, Waldegrave, Tuhaka, & Campbell, [1998](#); Weaver, Koenig, & Larson, [1997](#); Websdale, [1998](#)). Not only is domestic violence a complicated social problem, but also the issues surrounding treatment for those who use physical aggression and mental/emotional abuse in their most intimate interpersonal relations are controversial and inconclusive (Brown & O'Leary, [1997](#); Gauthier & Levendorsky, [1996](#); Greenspun, [2000](#)). A pressing issue for counselors with regard to domestic violence is how best to treat individuals and their families who have become involved with the legal system as a result of a reported incident of domestic violence. Theories of the etiology of domestic violence and the dynamics of power and control are well documented in the literature (Goldner, [1998](#); Goldner, Penn, Sheinberg, & Walker, [1990](#), Governor's Office of Child Abuse and Domestic Violence Services [Kentucky], [n.d.](#)), and are consistently used in training professionals and volunteers who work in this arena. Professionals do not all agree as to the most effective approach in working with people who seek counseling when at least one of their issues is domestic violence. Further, there is little guidance or support as to treating couples conjointly for the problem of relational violence (Goldner, [1998](#); Goldner, Penn, Sheinberg, & Walker, [1990](#)). The purpose of this project was to learn from couples who had been referred to counseling by the court for domestic violence what they thought were the most effective aspects of their conjoint counseling.

In reviewing the literature, there are examples of various formats that have been studied in an effort to find a technique or treatment plan that is successful with people who are dealing with domestic violence (Saunders, [1996](#)). Unfortunately, the effectiveness of these interventions is moderate or inconclusive. Each type of treatment that has been developed is based on a paradigm or model of understanding the nature of relational violence. The most prevalent model from

which several different treatment ideas have been formulated is that of the victim/perpetrator conceptualization. From this paradigm, the woman (in the vast majority of incidents) is considered to be the victim of violence and the man is considered to be the offender. This framework has been adopted by many protective service departments and posits that victims need protection and offenders need to assume responsibility (Jordan, Quin, & Walker, [1998](#)). Because of these disparate agendas for the "victim" and the "perpetrator," it is common to treat these two groups of people separately. Within the last five years, there have been several studies conducted to assess the effectiveness of using separate treatments for perpetrators of domestic violence and their victims.

McNamara, Ertl, Marsh, and Walker ([1997](#)) conducted a study with 81 women at a domestic violence shelter in Ohio. They assessed clients' ratings on global improvement, life satisfaction, coping, and abuse frequency upon entry and again after three sessions of either case management or counseling services. Significant improvements were reported in life satisfaction, coping, and reduction of abuse. However, these reports are clearly short term and long-term implications are unknown.

Saunders ([1996](#)) conducted a study among 218 abusing men who were referred by the court. They were randomly assigned to group treatment sessions using Feminist-Cognitive-Behavioral or Process-Psychodynamic treatment (less structured, insight approach) modalities. The researchers compared the modalities by asking the men's partners to report on violence before treatment and up to four years after treatment. Police arrest records for the same follow-up period were examined as well. No overall group differences were found. However, Saunders found that batterers with certain personality traits (e.g., dependent traits) did better in one treatment modality (e.g., Process-Psychodynamic) over the other. Because neither of the modalities proved to be superior over the other in dealing with domestic violence, this study cannot support the premise that structured cognitive modalities may be more effective for all offenders.

Cooper-White ([1996](#)) also supports separate treatments for victims and perpetrators. Furthermore, she asserts that domestic violence towards women cannot be tolerated by helping professionals. She proposes that counselors should emphasize the protection of women victims by providing access to resources and collaborating with shelters and church communities.

A second paradigm may be called the modality-population fit. The thrust of this perspective is that a tailor-made combination of coincident formats can be devised for couples engaged in conjoint counseling to expedite changes in their behaviors relative to one another. It may be the differences between the treatment formats that allow participants to see/understand their situations in ways that a single format cannot. Brown and O'Leary ([1997](#)) conducted a review of the literature to determine successful interventions with intact couples where husbands were aggressive to their wives. Upon comparing paired combinations of couples groups, gender specific formats, and individual couples treatment modalities, they found in seven reviewed outcome studies, violence abated by 56% to 90%. Because couples treatment was shown to be helpful, they advocated studying couples treatment formats even more systematically and vigorously.

A third paradigm that characterizes intervention is that of resources and strengths. Even in crisis people possess personal assets that can be enlisted to create relief and change. When therapists can access these resources and strengths, change can occur more rapidly. Miller and Krull (1997) examined what victims reported about their experiences with respect to a victim's social support as well as the effects of police intervention. The researchers concluded that the police intervention made a difference in controlling domestic violence, as do victim resources. However, police impact of intervention and resources such as employment and marital status are variable according to context. For example, in many cases, the police involvement prevented repeated occurrences, but in some cases the police action increased the level of violence. Race, employment, marital status, and financial status, for example, were variables that could mediate perpetuation of the problem or exacerbate it.

Related to a resource perspective is a strengths focus. Greene, Lee, Trask, and Rheinscheld (1996) suggest employing a Solution Focus Therapy (SFT) approach to crisis intervention in domestic violence situations. The goal of the SFT approach with individuals or couples, even in crisis situations, according to the authors is to "work collaboratively with the client to identify what she or he is already doing that contributes to the diminishing of the problem" (p. 46). Accentuating the clients' strengths and instilling hope in the client that they are part of the solution can have positive effects.

A fourth paradigm for working with partner abuse is an integrative perspective. The integration is applied both at the theoretical and application levels. Practitioners and researchers have chosen the salient features of several approaches most relevant to domestic violence and integrated them into their work with perpetrators' groups and couple formats. These integrations take into account responsibility, safety, justice, history, and the nature of the couple's relationship. Similar to Saunders' (1996) conclusions that a singular treatment does not meet the needs of all abusers, Gauthier and Levendorsky (1996) advocate that couples therapy is a viable treatment for domestic violence with some couples if it integrates feminist, behavioral, systemic, psychodynamic, and ecological views. Use of an integrated approach after a comprehensive multi-modal assessment process is completed is considered ethical and responsible practice as it attends to each couple's unique circumstances. In addition, they recommend that therapists should continually assess violence and safety issues, and be aware of their own positions and biases in order to be more effective when counseling couples who deal with relational violence. By pinpointing the strengths and weaknesses of singularly theoretical perspectives, they have argued for the effectiveness of an inclusive combined approach for couples.

Another form of integrated practice in the intervention of family violence has been set forth by Jory, Anderson, and Greer (1997) using intimate justice theory which combines ideas from contextual and feminist family therapy, and social justice and moral development theories. Treatment from this approach is specifically focused on accountability, respect and freedom.

Gardiner and McGrath (1995) describe a systemic approach for men and women that integrates feminist and constructivist practices. They developed a Men's Crisis Service that works in tandem with the Women's Emergency Shelter. Based on the premises that couples maintain contact even during a crisis involving a shelter stay and the need to increase safety, partners are treated separately with each group concentrating on foundational values, beliefs, and assumed

truths. However, the therapist, who obtains the partner's impressions and reports about his behavior and changes, monitors the man's progress. Thus, the men's program is accountable to the shelter, the couple's interactions are not solely on the woman's shoulders, and the couple's relationship "would more likely be available for future intervention" (p. 22).

Johnson and Elliott (1997) conducted a study comparing female patients among three different medical family practices in three different communities of various sizes to compare the incidence of domestic violence. After analyzing 127 structured interviews, the authors found that 45% of all women treated at the medical centers reported some sort of violence, past or present. They also found that significantly more women in the rural communities reported involvement in an ongoing, abusive relationship when compared to women in the city setting.

The Gender and Violence Project at the Ackerman Institute has greatly contributed to the idea that an integrated approach has merit and that couples work is a viable and necessary therapeutic option. Goldner, Penn, Sheinberg, and Walker (1990) have succeeded in explaining and understanding relational violence through a both-and theoretical and practice lens. The authors suggested that by "un-packing" the stereotypical premises that organize the way that men and women decide to be in relationship, change can occur and relational violence can be eradicated. By taking a multidimensional approach, using feminist and systemic theories, and considering the political, societal, and cultural influences that form the structure for the occurrence of violence, the authors are able to bring forward a couple's assumptions and taken-for-granted understandings of their gendered place in society which support and maintain the violence. Voicing these presuppositional ways to be spouses helps the couples change their interactions to be in line with the ways they would prefer to be. These authors have said that couples therapy is appropriate "only when both partners become committed to transcending the rigid categories of gender difference, and can begin to tolerate their disowned similarities" (p. 349). Therefore, the commitment of the couple to therapy and assistance in looking at things differently within their relationship were essential elements of successful couples therapy in the Ackerman Project against relational violence.

Many different constituencies have opposed marital and family therapy in the instance of abuse and violence arguing that treating the couple or family merely perpetuates blaming the victim or enabling the perpetrator. Goldner (1998) clearly understands and acknowledges this limitation and adds boldly "keeping both partners in the room intensifies the moral dimensions of treatment, making issues such as equality, respect, fairness, intimidation, and violation emotionally real" (p. 266). Goldner further asserts that an initial goal of therapy is for the therapist to gain the most complete understanding possible. Inherent in this is a tolerance and search for the multiple perspectives that simultaneously uphold the importance of safety while also respecting the relationship between partners. She reminds us that "there is no singular 'battered woman' and 'violent man' for whom there is one right and many wrong treatments" (p. 266). Therefore, Goldner's relational approach to couples with a history of violence is to have a zero tolerance for abuse and violence of any kind, and to take a respectful, multidimensional stance with the couple in order to collaboratively discover a unique treatment for each couple who seeks counseling.

Goldner's idea of having no universal way to approach treatment of violence as well as the collaborative ideas of the Ackerman group form the base upon which the current inquiry has been conducted. This inquiry also emanates from our beliefs about the values of openness and inclusion in qualitative research processes (Constas, [1992](#)) and in clinical practice (Anderson, [1997](#)).

Therefore, this study was designed to elicit what some couples believed to be important about working on issues of domestic violence in their therapy. Ethnography was the method chosen to learn from the couples. Other motivations have driven this project. A graduate student with a vested interest in learning couples therapy at an educational counseling facility conducted this study. This student therapist was seeing several couples who were court-referred for domestic violence and as a beginning therapist, she had self-doubts about her therapeutic abilities. She had also consulted the literature, but her search added to her confusion about the best ways to work with couples who come to therapy because of domestic violence in their relationship. Therefore, another goal of this study was to create a context where she could examine her overall approach and effectiveness as a couples therapist.

This project was conducted at a college counseling center in a rural area of Kentucky. The project was inspired by specific requests of clients in the rural areas to be seen together as a couple for domestic violence counseling instead of the treatment offered by local agencies that utilized the victim/perpetrator paradigm with separate treatments for each spouse.

In an ethnographic study, Websdale ([1998](#)) systematically researched relational violence in rural Kentucky. His in-depth qualitative interviews with victims revealed stories of prejudice, isolation, torment, double-binds, ambivalences, loyalties, forgiveness, and excuses, all of overwhelming proportions. Websdale's qualitative style of research as well as his insightful, theoretical explanations of domestic violence from the client's perspective have been quite influential in this study.

Participants

The participants for this project consisted of three married couples who had been referred by a local court for domestic violence counseling. The couples ranged in age from 18 to 38 and were all Caucasian. The couples attended between one and seven sessions at a college educational counseling center in rural Kentucky.

The first couple was in their late thirties and was referred to the counseling center after physically and verbally abusing each other. The couple requested marital counseling and attended seven sessions with the interviewer. The couple may have attended more sessions if the location of the counseling center had been more convenient for them; they lived in a rural area at some distance. This couple desperately wanted to understand one another, not only as husband and wife, but also as a man and a woman. They would often be nervous during the session and they usually became quite intense in the process of attaining understanding. Their intermittent humor and deep love for one another kept them attending therapy time after time, and after three sessions, they no longer requested smoking breaks to relieve the tension.

The second couple was in their late teens and early twenties. The court referred them for counseling after the wife had obtained an Emergency Protective Order following a verbally violent incident. The couple attended college classes on the campus where the center was located and lived in a rural town nearby. They also requested couples therapy and attended one counseling session with the interviewer. These two young people were very attractive and personable. They tended to "giggle" through the newness of therapy and the husband asked many questions about counseling, which he was studying in college. These two vowed several times that they would never "get into it" like they had before, and that they wanted to find ways to improve their new marriage. Our first session was full of giggles, tears, and hope.

The third couple was in their mid- to late-thirties and was also referred by the court for counseling after the wife had obtained an Emergency Protective Order due to a verbally abusive argument. This couple had chosen the college counseling center because of the free services. They attended two sessions with the interviewer. They concluded counseling when they had met the expectations of the court, which was a letter from the counseling center confirming their attendance at a counseling session. This couple may have attended more sessions, but due to limited transportation and communication, and excessively long work hours, finding time for counseling sessions together was quite difficult. This couple wanted to learn to communicate in a more satisfying manner. They both complained of physical exhaustion and had little time for one another. The husband appeared reluctant about attending therapy sessions and said little. Most of the conversation was between the therapist and the wife.

These three couples were not the only couples who had indicated interest in participating in the project. Three other couples had agreed to take part, but complications in reaching the couples and limitations in scheduling prohibited them from completing any ethnographic interviews.

Besides the couples, there were two more participants. Jodi, the therapist, interviewer, and a graduate student in a counseling masters program specializing in Marriage and Family Therapy initiated this project. She is a native of Kentucky, and had just recently moved to the rural area where the project took place. This project was conducted during her second and final year of full time study. Her responsibilities included conducting the interviews, collecting the data, categorizing the data, and writing.

Sally also participated in this project in several capacities. She worked with Jodi as a supervisor, advisor, teacher, and co-researcher. She is a Marriage and Family Therapy Professor who is the Director of the Clinical Services on campus where Jodi's work took place. Sally's main responsibilities included changing "hats" as needed in order to guide Jodi through the entire inquiry process, maintaining a supervisory role with Jodi regarding her cases, and seeing to it that this was a productive learning experience. Sally also conducted ongoing auditing of Jodi's data collection and analysis steps.

Procedures

Jodi began asking couples with whom she was working in the fall of 1998 if she could reserve their names for an upcoming research project following completion of the counseling. An informed consent had been developed, along with a study protocol. In December 1998, Jodi

began the process of setting up interviews. In spite of the clients' willingness to participate in this project, contacting and scheduling interviews with these couples was a very frustrating and time consuming part of the inquiry because of the couples' limited time, transportation, and availability via telephone.

The interviews lasted from 15 to 30 minutes. The length and progress of the interviews varied according to the level of detail provided by the couples. The first couple interviewed had attended the most therapy sessions and conversation was easier and more productive with them and required fewer questions. In contrast, the interviews with the other two couples who attended fewer therapy sessions required more time for questions to obtain more complete and clear information. Each interview was either videotaped or audiotaped for the purposes of analyzing the data and establishing trustworthiness.

Each interview began with signing the informed consent that discussed the nature of the project in detail. Jodi then asked one of two grand tour questions: (a) When reflecting upon your experience in therapy, what are some things that stand out to you as being most memorable or most helpful to the two of you? or (b) Tell me a little about your experience in counseling thus far. Based upon the couple's responses, follow-up questions were generated for the purpose of clarifying the particular ways in which the therapist and client were able to accomplish that which was noted as being helpful and effective. For example, one couple offered that "teamwork" established in therapy had been helpful to them. The follow-up questions Jodi asked were, "How did we establish teamwork?" and "What steps did we take to accomplish teamwork?" The questions we asked throughout the interview helped us to focus on the couple as the unit of analysis and to better understand what is effective with couples in therapy for domestic violence.

As the study progressed, several changes in the protocol were made which affected the plan of this project. Just after the interviews got underway, we were informed about a new state law that had been passed which prohibited domestic violence offenders to attend counseling with their spouse. Instead of couple or individual therapy, the offenders or perpetrators of domestic violence were required to attend a certified group counseling program. Because of the new law and the fact that neither Jodi nor Sally was certified providers, no new couples were available for interviews after January 1, 1999. This contributed to the small number of participants.

Secondly, the new law motivated Jodi to ask the participating couples to comment upon the mandated group counseling for domestic violence offenders. The couples were asked to speculate how attending separate counseling sessions may or may not have been helpful to the two of them.

After the interview, Jodi reviewed the videotapes or audiotapes several times each in order to write a summary of the interview. These narratives were written in a letter format for the purpose of having the couples check Jodi's account, thereby increasing the participants' voices in reading the data for analysis. Sally reviewed the letters that were discussed by Jodi and Sally and edited by Jodi. Sally also mailed the letters to the couples. The couples were then asked to edit, delete or add anything to the letters to make them as clear and complete as possible. They were asked to return their edited versions within two weeks of receipt.

A third and unplanned step was added at this summary letter stage. As Jodi listened to the interviews a second time and Sally read the summary letters, both noticed that more questions would have been helpful to gain further clarity and precision. Because client voice was an essential part of this project, Jodi developed several more written questions to ask the couples which would best reflect their thoughts, and would not be left open to interpretation and conjecture. As an illustration, the first couple interviewed mentioned that learning new ways to communicate within their relationship had been helpful. To understand how this was accomplished in therapy, Jodi asked "What are some specific ideas or steps that we discussed that led you to the new ways of communicating and relating to one another?"

These additional questions were written in an open questionnaire style and differed for each couple. They were included with the summary letters with a self-addressed, stamped envelope. The couples were asked to include this additional set of questions with their edited letters. Two of the three couples returned their edited summary letters with newly answered questions to Jodi.

Categorizing the Data

Analyzing the data for this inquiry was part of the emerging design. Throughout the interview process, Jodi noted phrases used by the couples. Ideas from the first couple's interview influenced the second couple's interview and themes from the first two interviews influenced questions posed in the third couple's interview as well as the follow-up questionnaires. All major ideas, words, or themes from each of the interviews were recorded in a notebook as they occurred to Jodi. As the interviews progressed, Jodi continued this recording process adding new themes, noting repeated ideas, and incorporating previous themes.

As a check on the themes, Jodi went through the cassettes and summary letters three more times to create the most inclusive and comprehensive set of data. These steps of repeatedly reviewing the data yielded six themes. Most of the category names were derived from words or phrases that the couples repeatedly used when describing their experiences in therapy and what was helpful to them as well as what seemed to be helpful to the two of them as a couple. Upon completion of interviewing couples and collecting data (noting major ideas and themes), Jodi reviewed the summary letters to make sure that all data were being considered, and to assist in the categorization of the data. After multiple iterations, the data set was organized into four main categories.

Findings

The findings from this inquiry are organized according to the four created categories.

The first category was labeled *Seeing Things Differently*. This category received this title as a result of rather consistent use of visual metaphors by all three couples. All three couples mentioned that counseling had afforded them the opportunity to see things from a different perspective than what they had been seeing on their own.

One couple stated that counseling was an "eye opener" for the two of them. Through the counseling process, the couple began to acknowledge those problems that came between them

and to articulate how the situation was problematic to them. By actually seeing that there was a specific problem in need of attention, this couple felt that they experienced relief because they saw reasons for the stress in their relationship. Once they realized that there was a definite problem they turned their energies to resolving the difficulty.

Another couple said that "seeing that we can talk without arguing" was helpful to them as a couple. Through the presence of a third person in the room who was being attentive to them, they were able to recognize that a different kind of communication between them was possible. During their interview, the couple proudly told how they had been discussing the events and concerns in their lives quite differently. With practice in and out of sessions, they learned to take steps toward understanding without correction by asking one another "What do you mean by that?" or "Are you saying...?" The different environment in counseling which helped them develop a more respectful and interesting communication pattern allowed them to see that their usual ways of communicating with one another could be altered outside of the therapy room.

Similarly, the third couple offered that they "saw things differently" particularly when Jodi asked them questions that they did not stop to think and ask each other. Observing Jodi asking different kinds of interesting questions prompted them to ask questions of one another that they had not been able to see before. The couple stated that by watching Jodi ask questions about their partner's feelings that they were able to incorporate this practice into their discussions at home.

The third couple also "saw ways to improve the problem." Similar to the second couple, this couple also observed Jodi using non-offensive ways of communicating with each of them and they readily saw the difference it made. By being in a counseling setting, and observing the way that the therapist communicates, the couple was able to see that there are other ways in which to communicate and solve problems. For example, when curious about how one partner's words had affected the other, Jodi would ask questions like "What do you think he/she meant by what he/she has just said?" by seeking underlying emotions and meanings, space opened for a different kind of communication. The couple saw too that Jodi framed or discussed problems in original ways. When the couple joined in the discussion within this new frame, they discovered solutions to the problem that were visibly obvious and readily available to them. The couple mentioned that conflict arose around their work schedules that did not allow much time for them to be together at home. Instead of focusing on the conflict, Jodi focused on the usefulness of quality time at home and how it influenced them as a couple. So, the way in which the problem was discussed in counseling as well as through observation of the therapist's communication style, this couple was able to see things that were beneficial to their relationship. Overall then, through observation of Jodi, awareness of problems and their corresponding solutions, and simply being in a counseling setting (a change in their context), the three couples were able to see things differently that were beneficial to them as a couple.

The second category that evolved from the data was *Doing Things Differently*. This category was derived from the specific actions taken by the therapist or clients that were significantly different for the clients as compared to their past patterns of behaving. When asked about things that had been most helpful to them, the first couple answered, "asking us questions to answer *as a couple*." When the couple was addressed as a unit, they responded with a focus on their relationship rather than their individual positions. This way of speaking within counseling was

different from the way that they talked at home in which they focused upon their individual differences. Talking in therapy shifted the focus to them as partners and gave them a renewed sense of their unity. For example, at the beginning of the first session, Jodi asked the couple questions about them as a unit, but she received very separate and individual answers. However, with persistence they began to answer with "we" statements by the end of that first session. This shift in language within the context of therapy stressed the couple's unified strength.

Similarly, a second couple offered that "asking us questions about feelings that we would not stop and ask each other" was helpful to the two of them. By searching for feelings and meanings embedded in their words, this couple said that they were able to better understand their partner's thoughts and behaviors. This increased understanding led to more sensitive communication at home where they asked each other to share their feelings about the concerns before them. They also mentioned that by observing and listening to Jodi ask these questions and share responses that they had tried for themselves Jodi's way of communicating-and experienced satisfaction and success.

The third couple offered that "teamwork" had been the most helpful notion and experience throughout therapy. They discussed teamwork in therapy in terms of working with one another and thinking about one another to build a two-person team. They said that by making an extra effort to think about one another's reactions before confronting their spouse, a greater sense of unity had been developed. In place of criticizing one another and being competitive with each other, they concentrated on creating solutions as a team.

The third category that encompassed the three couples' responses was *Caring For The Couple*. All three couples mentioned in some way that Jodi's genuine care and concern for their relationship as well as her concern for them as individuals had been helpful to the two of them. The first couple said that counseling had provided them with a "comfortable atmosphere" in which they felt free to share their thoughts and feelings. Because they sensed that Jodi cared for the two of them, and the life that the couple wanted together, they said that they felt less intimidated and free to discuss difficult and emotional issues. By respecting and sponsoring a comfortable atmosphere in which to converse, counseling had been helpful to this couple.

Another couple clearly noticed Jodi's language and her pattern of "asking questions for us to answer as a couple." They had interpreted this practice as care for them and Jodi's respect for their relationship. Asking the couple questions as a unit yielded more unified answers and solutions as the couple recognized, liked, and accommodated to this shift in language.

The third couple offered feedback similar to the other two couples. They told Jodi "the genuine care and concern that you have for the two of us helped us to be more comfortable." When asked how their therapist showed concern and care for them, they replied that she "made an extra effort to work with us and help us." Because of the lack of transportation and limited means, this couple requested a counseling session, but in a more convenient location than the counseling center in which Jodi was currently practicing. After consultation with Sally, Jodi arranged to meet the couple at an arranged location. On the night of the scheduled appointment, this location was not accessible. Jodi sat in the couple's pickup truck with them and had the therapy session there. After 60 minutes in this smoke-filled, heated atmosphere (both bodily and emotionally),

the couple expressed their gratitude and decided that more counseling would be essential to their success, no matter what it took to get to the counseling center. Because the therapist made an extra effort, they felt as if they should and could make the effort as well, and therapy became a haven of comfort and hope.

The final category, *Going Together*, emanated from the follow-up questionnaires which raised the question of the new Kentucky law. When asked how this new law (which calls for the couples who go through the legal system to be seen separately) may have changed their experience in therapy, the couple gave very similar answers. One couple offered, "It would have been harmful to the two of us to go to sessions separately because we would further justify our feelings of resentment and anger." This couple felt that separate counseling sessions would have inhibited their progress toward eliminating physical violence and other problems from their relationship. This couple also added the counselor and couple should decide the best way for each couple to do counseling. They appreciated that a counselor would tailor their treatment and advocated for a variety of approaches to work with all different situations even when domestic violence is involved.

In a similar vein, another couple reported "separate sessions would have prevented us from openly talking and working it out as a couple." By attending sessions together, the couple was able to talk about things differently and more openly than usual. Addressing the couple as a unit shifted the dialogue to joint and coordinated effort. This way of talking was much different from individuals talking against each other. They did not think they would have benefited as much from separate sessions because they would not have the structured opportunity to work things out as a cohesive unit.

Finally, the third couple said that therapy "helped us more to be together." They did not think that being seen separately would have benefited them as a couple. The wife added, "If you don't know from your spouse's mouth what is wrong, then how can you fix it?" Referring to the communication that was developed within their own counseling sessions, this couple presented their idea that when communication breaks down and the problem is unclear, it would not have been helpful to have separate counseling sessions, because the problem would not be addressed as something they had in common. In accordance with the other couples, the third couple agreed that separate counseling sessions would not have benefited their relationship.

Establishing Trustworthiness

There are several ways in which the trustworthiness (Lincoln & Guba, [1985](#)) of this qualitative study was protected. First of all, the context was carefully recorded, as were all the research decisions. Noting all steps as they took place and the contacts made with couples rendered the inquiry dependable (Marshall & Rossman, [1989](#)). After each major step in the process of research, a short narrative was written to record the events, content of the interviews, and the proposed follow-up course of action. Jodi's narratives also included her thoughts or evolving questions about the research process.

Dependability was also accounted for by consulting with a supervisor for all steps involved in the project. Jodi met with Sally weekly to discuss emerging research decisions, and to discuss the

interviews conducted. Jodi and Sally listened to the cassettes together, and generated the follow-up questions that Jodi asked the couples to supplement the information provided in their face-to-face interviews.

Planning and executing member checks (Lincoln & Guba, [1985](#)) were used to preserve the multiple realities of the participants, or credibility (Marshall & Rossman, [1989](#)). The couples edited Jodi's written summaries to guarantee that the reporting of their words and meanings were accurate.

Confirmability (Marshall & Rossman, [1989](#)) was attended to by videotaping or audiorecording each interview. In this way the original data collected could be revisited. All written exchanges between Jodi and the couples were kept on file along with all of Jodi's writings at each phase.

The issue of transferability or taking the information or process into another setting has probably more applicability to Jodi or any practitioner devising a plan to systematically study his/her own clinical practice. Therefore, the process rather than the unfolding information has greater potential for use in another context.

Trustworthiness is but one way to assure consumers of the worthiness of and methodological rigor within an inquiry process. Probably the best set of criteria for judging the quality and merits of this project is in a discussion of authenticity (Guba & Lincoln, [1994](#)). The participants were able to change further by virtue of their participation in this inquiry. This change aspect along with attention to the relational dynamics or the process that occurs between the inquirer and the participants is a centerpiece of authenticity according to Rodwell ([1998](#)).

Authenticity has five dimensions (Guba & Lincoln, [1994](#); Rodwell, [1998](#)). They are (1) fairness in which the voices of all whom have a stake in the research process are included; (2) ontological which is related to the participants' understandings of their situations; (3) catalytic which refers to creating change in the situation; (4) tactical which has to do with a reallocation of power and empowerment among the participants; and (5) educative which entails respect for the legitimacy of multiple perspectives.

This study meets the requirements of fairness. The inquiry was organized to elicit the participants' unique explanations of their experiences in their own therapy. They were honored and willing to share their thoughts and reactions about their therapy with their therapist. They had said that in no other part of their experience from court intervention to resolution were they asked for their opinions on how things were going. Jodi's voice was included as she too could share her understandings of their experience with her and her experience with them.

In terms of ontological authenticity, the couples could articulate what changes they made and what processes in therapy contributed to the newly formed changes in their relationships. This public admission lends itself to new realities and possibilities for living life as the couples would prefer (Andersen, [1987](#)). This reflective talk also allowed the couples to commit to continuing the new patterns of communication they were beginning, thus reinforcing catalytic authenticity. These new ways of talking between the spouses demonstrate an attention to a restructuring of

power within their relationship. Each member can feel empowered to voice his/her concerns without the need for physical aggression.

Jodi was probably the greatest, though not the only, beneficiary of the educative aspect of authenticity. This process taught her much about her own clinical practice as experienced and articulated directly by her clients. She found out that there is no one way to work with couples who have included domestic violence in their dealings with one another and that her flexible relationships with her clients was the core to their success together. We can only assume that the couples who talked about seeing things differently and who preceded to listen and speak differently have also gained an appreciation of the way that his/her spouse sees the world.

Discussing the Findings

The data from this study have several implications for counselors, client advocates, and legal professionals alike. This is a study with a small sample but nonetheless merits our attention. It reinforces the idea that what clients have to say regarding their therapy experience is crucial and forms the highest quality of feedback possible. It cautions us about the risks involved in legislating clinical practice to the exclusion of listening to our clients' views on how best they might be helped.

As Goldner (1998) suggested, the commitment that the couples had already made to making changes within their relationship was essential to their experience in therapy. The couples involved in this inquiry were viewed by the court system as being "less severe" in terms of domestic violence than other couples. These couples were also requesting couples therapy as a result of their desire to change their current ways of relating to one another. This desire to make changes and to work on the relationship was a very important component that made therapy more useful and helpful to the couples involved.

Goldner (1998) also disputes the idea that working with couples conjointly reinforces and promotes further abuse. Having a zero tolerance for abuse while continuously respecting the union that the couple has formed is a legitimate way to do couples therapy with issues of domestic violence. The couples agreed with this idea by specifically stating that addressing the couple as a unit had been helpful to the two of them. In addition, the couples mentioned that counseling was a comfortable environment in which they felt free to discuss their problems as a couple. There may not have been this couple dialogue had they been involved only in individual or group modalities.

There are also implications for the importance of language in therapy. As mentioned earlier, all three couples referred to the way in which questions were worded or phrased as being useful to the two of them. By addressing the couple as a unit, using "couples" language, they were able to think about and see things differently that were helpful. For example, when the husbands and wives answered Jodi's questions, she would ask them how their individual responses would benefit them as a marital unit. The way that a therapist sculpts language in therapy is a key element to the success and progress of therapeutic interventions.

Besides language, the genuine empathy and care exhibited by a therapist has been a consistent comment from the clients to explain the success of their therapy. All three couples referred to the way that Jodi showed care and concern for them as a couple. For a therapist-in-training, the importance of showing every client that we have a true concern for them as humans became even more vivid throughout the duration of this project. In regard to the counseling relationship, one couple stated, "you weren't just doing your job." This statement exemplifies the importance of sharing ourselves with clients, and remembering that we are working with real persons, with real problems.

In addition to having implications for counseling and working with couples involved in domestic violence, this project has been interventive in several other ways. Conducting research interviews altered Jodi's therapy style. For example, after the first interview that was conducted, we realized that Jodi needed to ask much clearer and more precise questions. As the interviews continued, Jodi began to not only get clearer and more articulate with the participant couples, but also with her new clients.

Another example of the interventive nature of this project was the opportunity for Jodi to "check in" with these former clients to see how they were doing. One couple reported that they were doing better than ever while another couple decided to set up an appointment for counseling. Therefore, the research process provided an opportunity to follow up with clients in a way that may not have otherwise been possible.

Conducting research on one's own clinical practice has implications for the way inquiry is conducted. Methods and rigor are subject to the ever-changing context of the clinical environment and are shaped according to the exigencies of the situation. Therefore, consistency, planfulness, timeliness, and structure, while attempted, may never be completely realized. Thus, when research methods need to be tailored to the clinical setting and its characteristics we find that these two processes (research and practice) have more areas of overlap than divergences. This overlap means that the researcher/practitioner has an obligation to clarify his/her thinking at each step (Maguire, [2001](#)).

The learning from inquiry conducted by a practitioner gives credence to a practitioner's tacit knowing and ability to work with people experiencing very difficult problems. It distributes responsibility for progress among all participants in the inquiry. Jodi and her clients learned that domestic violence is variable and that those variances are not necessarily acknowledged and appreciated by our present treatment systems. Legislated treatment for these couples would have missed much of what they found to be valuable in their treatment (Wulff & St. George, [2000](#)). It seems to us that systematic data from practitioners' ongoing work could highly impact treatment protocols demanded by third party payers and legislation.

Jodi

The most surprising and generative finding that I had throughout the process of this qualitative inquiry is that the research process offered me volumes of information about the actual practice of therapy with couples and families. Originally, I thought that the answers to effective interventions with couples would definitely be found in the library. In fact, the actual process of

interviewing couples about their therapy for domestic violence taught me that respecting the uniqueness of their relationship worked with these couples in therapy even though their problems were serious.

This study illustrates the value that qualitative research can hold for practitioners in training. As previously discussed, the project revealed findings that shed light on the treatment of domestic violence, but more importantly, revealed ideas and guidance to me as a new therapist. The created category Doing Things Differently reflects the importance of clarity in communication. This is an area that I now incorporate into my daily work as a School Site Coordinator. The category Caring for the Couple refers to the value of respecting and appreciating the uniqueness of client relationships. Now, I care for school personnel, children, and families and the ways in which they interact with each other. The category Seeing Things Differently signifies acknowledging difficulties within relationships and looking for solutions. I am continually working to improve relationships between faculty and families. The final category, Going Together speaks to the importance of including others in therapy. Now, I include all influential participants within a child's life when seeking academic and family solutions.

As I worked from the perspective of a researcher, I obtained different kinds of information and knowledge that would have remained marginalized had I not been able to ask clients to describe their experiences by taking a non-expert stance (Avis, [1994](#)). This process of exploring and discovering is a natural part of the counseling process, and makes research more practical and valuable at the same time. So, I have learned, among many things, that I find research to be intriguing, and plan to conduct further projects throughout my practice as a therapist.

Similarly, this research project has restored my faith in myself as a therapist. Through asking my clients what had been most helpful to them, I was able to understand the many ways in which I had been a part of their progress. The couple's statement that "teamwork had gotten us where we are today, and we could not have done that alone" aptly applied to my work with these clients as well. This can be quite soothing to "babies" in the field, as we are often unsure of our newly learned capabilities.

Conducting research with my own clients produced positive feedback. This was most reassuring to me as a therapist and a researcher. I think that interviewing my clients may have limited the kinds of responses that the couples felt free to give. Because our therapy was relatively new with each couple, and because they knew I was a therapist in training who was conducting a special project for a grade, they may not have felt comfortable suggesting changes or improvements. Their comments were extremely valuable to me, but our relationship may have skewed their answers. This leaves me wondering how the information may have been different if a third party had conducted the interviews.

Also, I have learned from this project that research is an emerging process. During the planning stages of this project, I wanted to organize and plan for everything. After the first interview, I realized that we couldn't prepare and plan for everything that interviewees and research participants will do or say. Through this experience, I have learned to embrace not only the things that go as planned, but also those things that are preciously spontaneous. This lesson will transfer not only to my professional experiences in therapy, but also to my personal life.

Lastly, the content and process of this research endeavor have guided me toward a deeper understanding of domestic violence. Inclusive of several aspects of relational violence, I now understand, that we may be doing our clients a disservice by trying to fit their unique situations into one chosen explanation or intervention. It appears to me that embracing multiple explanations and interventions may be quite helpful to couples who are experiencing violence on some level. By respecting the commitment that a couple has to one another, while discovering a unique way to achieve relational goals, therapy can become a collaborative effort to diminish violence among couples today.

Above all, I have learned, beyond theoretical discussion, about being respectful. I have learned through hearing the couples' complex stories of stress, tension, violence, and love that they strive for a sense of validation and dignity and that our work needs to help them save face (Singer, [1997](#)) in spite of the awful maltreatment. I learned that I can "do" respect for their humanness.

Sally

Assisting in Jodi's inquiry has been exhilarating and profitable for me. What stands out for me is the degree to which conducting inquiry interviews and analyzing the data impacted Jodi's therapeutic interviewing skills. During the time frame of this project her therapeutic conversational skills became much more efficient, with greater clarity, completeness, and pointedness. While this would have likely occurred from supervision and practice, this process advanced her development much more quickly-an unexpected "outcome" of the study. I have written more extensively about this very aspect of this inquiry (St. George & Wulff, [2000](#)).

Clearly Jodi's desire to know what her clients thought of their work together exemplifies a practitioner-researcher approach (Jarvis, [1999](#)). Jodi did not just learn about what constitutes better clinical work and what techniques are the most effective. She learned about processes, especially the processes of articulating her own professional fears and concerns and using that as a springboard to systematically and rigorously engage in open self-supervision through research. She learned (more surprisingly to her) that a social approach to learning about domestic violence, that is, with her clients rather than without them, was not a forum for judgment, but a forum for the generation of new ideas and confidences. Thus involvement in this project is generating new ideas I can use in my teaching. It also reinforced my belief that we need to occupy a stance of readiness for serendipitous gifts to be delivered to us in unpredictable and improbable occurrences.

The practitioner-researcher stance and my involvement in this project have a commonality-that of occupying multiple roles. We are aware that because Jodi acted in the capacity of researcher with her own clients, that the couples' answers and participation along with Jodi's understandings were affected by their relationships with one another. These aspects of the study must be acknowledged, discussed, and subject to critical review. I, too, shifted among an assortment of roles with respect to Jodi. The movements seemed natural and necessary in order to help her achieve the most comprehensive experience. The roles of teacher, supervisor, and co-researcher had significant overlap and as I moved from role to role, it was not a quantum shift. It was more a shift in emphasis. At one moment I may be functioning more as a teacher would, at another time, more like a clinical supervisor. As we proceeded through different phases of this project

my role was subject to review and dialogue between Jodi and me. Therefore, together we decided what position I could occupy that would make the greatest sense. Jodi was active throughout the process but oftentimes deferred to my judgement due to my greater experience. Our trusting and respectful relationship provided the basis for the success of such maneuverability of roles.

A Final Note

We agree with the couple who thought that the best approach was for the clients and therapist to decide together what course to follow-even when the presenting issue is domestic violence. We cannot stress enough how strongly we believe in incorporating therapist and client voices into therapy decisions. Although the clients studied were not at the most violent end of the continuum (i.e., violence did not result in a hospitalization, violence was not a repeated series of incidences) we believe it is imperative to assess each couples' situation to determine the best course of therapy for them and avoid a priori decision-making. The criterion for proceeding in such a manner would be as it is whenever couples and families want conjoint work: everyone evaluates its utility, the work is that of therapy (not surveillance or policing or truth finding), and that the relationship will be the focus. Our concerns over the safety issues involved in domestic violence must not eradicate our commitment to keeping couples involved in their own therapy.

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