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Efficacy of Co-joint Post-Divorce Counseling

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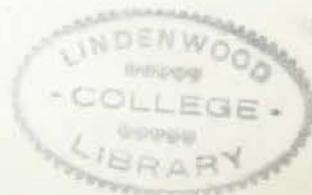


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EFFICACY OF
CONJOINT POST-DIVORCE
COUNSELING

submitted in partial fulfillment
of the requirements for the degree
of Master of Arts, Lindenwood
Colleges

by: Valerie Brown
May, 1978



Thesis
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PREFACE

I have continually been asked by my friends, "Isn't it depressing working with people involved in divorce?" My colleagues would question me with, "Why did you decide to undertake such a complicated research project for a Master's thesis?" The answer to these two questions provides the backbone for my decision to specialize in post-divorce counseling and to devise a pilot research project that would provide both subjective and objective data on post-divorce adjustment to assist others in the field of counseling.

The first half of the preface, responding to the question asked by friends, takes the form of an autobiographical perspective of the development of my interest in post-divorce adjustment. The second half, answering my colleagues' question, outlines the process I experienced which began with envisioning an idea and culminated into a well-designed, albeit pilot, research study.

A direct response to "isn't it depressing working with people involved in divorce?" would be "Yes, it is more often than not depressing." For me, it is important to add that the work is also rewarding, exciting and challenging.

My initial curiosity about post-divorce adjustment sprang from my own personal experience. I have experienced

two divorces, equally traumatic, and survived. Going through the stages of survival in my second divorce I experienced a variety of emotional forces which dominated my behavior exclusively in each stage.

At first I was extremely hurt and withdrew into self-pity. I talked to only a few people and avoided anything that could seduce me into having fun. Self-pity blossomed into the sweetness of revenge and scathing anger. My anger took many forms. I can remember hostilely confronting my former spouse on his cruelty and his total inability to love me or my child (all of a sudden she became my child, not ours). When I recognized that he was particularly sensitive about our child I criticized him severely for being a bad parent and abandoning us. He would retaliate in self-defense throwing an equal number of accusations my way and the battle would escalate. Fortunately, for both of us, we didn't avoid these battles. We managed to keep the lines of communication open and continued to deal with the anger and pain in some very lengthy, but healthy, yelling matches. After about a year we both somehow survived the attacks and accusations and began a different type of communication - much more productive and effective. We were, at that point, able to discuss our child, without being defensive, recognizing the strength of our own parenting skills. It is this improvement in the quality of communication that this thesis addresses.

My ability to continue a relationship with my former spouse brought unexpected responses from my friends and peers. Many were quite hostile, denying the fact that divorce could be amicable. Of course, few had seen the period of time where we were concerned only with developing more effective combat strategies. The possibility of an amicable relationship was not even a fantasy. It became clear to me that in order to help others in their stages of survival I needed to better understand the dynamics of the divorce process and specifically the adjustment.

As a way of gaining that understanding I began reading everything I could find on divorce. I must admit that in 1973-74 there was very little information available. To deal with this exiguity I involved myself in the single-parent community exposing myself to all types of situation and relationships. My observations and reading led me to consider doing a research project on some aspect of post-divorce adjustment. Not having the first idea how to even begin the task of research I was content to write articles for a single-parent journal and talk to people. This was all prior to my decision to seek a Master's degree in Counseling Psychology.

On acceptance into the Counseling Psychology program at Lindenwood I took advantage of the need to design a program that would incorporate both didactic learning and practical experience. My practical experience began as a volunteer at UCLA's Department of Legal Psychiatry in the Post-Divorce Clinic (PDC).

The first six months served as an introduction to the policies and procedures of the PDC in addition to active participation in case conferences and seminars. As a staff intern under supervision, I began counseling clients referred to the clinic by the courts with a presenting complaint of trouble with visitation or a battle over custody.

In the course of my work with the PDC I observed one difficulty experienced by almost all my clients. This was their inability to get beyond the hurt and pain brought on by the separation and/or divorce in order to begin to communicate in a more productive and positive manner. Many of my clients confused issues about the children with their own unresolved feelings about the former spouse. Anger and hostility served as a defense to cover the hurt and pain still felt over the separation. The children as the natural bond between the parents were the focus of these feelings in their communication. Many times the parents focused in their discourse on the behavior of the children as being inappropriate and brought on totally by the divorce. The children were only occasionally brought in to check out the parents' perception of their behavior. It didn't seem to matter whether the behavior actually existed or not for accusations directed at the other spouses' parenting were enough to elicit a great deal of guilt and anger making communication counter-productive.

None of my clinical observations were unfamiliar for I had experienced this phenomenon myself. Because of this I recognized the need for both parents to continue dealing with each other despite the unpleasantness in an effort to expel all the anger appropriately and directly and not through the children. Then hopefully they could begin to re-establish a new method of communicating based on their mutual task of parenting the children.

This is where the rewarding and exciting aspect of my work surfaced. Observing and participating in the growth of both parents toward achieving their goal of living independently while continuing to share the responsibilities of parenting was indeed a fulfilling and warm experience.

The experience I gained both personally and clinically provided the impetus for my development of a research project on post-divorce adjustment.

As I began my studies at Lindenwood I was informed that I should immediately begin to formulate an idea to be developed as a cuminating project. Already desiring to do research on post-divorce adjustment I concluded that all I had to do was decide how to best go about it. It seemed relatively simple.

Toward the end of the first trimester, in which I had spent a good deal of time studying varying observational research designs, I came up with a series of questions:

I began to ask myself many questions about the period of adjustment that all parents and children go through when separation and divorce occur. Why is it that some parents take a long time to adjust and others seem to cope within a reasonable time period, suffering very little disruption in their lives? Why do children feel about the idea of no longer having cooperative support from their parents? Do children feel they are the cause of the separation? Who carries the most guilt? Why do some new single-parents rush into a new relationship? What happens to the hostility if it is never really communicated during the time between separation and divorce? How do children feel about being shuttled from one parent to another? How does the phenomena of rejection affect all concerned?

-Process Paper, 1976-

All of these were good questions. However, each and everyone could have had a research study built around it. At this point in my learning I was having a great deal of difficulty in synthesizing my thoughts into a focused, integrated framework that could be developed within a reasonable time period. This difficulty can be observed in my initial research design.

Preliminary observation will be conducted on a selected family six-ten weeks subsequent to their separation. This test case will involve intensive interviews with both parents individually, their children and any other persons directly involved and affecting the emotional framework of the key participants. This observation will occur over a one-month period...At this time I do not anticipate drawing any conclusions in my final paper from these observations. I feel that the verbatim interviews will provide a stronger representation of the effect of divorce and adjustment...A thorough evaluation of the sample study will provide me with a better prospective of my limitations and allow me to redesign my methods of research. This final phase will involve direct observation over a 4-month period.

-Proposal, February 1977-

As I now look over my idea I recognize that I didn't even have a hunch in mind as to what I could expect to find in visiting with these families over a specific period of time.

All that took place in February of 1977. I began to realize the magnitude of the task I was attempting. It was then that I sat down with my faculty sponsor and came up with another idea - or actually a list of ideas. He suggested I make an extensive list of potential research studies on post-divorce adjustment which might be interesting to me. The next step was to design a study for each and consider time frame and sample populations. (See Appendix A) When I systematically went through this procedure I came up with three possible studies. Feeling confident I set up a meeting with the Director of the Post-Divorce Clinic (PDC) and asked for her advice. She helped me make a decision on the most feasible study and suggested that I could draw my sample population from the clinic. My next task was to analyze the empirical evidence I had gathered, develop a hypothesis and design a set of measurements to test it.

My initial hypothesis was rather broad stating that through conjoint counseling (counseling with the ex-spouses together) one could expect 1) improvement in the parent's interaction, 2) improvement in their children's school performance, 3) less court recidivism, and 4) less reliance on the lawyers to settle differences. I developed a set of measurements specifically designed to obtain data from lawyers, courts, the children's school reports and the parents

themselves. In order to note the change data would be collected in a pre- and post- test manner. Questionnaires would be administered before conjoint counseling began and then again after a considerable time period had passed or a certain number of conjoints had occurred.

There was no question in my mind as to the usefulness of the measurements (See Appendix B-H) however it became clear to me that there was no way without the help of a group of assistants to accomplish the task of administering and analyzing the data within the time frame previously determined. Therefore I concluded that my hypothesis need to be further limited.

Recognizing that the parents were my major and most available source of information I re-structured my original hypothesis to focus on the interaction between the parents as they would report in a pre- and post- questionnaire. The PDC had a policy that all couples referred to the clinic had to be seen in conjoint counseling, sometimes with individual counseling as an adjunct. Regardless of the variety of therapeutic modalities and the different approaches used by different therapists the major interaction which was of concern to me was the conjoint counseling. Thus conjoint counseling would be designated as the independent variable in measuring the improvement in communication. The dependent variable would then be the quality of communication between the parents. The insight I had gained from my clinical and

personal experience led me to believe that conjoint counseling had been an effective and positive therapeutic modality useful in expediting more beneficial communication between parents. For my purposes it was not so important that the communication or the quality of the communication actually improved as seen by others as long as the parents thought they interacted more positively.

Although I had no clear evidence to support my hunch, I believed that improving the quality of communication would in some way directly effect the children. I had no way of testing the children or observing their behavior since the children were not as a rule included in the counseling. Therefore I decided instead to measure the parents' perception of the children's behavior and use this as my second dependent variable. I expected the parents' perception would change significantly during conjoint counseling. I avoided a correlation with the first dependent variable preferring to test its significance independently fearing I was relying too much on intuition.

Now the development of a hypothesis was easy. I predicted that by putting parents together in conjoint counseling the quality of their communication would improve. Both of these variables will be defined and discussed at length in subsequent chapters.

It was, at this point, that I became aware of the fact

that I had finally come up with a promising design for a pilot study. I was also aware that it was a complicated project. The answer to my colleagues' question of "Why did you decide to undertake such a complicated research project for a Master's thesis?" should be more apparent now. It wasn't planned that was it just evolved. Also, in retrospect, this project seemed much less complicated than those originally conceived.

I must admit, though, that I asked myself many times over the last year why I didn't save this for a doctoral dissertation. But alas, I am a wiser woman for having gone through this ordeal and perhaps this pilot study will eventually serve as the foundation for a more extensive research study utilizing a larger population and a control group.

In summary, I have presented the reader with the development of this project from two parallel processes, 1) the combination of personal and clinical experience and 2) the actual task of conceptualizing and designing the research. Both processes contributed equally to the creation of this pilot research project on post-divorce communication.

CHAPTER I

Introduction

This thesis is a description of a pilot study developed to investigate the effect of conjoint counseling on the communication between divorcing parents and on their perception of their children's behavior. This investigation will provide the framework for further research with a larger population and possibly some direct observation of children's behavior.

Chapters I and II provide the reader with 1) a general background detailing the problems and traumas facing those who decide to end their marriage from a cultural, legal and psychological standpoint, and 2) a review of the literature on the efficacy of conjoint counseling and an examination of the quality of communication between divorcing parents in addition to the effect it has on their perception of their children's behavior.

Chapter III outlines the methodology and design of the research followed by demographic data on the participants with clinical material on each couple presented in Chapter IV.

The last chapters, V and VI examine the findings, discuss their importance and provide some conclusions and recommendations for further study.

Background to the Study

The problem is that there are very few agencies or institutions that deal with a separation or divorce crisis by working with both parties together. It is unrealistic to assume that a piece of paper dissolving a relationship will erase all of the subtle and not-so-subtle dependencies cultivated throughout the marriage. Yet, culturally, legally and psychologically both parties are expected to react and behave autonomously as soon as the decision to separate is made. The belief that a person has to be very strong to end a relationship setting him/herself against the socially approved convention of marriage is promulgated. Usually, once the decision to separate is made, each party has to get a separate lawyer and a separate therapist to work out the legal and emotional difficulties. This process may proceed smoothly if both parties are able to agree on the reasons for separating. It is also helpful if they both respect the others' need for freedom from the marital contract. When children are involved, however, the issues never seem to be too clear. It's difficult to accept one spouses' need for freedom when the other is left with the responsibility of caring for the children. Regardless of the encouragement toward independence the divorcing couple with children still have to maintain a bond. They share and will continue to share the responsibility for raising their children. This can be a very complex and

emotionally unsettling dilemma for those involved in divorce. A look at the impact our culture and legal systems have on those ending a marriage will perhaps provide some insight into the problems psychological services have in attempting to see both parties together.

The rate of divorces is not decreasing, instead it is increasing substantially each year. When I first started this project I checked the Sacramento courthouse records and was appalled at the numbers. ^{In} California, during the first nine months of 1975, there were 116,950 marriages recorded. A total of 96,253 marital dissolutions, annulments and legal separations were recorded. Even more significant is that during this same period of time 124,726 motions were filed for dissolution indicating that an increasing number of people were having serious difficulty.

When three out of every four marriages end in divorce one would suppose that something was being done to assess the situation and offer adequate service for those entering either state. Unfortunately, this is not a valid supposition. In fact, an incredible disparity exists. The amount of time, energy and money spent on preparing people for marriage far exceeds that expended on preparing those unwilling to remain married for whatever reasons. Elaborating on this contrast let's take a look at each situation.

The institution of marriage carries a great deal of

societal approval, ritual and expectations. Most churches provide pre-marital counseling services. Ofttimes, they require their parishioners to participate in pre-marital counseling before nuptial rites are performed. Schools educate high school students in the vicissitudes of dating and subsequent preparation for marriage. Magazines are readily available entitled, "Today's Bride" and "Bride Magazine" to assist the prospective couple in planning their fantasy wedding. This is, of course, not to mention the countless books available on every facet of marriage and family living. On television, family shows abound, programs such as the "Waltons" and "Eight is Enough" which equate familial love with two-parent families. Even mental health professionals can become experts by being trained in marriage and family counseling. With all the emphasis on marriage it does not seem strange that success in business, or at least promotion in part, depends on the marital stability of the career-oriented individual.

All this time and energy is spent on marriage what are organized religion, schools, etc. doing for those willing to accept the responsibility of a divorce. Organized religion leaves little room for those who have "failed" to maintain the family unit. In Matthew 19:9, King James Version, Jesus is reported to have said "And I say to you..whoever divorced his wife except for unchastidy and marries another commits adultery". Up until 1976 the Catholic church didn't even recognize divorce.

Mental health professionals are required by licensing agencies to be skilled in the problems encountered by families, however, very little emphasis is placed on requiring adequate training in understanding and dealing with the single-parent dilemma and the trauma of divorce. I've certainly never seen a magazine entitled, "Divorce Today", or "Divorce Illustrated"? Even on television the divorced male or female is portrayed as being a little weird. For example, Oscar and Felix on the "Odd Couple" or the extremely domineering and sometimes difficult to get along with "Maude".

In our society about the only acceptable end of a marital relationship is to be widowed. Is it any wonder that persons frequently wish their spouses had just died and left them to a more pleasant re-entry into society's mainstream. You feel sorry for a widower and go out of your way to aid them in working through the process of grief over their loss. The divorced are not blessed with the casket to mourn. They are left with no acceptable method of grieving and are expected to "bear up", "be strong" and accept their fate.

"Failure is not a popular American word, yet every divorce statistic means two people have failed in life's most noble and important relationship - failed themselves, failed their children, failed their creator and failed society."

-Sonoma County Conciliation Court,
phamplet from Supreme Court -

Constantly, regardless of the strength of those who decide to divorce, they are forced to deal with the cultural

bias toward marriage. The use of negative terminology, i.e. broken home, divorcee, etc., reinforce this feeling of "failure".

The onus of deciding who is right and wrong is placed on the legal system. A limited position in that the emotional issue, which in many divorce settlements is the furthest from being resolved, is disregarded in favor of more tangible issues like property settlements. Each partner comes to the courtroom protected by heavy armor and fortified with ammunition to defend themselves and hopefully destroy the enemy (other partner). A general response on a questionnaire asking "What would you do different if you had to do it over again?" was "Realize that it will be a brutal, no-holds-barred fight, and then get a lawyer who'll help you plan and execute and attack" (Addeo and Burger, 1975, p.235). One gets a visual picture of medieval times complete with a white knight off to slay the dragon. Unfortunately in that situation there can only be one winner.

Court calendars are deluged with divorce cases and custody battles. The advent of "no-fault" divorce effective in 1970 in California, provides for two parties to divorce without charging either party with blame. The purpose is to alleviate the adversary process. The basis for divorce is usually "irreconcilable differences". The problem with this law is that it requires the two parties to agree. In the event of disagreement the parties become adversaries.

At the County Court House in downtown Los Angeles I sat in on a number of divorce proceedings. I was amazed to see that in a good number of cases each partner had an attorney and expert witnesses, psychiatrists for the petitioner and respondent, each laying out a tight case to prove the other unfit or unable to care for the children. As I observed the battles I ventured the speculation that the angrier the parents were at each other the more involved the court battle was. The end result was still that the judge or commissioner was forced to make a decision. One party leaves the courtroom the "victor" and the other the "loser".

What happens when the battles escalate? Until very recently there was little institutional support for those involved with the trauma of divorce. Now there are a handful of agencies scattered across California which will be discussed later in this paper. The only recourse, in most cases, is reliance on the legal system to arbitrate. Judges and commissioners are forced to make decisions on well-prepared legal defenses based on scanty evidence. When children are involved they often become the pawn for their parents who are unable to handle the separation (Despert, 1962; Fisher, 1973).

Despert draws the conclusion that parents who have a high rate of court recidivism over issues of custody or visitation are still fighting an old battle using the helpless child as a pawn. She suggests that "what is needed is a psychiatric service attached not to either side but to the

court itself, with the same impartial position as the court, with an unprejudiced opportunity to explore the situation with both parents...(Despert, 1962, p.192-3).

To meet this need some California courts currently provide the service of a Conciliation Court to all those parties involved in a divorce action. The goal is to decrease the time spent in the courtroom by dealing presumably with some degree of effectiveness with issues beforehand. A social worker interviews the couple before the hearing to discuss the issues being settled and to evaluate the degree of emotional involvement which could draw out a court trial for days. To help avoid taking emotional issues into the courtroom the social worker can suggest that the couple participate in counseling for a time-limited period, usually not to exceed six sessions.

At this time the efficacy of this program has not been documented nor are there any statistics available reflecting the type of clients seen, average number of sessions attended, et cetera.

The establishment of California Conciliation Courts was preceeded by New York's Reconciliation Court. In New York, Gettleman and Markowitz (1974, p. 177) report, "less than 3% of divorce cases brought before conciliation bureaus have resulted in reconciliation and in most of New York the figure is closer to 1%. These figures suggest that in spite of enforced counseling people who have decided to divorce are

not easily maneuvered out of their decision." In this author's opinion the decision not to reconcile in no way implies that both parties are dealing amicably with the divorce.

With very little data available only a few comments can be made about the effectiveness of these courts. First, and probably most important, in New York mandatory counseling for the purpose of reconciliation presupposes that it is best to stay married. Unfortunately the supposition supports the stigma of "failure". If the New York statistics quoted above can be used as an indicator, they would reflect that most people simply don't want to stay married.

With no statistics available on California Conciliation Courts it is not clear whether court counselors are in reality alleviating court battles and assisting in post-divorce adjustment. The limitation of time, however, may interfere with the resolution of issues satisfactorily in such a short time.

Questions have been raised about the feasibility of mandatory counseling. Some have written strongly denouncing any positive aspects of mandatory counseling (Gettleman and Markowitz, 1974; Gardner, 1977). It would be ideal if mandatory counseling were not necessary. The reality is that getting people to come in for conjoint counseling voluntarily is extremely difficult, especially when one party wants to end the marriage and the other does not. In these situations the children are often used as a vehicle for communication of anger and pain.

If the fighting results in repeated court proceedings the judge or commissioner may defer the case for counseling.

The PDC at UCLA's Department of Legal Psychiatry is the primary referral source for the Family Law Courts and is not limited by the courts in its function. Clients may be seen for one month or one year in a variety of treatment modalities, i.e. individual, group and conjoint counseling.

Although other agencies do indeed offer services to the divorced couple, to my knowledge, the PDC is the only agency in Southern California that uses conjoint counseling as the treatment of choice in all cases. Individual and group counseling may be done but only as an adjunct to conjoint treatment. The PDC deals with separation or divorce crisis specifically by seeing both parents together in conjoint sessions.

The Post-Divorce Clinic

Judges and commissioners, associated with various courts throughout Los Angeles, typically refer cases which in their viewpoint require additional counseling or an evaluation before a decision can be made by the court as to custody or visitation.

When the referral reaches the director of the PDC, she assigns each case to a team of therapists. In part this is to avoid setting a therapist up as an adversary. The cases are generally quite difficult and complex. Treatment is

enhanced by the combined efforts of two therapists.

The primary responsibilities of the PDC are two-fold:

1. to help people accept and implement the court ruling
2. to rescue the child from the anger of the parents

In achieving these goals the emphasis is on helping the parents realize their anger and begin to work through the origin of these feelings with their former spouse.

The couples referred are rarely motivated to change. They have relied on the courts exclusively and reject, sometimes vehemently, the possibility of discovering that they are partially at fault. A belief in the adversarial system is well-ingrained. They generally have no desire to even be in the same room with their former spouse. Commonly a couple of individual sessions will be scheduled to facilitate the client into becoming more comfortable with his/her own feelings and work through some of the fear. The first conjoint session usually begins with one or two extremes, the hurling of hostile accusations or pregnant silences. It may take a number of these sessions to feel safe enough to explore their own anger.

It might be helpful to delineate one such case in which I was the therapist. I have selected information which directly relates to the issue of communication partially to demonstrate how the quality of this couple's communication changed over the course of treatment.

John and Sara were married for five years. It was his first marriage. She had been married before and was widowed. They both described their marriage as being fairly rocky. During her pregnancy with Bobby, John had an extramarital affair. When the child was six months old Sara found out about the affair and immediately kicked John out of the house and filed for divorce. In her eyes John had committed an "unpardonable sin". A year later she remarried. The case was referred to the PDC in 1977 because John had returned to court to request more visitation. This was not the first time either had been to court over the issue of visitation. In fact, the case had been to court five times. They each estimated their court costs and legal fees to be around \$5,000 - 8,000.

I saw each parent at the PDC initially in individual sessions. Neither were pleased about being ordered by the court for counseling. In spite of their dissatisfaction they were both cooperative and verbal.

During the initial interview John faulted Sara almost exclusively. She didn't allow him to see the child as often as he wanted. She didn't want John to come around or call Bobby and he was very angry that Bobby called her new husband "Daddy". He accused her of turning his son against him. In other words it was all Sara's fault.

Sara, on the other hand, described the situation as being reversed. John was always asking for the child at

inappropriate times. He never brought Bobby back on time. He had an unhealthy relationship with his son, calling him baby names and kissing him all the time. He was a trouble-maker.

After seeing each parent individually, the next step was to schedule a conjoint session. Both John and Sara were resistant to setting up this session together. They had trouble finding a convenient time and then the fee for the sessions was questioned. It became apparent to my co-therapist and me that they were both very afraid of sitting in the same room for an hour. Finally they managed to agree on a day and time.

The first conjoint began in silence only to be broken by an accusation after another. One would attack the other on some aspect of their parenting. John would yell at Sara for always sending Bobby to him for his weekend visitation in ragged, old clothes. Sara would retort that she had her reasons. John would get even angrier when she acted self-righteous and would escalate his attacks.

The treatment plan included seeing this couple both conjointly and individually. The individual sessions were scheduled to coincide with the conjoint sessions. In other words, both parties were seen twice a week, once in individual and afterwards in conjoint. The team of therapists was split for the individual sessions, i.e. I was John's therapist and Sara was seen by my co-therapist. During the conjoint sessions issues came up which had not been discussed during the five years since the separation. It became clear to

the therapists that John and Sara conveniently used Bobby to avoid talking about their own issues. During the initial sessions this avoidance or deflection was brought to their attention.

The cathexis of anger directly aimed at the ex-spouse and responded to seemed to clear the air leaving both John and Sara feeling relieved for the first time since their separation. Once they each aired their emotional dissatisfaction they were then able to hear each other and eventually understand each other better. A new, more productive atmosphere was created where the issues specifically dealing with Bobby could be resolved.

Eventually it became clear that John really thought Sara was a good mother, despite his frequent attacks. He did, however, resent the intrusion of her new husband. But he was also able to talk about his anger toward him. Sara was ultimately able to confront John directly with all the anger she had felt when he left her. Finally they could communicate without using Bobby or their parenting skills as the basis for their attack.

The the treatment took eleven months. It resulted with John and Sara mutually drawing up a visitation agreement, typing it and presenting it to their lawyers. The resolution of anger and guilt culminated in a mutual visitation agreement.

With this couple a mutual agreement could not have occurred without conjoint counseling which brings us back full circle. If conjoint counseling is effective why isn't it being used more frequently.

The problem is there are very few agencies that deal with traumas of separating or divorce crisis by working with both parties together. Each party is expected to get their own lawyer and begin building their case. If emotional crises are recognized each party will seek out their own therapist. Generally seeing a counselor together is too threatening, especially if one party strongly opposes the possibility of reconciliation.

Most of the responsibility for deciding custody, visitation, property settlement, etc. is left to the lawyers and the judges. In cases where there is a high rate of court recidivism or the legal issues seem embroiled in emotional issues the court will refer the case to a Conciliation Court or to UCLA's Department of Legal Psychiatry, Post-Divorce Clinic for counseling. The conciliation courts offer only short-term therapy. The PDC is more flexible to the needs of the parents. Both agencies see the parents together.

Although no statistical data is available on the Conciliation Courts as to the efficacy of conjoint counseling in a short-term situation, it is my opinion that the best results are achieved from a more flexible time period dependent

on the needs of the client.

The next chapter deals more specifically with conjoint counseling and its effect on communication between the parents and the perception of their children's behavior by the parents.

The idea of conjoint counseling is not new to psychotherapy. It has been used by therapists in counseling families for years. It is ironic that although the dictionary describes a family as "persons and their children, whether dwelling together or not", the concept of family in our culture is frequently destroyed by separation or divorce. For the purpose of this paper a family is defined as persons living together who are married or divorced. In this sense all marriages must be using conjoint counseling in family therapy sessions.

And (1969, p. 167) defines conjoint counseling as working with parties together. The strategic goal is to work through social emotional distortions and their interlocking adaptive or compensative systems." And further elaborates that in family relationships there are normally well developed alliances or bonds that exist between family members. The therapist's role is to help the family to work through these alliances and to help them to work through the process of change to resolve at least the current problem before they destroy the marriage and often the children." (And, 1965, p. 168).

CHAPTER II

EFFICACY OF CONJOINT COUNSELING

In Chapter I, I pointed out the need for counseling that would involve both parents together. In this chapter I will elaborate on the efficacy of conjoint counseling and its potential effect on the parents communication and their perception of their children behavior.

The idea of conjoint counseling is not new to psychotherapy for it has been used by therapists in counseling families for years. It is ironic that although the dictionary describes a family as "parents and their children, whether dwelling together or not", the concept of family in our culture is typically destroyed by separation or divorce. For the purposes of this paper a family is parents and children whether the parents are married or divorced. In that case all literature found on using conjoint counseling in family therapy readily applies.

Ard (1969, p. 167) defines conjoint counseling as seeing both parties together. The strategic goal is to "work through central neurotic distortions and their interlocking adaptive and communicative systems." Ard further elaborates that "In family relationships where the commonly held distortions are so gross and so reality-disruptive that speed in checking family disintegration is a critical factor, conjoint treatment seems to offer an ideal way in which to slow down the destructive neurotic process and provide a chance to resolve at least the surface problems before they destroy the marriage and often the children." (Ard, 1969, p. 168)

As an adjunct to conjoint counseling, individual sessions can provide a safe atmosphere for the client to experience a healthy catharsis of hostile, angry feelings. Once the client's individual feelings are recognized the distortions can then be clarified in the conjoint session. In solely individualized treatment plans the individual's distorted perception of an event or situation is never checked out with the other parent thus poor communication may continue.

To support this viewpoint Watzlawick (1963) did a study whereby he asked each member of a family to report on what they experienced during a certain event. Each family member reported a different perspective and interpretation that became clarified when the family met together. Even when every family member receives individual psychotherapy it would not represent the dynamics of the family unit (Ackerman, 1958). Some parents during the separation and divorce deny that their children are affected and keeping their feelings "locked inside" to avoid hurting their parents more. Children, however, are usually very aware when tension and anger are present (Satir, 1967).

The key to resolving the conflict is to bring the issues into the open and allow each partner to deal with them with the support and mediation of a skilled therapist. This task can be very difficult and is frequently, in the case of the PDC since most clients are unmotivated, met with a great deal of resistance. An opening statement commonly heard by writer and therapist in the clinic is,

"I don't want to communicate. I want a divorce and there is no need for me to ever communicate with that _____."

Gettleman and Markowitz (1974) contend that "hate can sometimes be a more binding emotion than love". Sager (1976) adds that people who continue to engage in a hostile relationship are simply entangled in a mutually destructive way of continuing a relationship that no longer exists. "Until the commitment ends, the 'marriage' remains some sort of reality." Hunt (1966) agreed that it is imperative to disengage from the emotional involvement if adjustment progress is to occur.

Sometimes a divorce will bring up old feelings of loss and detachment experienced as a child (Krantzler, 1974). It becomes even more difficult when the couple have children that are experiencing the same feelings. On one hand parents can use their children to express their own anger and guilt (Wallerstein and Kelly, 1977). On the other hand their own feelings may be so intense that they resent the child and consequently ignore the child for fear that the rage will culminate in physical aggression. One thing has been born out by the research of Kitson (1976) continued attachment is highly correlated with measurement of psychological disturbance. Many clinicians advocate counseling to alleviate the pathology which surfaces during a crisis. A divorced family that seeks help is not necessarily sick just confused and lacking the tools to cope with the crisis (Gettleman and Markowitz, 1974).

Fisher (1973) states the goals of counseling:

1. help client redefine role
2. develop problem-solving ability
3. achieve self-awareness and self-acceptance

The divorce counselor therefore becomes a "catalyst whose purpose is to help the couple explore and come to grips with their problems" (Fisher, 1973).

At the PDC the divorce counselor is indeed the catalyst and the primary treatment modality is conjoint counseling. The goal is to facilitate a communication system that allows both parents to feel more comfortable about themselves and their ability to maintain a new family unit.

In achieving this goal, the first step is to evaluate the quality of the parents' communication currently. It does not take much insight to pick up the feelings of guilt and anger from the onset of treatment. Comments frequently heard in initial therapy sessions are:

1. How come you want to see Little Richie so much? You sure didn't spend that much time with him when we were married.
2. I notice you've got some new clothes. I sure hope you're not using the child support money I gave you.
3. Richie said you had a girl with you the last time he saw you. I don't think Richie needs to be exposed to your little affairs.

Taking a closer look at these comments it can be seen that the child is indirectly used to relay messages that the parents are unable to take responsibility for saying.

Taking responsibility would have meant that the message communicated by the parents might have really been:

1. When we were married you didn't spend that much time at home. Are you feeling guilty? Is that why you want to see Richie so much? It hurts me to see you care so much about him and so little about me.
2. You're looking very handsome. I don't like being attracted to you, especially when I know you don't want to get back together.
3. I can't stand the thought of you seeing someone else.

When the fighting escalates, the children may be used directly in the communication. They become the messengers of bad information, i.e., "Daddy told me to tell you he doesn't like to be kept waiting when he comes to pick us up and he wishes you wouldn't always ask him about how he is doing and who he is dating." From the other side, "Doesn't your father care enough about you to feed you properly? Next time he offers you hot dogs and potato chips for dinner you tell him I said you had to have a better dinner."

At this point, the communication is so indirect that distortions and miscommunication govern the reactions of both parties. Since the children are the harbingers of anger and hostility they are affected as much as the parents by the parents' failure to communicate.

For some children fantasies are fed. The children may think that because mommy and daddy are engaged in any kind of interaction they secretly want to get back together. Some children get so confused that their parents suddenly begin to identify problem behavior and use the child as the representative of all that has happened and figure to cure the child by counseling. Wallerstein and Kelly (1977) found from their research that the parents who initiated the

divorce saw children as relatively intact and came to counseling for reassurance of their observation. The parents who had difficulty accepting the divorce saw their children as troubled and damaged by divorce and also came to counseling for confirmation of their perceptions. Although this researcher's study only measures the parents' perception of the children's behavior the finding of other researchers as to the expected behaviors are incorporated in the development of the questionnaire detailed in Chapter III.

Despert (1976) reports the following list of reactions one might expect from children during and after divorce: listlessness, poor eating, poor sleeping, difficulties with school work, irritability and hostility. Kushner (1965) adds withdrawal, acting out and displacement of anger, guilt and frustration to the list. Despite the decision of the parents to divorce the children most times never wanted it, and they have few outlets for their feelings of rejection and helplessness.

It seems that a conclusion that one can draw from this is the need for a safe space where the emotional conflict between parents and involving the children can be exposed and analyzed. "Divorce requires mourning--grief work must be done with great thoroughness or there will remain the danger of constantly living in the presence of the open casket of a dead man" (Wiseman, 1975).

In summary, conjoint counseling, as a treatment modality, has been used for many years in dealing with problems in family relationships. It has been shown to be useful in

clarifying distortions and miscommunication commonly surfacing during a crisis. During and following a divorce communication between parents is generally strained because of the tremendous stress everyone in the family has to cope with. Children are oftentimes used, either directly or indirectly, as the vehicle for their parents' communication.

By simple deduction, if conjoint counseling is effective in working with families in crisis and divorce can be considered a family crisis, then conjoint counseling must be effective in divorce counseling. The effectiveness of conjoint counseling can be tested by measuring the change in the parents' communication over a period of time. The prediction is that communication will improve from ineffective and counter-productive to effective and productive. Due to this improvement in communication the parents may perceive the behavior of their children to be less of a problem. Therefore it can be expected that the parents by participating in conjoint counseling will improve the quality of their communication and their perception of their children's behavior will change for the better.

Therein lies the basis for my hypothesis which will be presented in detail in the chapter which follows. The rest of this thesis will be devoted to the actual pilot project; methodology and design, background of the participants, findings, discussion and conclusions.

CHAPTER III

METHODOLOGY AND DESIGN

The following chapter summarizes the methodology and design of this pilot study. The statement of the hypothesis is followed by the selection and testing of the sample population of the participants, the development of questionnaires to measure any change in communication and parental observation of child behavior. Finally, a description of the method used for analyzing the data will be provided.

Hypothesis

It can be expected that parents' participation in conjoint counseling will improve the quality of their communication about the children and their perception of their children's behavior will change.

With respect to the quality of communication, I predict that after conjoint therapy the following communication patterns will emerge between the two parents:

1. More discussion about special achievement the children have experienced at school.
2. More calling of the former spouse to ask for advice about problems concerning the children.
3. More discussion over areas of disagreement.
4. Less avoiding of certain subjects about the children.
5. More informing the other parent of important events in which the children are participating.
6. More agreement on matters of discipline for the children.

7. More discussions on important decision concerning the children (such as vacations, moving, changing schools, etc.)
8. More informing the other parent of illness which has occurred while child was with parent.
9. Less avoiding telling the other parent of things which put the parent in a bad light concerning the children.
10. More confrontation on areas which ordinarily would displease the other parent.
11. Less arguing.
12. Less need to prove you are right.
13. Less indirect communication with other parent by using the child as a messenger.
14. Less feeling of being misunderstood by the former spouse.
15. Less withholding from the other parent when something good happens while the children are in your presence.

In measuring the change in the parents' perception of the children's behavior a variety of possible behaviors were included on the questionnaire. I have included all of them on the list below. My prediction is that a change in parental observation will occur, hopefully a decrease in frequency of reports of the following kinds of behavior:

Problems of Eating

- Picky and finicky
- Overweight
- Will not eat enough

Problems of sleep

- Cannot fall asleep
- Awakens at night
- Nightmares
- Restless
- Bedwetting
- Asks to sleep with parent

Fears and Worries

- Afraid of new situations
- Afraid of people
- Afraid of being alone
- Worries about illness and death

Complaints of Following Symptoms Even Though Doctor Can Find Nothing Wrong

- Headaches
- Vomiting
- Stomach aches
- Aches and pains

Over-Asserts

- Bullying
- Bragging and boasting
- Sassy to grown-ups

Problems Making Friends

- Shy
- Feelings easily hurt
- Afraid they do not like him
- Picks on other children
- Has no friends
- Distrubs other children
- Wants to run things

Childish or immature

- Clings to parents or other adults
- Does not act his age
- Baby talk
- Wants help doing things he should do alone
- Cries easily

Temper

- Throws himself around
- Pouts and sulks
- Throws and breaks things
- Temper outburst, explosive and unpredictable behavior

Problems in School

- Does not like to go to school
- Will not obey school rules
- Is not learning
- Daydreams
- Is afraid to go to school
- Truancy

Trouble with Feelings

- Keeps anger to himself
- Lets himself get pushed around by other children
- Carries a chip on his shoulder
- Unhappy

Lying

Denies having done wrong
Blames others for his mistakes
Tells stories which did not happen

Stealing

At school
From parents
From stores and other places.

Selection of Participants

From June to August, 1977 all cases referred to the clinic were held for an orientation session the first week in September. The reasons for this procedure were two-fold: 1) the clinic is bound to an academic year training cycle operating under the policy that it would be better to assign new cases to therapists joining the staff in September rather than to therapists leaving in August, 2) the clinic decided to inform the new clients of the operational constructs of the clinic prior to their beginning treatment in the hopes of relieving any anxiety about coming to the clinic.

My study was explained at the orientation so those in the holding group were familiar with my study before they met with their assigned therapists. I also spent some time in case conference describing my research to the therapists.

As the cases were assigned, I contacted the respective therapists and handed them a request form that would inform me of their scheduled appointment with their client and the client's willingness to participate (Appendices I and J). My initial plan had been to administer all the questionnaires myself. When it became obvious that I was not going to be

able to accomplish this due to overlapping appointments the therapists agreed to test their clients on intake. Unfortunately, for unknown reasons (perhaps due to the mechanics of clinics in general) some of the therapists failed to test the participants on intake and when I found that their cases were deep into treatment I had no choice but to drop them from my study. There was no systematic bias in the selection of the sample in that there were only two cases dropped due to the therapists' oversight in testing them on intake or shortly thereafter.

A total number of 11 couples, $N=22$, agreed to participate and subsequently were tested. Several individual parties agreed to participate but without the cooperation of their former spouse they were inappropriate for my research.

Testing the Participants

I began testing the couples in September 1977. As new couples were referred to the clinic they too were asked to participate. All were pre-tested before December 31st, 1977. The reason for the long period of time between assignments and testing was the resistance of some clients to begin treatment. Appointments were cancelled and rescheduled and cancelled again. Sometimes after the initial intake there was fear about a conjoint session and therefore appointments were repeatedly cancelled.

The pre-test which included a demographic questionnaire,

Communication Inventory and Parents' Questionnaire took approximately twenty minutes to complete and all participants filled them out at the clinic.

The post-test was administered during the last week in March and the first two weeks in April regardless of the disposition of each case.

Difficulties arose during the post-test phase which may be expected in any study of this kind. Some therapists either terminated their clients or their clients terminated without my knowledge. In one case one of the participants moved to Ohio. In another case one of the former spouses was so angry with her ex-husband that she refused to complete the post-test.

In some cases, since the subjects were either not scheduled for an appointment or found it logistically impossible to come to the clinic, the questionnaires were mailed out with self-addressed, stamped envelopes. They were asked to return them immediately (my feeling was they would be put aside and lost if they weren't done right away).

At the conclusion of the post-test phase I was left with 11 couples, 22 subjects who had completed both the pre- and post-test phase. The parents completed questionnaires on the behavior of 17 children, totalling 34 reports on children's behavior before and 34 reports after conjoint counseling with the parents.

Developing the Questionnaires

In my research the null hypothesis* states that there will be no change in communication between the parents, nor will there be a change in the parents' perception of the children's behavior. To test this hypothesis I recognized the need for two different types of questionnaires. One questionnaire that would elicit information specifically regarding the communication of the two parents about their children and another that would secure certain information from the parents on their perception of their children's behavior.

There were no tests or measurements that could be found on the direct communication of parents about the children that were appropriate for the divorce situation. However, Narvan (1967) had developed a Primary Communication Inventory specifically for testing the communication between married partners in an attempt to determine the degree of marital satisfaction. (See Appendix K) It seemed that this instrument was the most adaptable to the post-divorce arrangement.

I redesigned the Primary Communication Inventory to include 25 questions which I felt were the key issues in dealing with the children. I went over this list with the

*The null hypothesis used in testing for statistical significance suggests that there is no relationship between the variable under study. A researcher may conclude that therefore two variables are related after having statistically rejected the null hypothesis. (Blalock 1972)

Director of the PDC and we eliminated certain questions like:

Do you know the feelings of your ex-spouse from his (her) facial and body gestures?

How often do you relate things that make you especially proud, elated or full of self-esteem?

These questions relate more to the communication between the adults and were felt to be irrelevant since the focus of this measurement is on communication regarding the children as stated in the hypothesis. We were able to narrow the field to 15 questions all dealing with the way that parents communicated about the children. For each question the participant was asked to respond by circling: Very frequently, Frequently, Occasionally, Almost Never or Never (See Appendix N).

To determine the perceived change in behavior of the children as reported by the parents over a time-limited period I decided to use the Connor's Scale. This questionnaire has been useful in the clinical setting to identify certain problem behaviors as perceived by the parents, school and the children in three different checklists. I decided to utilize only the parental checklist. Through the parents reporting at the onset of treatment and after 3-6 months, I expected to see a decrease in frequency of reports of behaviors felt to be inappropriate by the parents as recorded on the Parents' Questionnaire. The choices for each behavior were: Not at all, Just a Little, Pretty Much and Very Much (See Appendix N).

Initially, I planned on measuring the self-concept of children. (See Appendix B). The Piers-Harris Self-Concept Scale was my choice of tests for children from age six to twelve. The time-limitation and difficulty in obtaining participation from children of this age led me to abandon this component of my research. My hunch, however, was that the self-concept probably improved with the parents improvement in communication skills.

As I continued to be aware of new observations and research, during the final phases of my own research, I came across a study completed in Virginia on self-concept in children. Raschke (1977) measured the self-concept of 289 school children from the 3rd, 6th, and 9th grades dividing them into subgroups: those from intact families, single-parent families, reconstituted or other types of families. Her findings were that the self-concepts were "significantly lower for those children who reported higher levels of family conflict, but there were no significant differences in self-concept scores of children from intact, single-parent, reconstituted, or other types of families." If the self-concept of children is strongly dependent on the degree of family conflict and not the type of family then it could be suggested that reducing family conflict could increase self-concept. Although this study makes no attempt to measure the actual behavior of the children my guess is that improving the communication which in effect reduces the stress experienced effects the parents observation of their children's behavior.

Statistics

I was fortunate to enlist the services of a statistician I had previously worked for to assist me in analyzing my data.

We decided on an analysis of variance to find the significance of change. On the Communication Inventory each of the fifteen items will be analyzed by:

1. Couple
2. Husband vs. wife
3. Husband vs. wife X before X after
4. Before vs. After
5. Before vs. after X Couple
6. Husband vs. wife X before vs. after
7. Couple X Husband vs. wife X Before vs. After

The fifteen items will also be divided into two categories:

1. communication related to the children
2. communication between the parents

The analysis of variance on the child data will be on the individual items, sub-domains and the total.

Another section of the questionnaire called for the rank ordering of the following from area of least concern to area of most concern:

- Visitation
- Communication with former spouse
- Issue of custody
- Communication with children
- Legal System
- Communication with lawyers

These items were tabulated manually to analyze the frequency response to each area.

CHAPTER IV

BACKGROUND OF PARTICIPANTS

Demographic:

The following tables provide a representational picture of the background of each of the participants. To forestall common allegations that only certain types of people are referred for counseling the Tables illustrate the heterogeneity of the population.

In Table I the average age of the male participants fell in the 31-35 range, the female subjects in the 26-30 range. Reviewing the charts I found that by and large the females were married to slightly older men.

With respect to yearly income I had some difficulty. Table II reflects the data as it was drawn directly from the questionnaires. However, an interpretation from this data is questionable. It is unclear whether the respondents reported their earnings or the combined earnings with their new spouses. The variable of fear of assessing a higher fee also enters into the collection of this information since the clinic fees are predicated on a sliding scale based on gross income. It seems highly probably that the incomes would be relatively high based on the number of times each couple had been to court and the incredible expense of legal fees for the courts and the lawyers.

Table III reflects that the education of the subjects is in keeping with the middle class characteristics reflected

in all of the tables. All but one female are at least high school graduates. The majority of males is partially college educated.

Unfortunately, norms for the larger population seeking counseling could not be found for comparison.

Looking at Table IV it can be observed that all but three of the participants are employed, perhaps a function of the necessity for financial security in single-parent homes. The three homemakers were all remarried. There was no difference between the pre-test and the post-test in terms of occupation.

Table V reveals data that was drawn from the questionnaire and from the clinic charts. Most of the couples have two children, the children range in age from three years to 25 years. The couples were married from three to twenty years. Half of the participants remarried. Of those that remarried all remarried within a one and a half year period from the time of divorce with the majority remarrying within months of the ex-spouse. It is interesting to note that of those who did not remarry with the exception of one, they are still in the process of divorcing. That is, there were basically only two groups of people, those who had remarried and those who were still getting a divorce. The case histories provide a more detailed description.

All but two of the couples were referred to the clinic by the courts for issues of custody, visitation and a need for counseling to settle living arrangements (situations

where a separation has occurred but for financial reasons the couple still reside in the same house - in some cases the court has ordered the couple to live together).

TABLE I

AGE OF PARTICIPANTS

	<u>Male</u>	<u>Female</u>	<u>Total</u>
20 - 25	0	1	1
26 - 30	4	5	9
31 - 35	3	0	3
36 - 40	1	3	4
41 - 45	2	2	4
46 - 50	1	0	1
Over 50	0	0	0

TABLE II

Yearly Income of Participants

	<u>Male</u>	<u>Female</u>	<u>Total</u>
5,000 - 10,000	2	5	7
10 - 15,000	3	3	6
15 - 20,000	4	2	6
20 - 30,000	1	0	1
30,000 - Over	1	0	1
No Salary	0	1	1

TABLE III

Education of Participants

	<u>Male</u>	<u>Female</u>	<u>Total</u>
None	0	0	0
Grades 1 - 6	0	0	0
Grades 7 - 9	0	0	0
Grades 10 - 11	0	1	1
H.S. Graduate	1	4	5
Tech/Trade	1	1	2
Partial College	6	3	9
B.A.	0	0	0
Partial Graduate	1	0	1
M.A.	0	2	2
Doctorate	0	0	0
Other	1 (M.D.)	0	1

TABLE IV

Occupations of the Participants

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Prof/Technical	3	4	7
Managerial	1	1	2
Artist	2	0	2
Sales/Clerical	0	3	3
Crafts/Foreman	2	0	2
Service Worker	3	0	3
Laborer	0	0	0
Homemaker	0	3	3
Student	0	0	0
Unemployed	0	0	0
Retired	0	0	0
Other	0	0	0

Number of Children	Number of Times Seen at Clinic	Number of Conjoint Sessions	Number of Months Seen at Clinic	Referred By	Reason for Referral	Who has Custody	Number of Times Appeared in Court
2	10 *	8	8	self	visitation	father	6
2	8	4	6	court	visitation	mother	3
2	10	5	6	court	visitation	mother	6
2	14	9	7	court	visitation	mother	7
2	9	8	7	court	visitation	father	6
2	38	5	7	court	counseling	N/A	2
4	12	8	7	court	counseling	N/A	2
1	23	9	6	self	counseling	mother	1
3	26	16	8	court	counseling	mother	3
2	6	4	3	court	visitation	mother	4
1	18	7	4	court	visitation	mother	3

* Number of times seen at the clinic includes individual sessions.

Case Histories

As a brief preface it should be noted that the only information used in the histories is that which is relevant to the issue of communication and the children.

COUPLE 01

This couple was self-referred because of problems in communication over visitation. They were married in 1965 and divorced in 1970. They had two male children. At the time of the divorce - custody was awarded to the father because the mother didn't feel prepared to care for two small boys. In 1972, within four months of each other, they both remarried. After the mother married her interest in taking custody of her children increased. As she began to escalate her tactics to win the children the father began to express his hostility for her more openly resulting in a standstill verbally. An increased anxiety and frustration built due to the lack of communication.

At the time they came to the clinic not only was there no communication but the boys became the vehicles - carrying information between the two families. One of the boys, who both parents were very concerned about, expressed a feeling of being confused and unable to please either set of parents. The counseling sessions were all conjoint between both sets of parents. Problem-solving skills and clarifying miscommunication and misperceptions became the focus. After seven months the case was terminated with both parties feeling they had learned

a great deal about the other. In addition, the mother saw that her sons were better off staying with their father and ceased attempts to obtain custody.

COUPLE 02

This couple was court-referred due to the mother obstructing visitation with the father. They were married in 1957 and divorced in 1976. At the time of the divorce custody of the two girls was given to the mother. The couple had been married about 16 years when they made a major cross-country move. After buying a house and settling in, the father lost his job and for about a year or so was unemployed. Both describe the marriage as "deteriorating" during this time. For implicit reasons the mother asked for a divorce and relocated some 20 miles away with the two girls. She was very angry and hostile about the relationship and expressed concern over his liberal, free-spirited lifestyle. He was upset by her decision to leave and desired reconciliation. She presented as a rather passive woman expressing that she felt intimidated and unsure of herself with him and therefore refused to make contact. After three conjoint sessions the mother refused for a number of reasons to continue. The therapists describe the sessions as "primarily a ventilation of anger". At the time the couple was re-tested visitation was granted by the mother on an extremely limited basis. The father was being seen in a group at the clinic and continues to try to establish a relationship with his children.

COUPLE 03

This couple was court-referred to the clinic for problems of visitation. The father wanted more visitation, the mother wanted to grant less time. The mother and father were married in 1967, divorced in 1974. Both remarried in 1974 within two months of each other. They had two children, a girl and a boy. Both describe their primary problem before and after the divorce as being a lack of communication. When they had their first conjoint session they felt it to be the first time they'd really engaged in conversation in over three years. The mother and father worked at evaluating their former methods of communicating and at the time of post-testing were scheduled for a terminating session. Both claim visitation and communication have improved.

COUPLE 04

This couple was referred to the clinic by the court because the mother was preventing the father from reasonable visitation with their son and daughter. They were married in 1967 and divorced in 1974. Both remarried in 1975. In 1974, at the time of the divorce, custody was awarded to the mother. During a scheduled visitation the father abducted the two children and took them to Mississippi. Although he eventually returned the children, the mother has never forgiven him and continues to feel anxious that he will abduct the children again.

During the sessions a problem in communication surfaced in addition to both former spouses residual pain from their marriage as yet unresolved. The father seemed very upset at being

replaced by the mother's new husband and the children calling him "daddy". At the time of post-testing both the father and mother were continuing to be seen in the clinic and the therapists both noted a great deal of progress.

COUPLE 05

This couple was self-referred to the clinic. The problems they both described were "lack of communication" and "difficulties with the children". They were married in 1965 and divorced in 1972. During the marriage two children were born, a girl and a boy. Both describe the marriage as being "rocky". The father felt that the problems were insurmountable and left asking for a divorce. The mother was emotionally unable to let go since she "had never wanted a divorce in the first place". Instead of communicating with each other the children carried messages back and forth. The conjoint sessions began on a hostile note with much ventilating of residual anger. As the sessions progressed the couples began to deal more directly with the issues they were both afraid to deal with before. He was able to see the children with less hassle and obstruction by the mother. The mother was able to see that she could rid herself of the anger and move on establishing new relationships and feeling better about herself. One month prior to post-testing the case was terminated.

COUPLE 06

This couple was referred by the courts. The problem is complicated by the fact that both parties are still living in

in the same house. They were married in 1966 and separated in 1977 although not physically. They not only reside together but jointly operate a business. They are the parents of two children.

The mother initially asked for a divorce but refused to relinquish any part of the house or the business. The father refused to give up the same. The home environment was hostile with a "divided but equal" front resulting in an atmosphere permeated with tension and anxiety.

Only five conjoints occurred during a seven month period. Each of the sessions was described by the therapists as "full of anger and accusations". The couple seemed to be able to communicate reasonably about the children but could not discuss physical separation or a financial settlement without fighting. After four months all conjoints ceased. The mother was unwilling to participate especially in conjoint sessions and the father elected to continue in individual therapy.

COUPLE 07

This couple was referred by the court for counseling. They still reside in the same house and as yet are not divorced. The expectation of counseling was to hopefully repair or re-establish effective communication to facilitate decisions of custody and the home situation. Couple 07 were married in 1957 and separated in 1977 although not physically. The father refused to leave the house but had offered the mother a sum of money to find an apartment which she refused despite the encouragement of the children who wanted to go with her. The father stated his goals

as "removing his wife from the home and gaining custody of the children". The mother stated quite firmly that she wanted no part of therapy now or ever. After three months and five joint sessions he still wanted to continue in the same joint living arrangement. She had decided to move closer toward a divorce and had hired a new lawyer to try and get her husband removed from the house.

At the time of post-testing the couple were continuing the same living arrangement. The father had plans to continue in individual therapy and a court date to decide custody and the settlement was scheduled for April.

COUPLE 08

This couple was self-referred to the clinic. The mother made the initial contact complaining that her son was having nightmares and bedwetting and she attributed this to her separation. Both parents were willing to participate and were seen individually and conjointly for six months. They were married in 1968 and physically separated on two occasions in 1975 and 1976. When they began treatment they were living in separate residences but saw each other daily and spent at least every other night together. "Communication" was pinpointed as the precipitating problem by each party in addition to the father's relationship with another woman.

The conjoint sessions were focused on the difficulties they had experienced while married and the pain attached. The child throughout most of the sessions did not appear to be the key issue. As they came to develop their own strengths and

became more independent their relationship improved, however, they went ahead with the divorce. At this time he is still being seen in individual therapy and no conjoints are scheduled, however, both subjects are aware that they may return to the clinic and agreed to do so if problems occurred.

COUPLE 09

This couple was court-referred after undergoing an evaluation by the clinic for custody. The mother was granted custody which the father had a great deal of trouble accepting. In his opinion she was "clearly unfit". The couple married in 1961 and separated in 1976. The divorce was final in 1978. They had three children.

At first the conjoint sessions were filled with bitterness and hostility each expressing their own anger with the present state of affairs. Throughout their clinic experience the father was not only participating in the conjoint sessions but a group as well. The wife began by coming to the conjoint sessions but then stopped participating. She did agree to attend a terminating session.

The father through his contact with the group and the conjoint sessions got more in touch with his own feelings and at present is still part of the group recognizing its positive support. At the present time there seem to be no problems with visitation or other related issues.

COUPLE 10

This couple was court-referred. The mother was denying the



father visitation. When visitations did occur there were fights and arguments in front of the children. This couple was married in 1967 and divorced in 1974. He remarried in 1974, she remarried in 1975. They have two girls.

For him the primary problem was her using the children against him and she felt that he did not deserve to see the children since he had "deserted" them. They both recognized that a central issue was "lack of communication".

Meeting in a safe place and being able to confront each other with a professional present facilitated their communication. At the time of post-testing their communication has improved considerably according to the therapists and they are continuing to meet conjointly as well as their group participation.

COUPLE 11

This couple was court-referred because of the mother's obstruction of visitation. She claimed it was to "protect her son". They married in 1972 and divorced in 1975. There was a great deal of ambivalence about the marriage from the very beginning. After living together for 1½ years a decision was made to marry "almost out of obligation". There was even a degree of ambivalence about having a child. Their relationship was fraught with difficulties not the least of which was their inability to communicate. Both would rather enlist their families to communicate for them.

At the time of post-testing communication had improved

slightly but they had terminated due to a logistic problem in getting to the clinic.

The null hypothesis for this study stated that there would be no difference in the pre- and post-test data on parents' communication regarding their children or the behavior of the children as reported by the parents. No significant differences were reported in the pre- and post-test data on parents' communication regarding their children or the behavior of the children as reported by the parents. No significant differences were reported in the pre- and post-test data on parents' communication regarding their children or the behavior of the children as reported by the parents.

For this study, $p < .05$, a statistically significant difference was found at the 5% confidence level or below, that is, probability is no greater than 5 out of 100 that sampling error is the cause of observed significance. No significant differences were reported in the pre- and post-test data on parents' communication regarding their children or the behavior of the children as reported by the parents.

How often do you discuss with your former spouse the child's behavior? (1) Never (2) Rarely (3) Sometimes (4) Often (5) Always

CHAPTER V

FINDINGS, DISCUSSION AND CONCLUSIONS

The null hypothesis for this study stated that there would be no difference in the pre- and post-test data on parents communication regarding their children or the behavior of their children as reported by the parents. My prediction was that the null hypothesis was erroneous and that through conjoint counseling an improvement in parents communication and their perception of their children's behavior could be expected.

To test the null hypothesis, analysis of variance was used. Two sets of data (parents communication and childrens' behavior as reported by the parents) were coded and keypunched. The first program tested for variance in communication using four variable, couple, member (female/male), measure (before/after), and member/measure.

For this pilot study, N=22, a relationship is considered significant at the .05 confidence level or below. That is, the likelihood is no greater than 5 out of 100 that sampling error is the cause of measured significance. No significance (NS) implies a chance greater than 5 out of 100 that sampling error is the cause. (Blalock , 1972) For the following 15 items only item 14 showed a significant correlation which will be discussed later.

1. How often do you discuss with your former spouse special achievements that your child has experienced at school? (NS)
2. How often do you call your former spouse to ask for advice on a problem concerning your child? (NS)

3. Do you and your former spouse talk over things you disagree about or have difficulties over? (NS)
4. Do you and your former spouse avoid certain subjects in conversation about the children? (NS)
5. Do you inform your former spouse of important events in which the children are participating? (NS)
6. Do you and your former spouse agree on matters of discipline for the children? (NS)
7. Do you and your former spouse discuss things together before making an important decision regarding the children? (For example: vacations, moving, changing schools, etc.) (NS)
8. Do you inform your former spouse of signs or symptoms of illness you have noticed while the child was in your presence? (NS)
9. Do you avoid telling your former spouse things which put you in a bad light regarding the children? (NS)
10. Your children inform you of an event or situation that has occurred while in the company of your former spouse which displeases you. Would you talk to your former spouse about it? (NS)
11. Since the separation/divorce how often do you argue with your former spouse? (NS)
12. When discussing a particular issue regarding the children how often do you feel the need to prove you are right? (NS)
13. If you are aware ahead of time that you are not going to be on time for a pre-arranged transfer of the child do you ask the child to relay the message to your former spouse? (NS)
14. How often do you feel you are understood by your former spouse? (p<.02)
15. Your children tell you about an event or situation that has occurred while in the presence of your former spouse which you think benefited them greatly. How often would you communicate your pleasure to your former spouse? (NS)

Since only Item 14 showed any significance the first part of the hypothesis is basically unsupported. That is, there was no statistically significant change in the quality of the parents' communication due to conjoint counseling. It should be noted that Item 14 reflects the degree to which the participant feels understood by his/her former spouse which could be a direct result of conjoint counseling. However, without further investigation it would be inappropriate to make any conclusions about the change.

Another part of the questionnaire required each participant to rank order items from most to least concern:

- Visitation
- Communication with former spouse
- Custody
- Communication with child
- Legal System
- Communication with lawyers

This rank order was scored to determine the changes from the participants' first choice on the pre-test to first choice on the post-test (See Tables VIA & B). On the pre-test, seven out of eleven women listed communication with their former spouse as an area of most concern (first choice) on the post-test none of the women listed communication with their former spouse as first. On the post-test seven out of eleven women regarded communication with their children as the area of most concern. For the fathers (See Tables VIIA & B) there was no change, however, only two out of eleven regarded communication with their former spouse as an issue both before and after. The Communication Inventory (CI) and the rank order constituted the only items directly relating to communication in the testing. In summary, two different techniques, analysis of variance

and a rank order, were used to determine the change from pre- to post-testing with respect to the quality of communication and behavior observed. The analysis of variance in the first instrument (CI) found significance in only one item, # 14, "how often do you feel you are understood by your former spouse?" This finding would indicate that at least the parties felt that they were heard. It could also suggest that despite the lack of evidence showing improvement in overall communication, the parents felt better understood and therefore communication problems were less of an issue.

This view could be further supported by the results obtained from the second indicator, the rank ordering of concerns in that communication seemed to be less of an issue from pre- to post-testing. The female participants (7 out of 11) checked communication with their former spouse as their area of greatest concern in the pre-test and there were no female participants who felt this was of greatest concern on the post-test.

The second computer program involved an analysis of variance on the parents' observation of their children's behavior. That data was analyzed first by major headings:

- Problems of Eating
- Problems of Sleep
- Fears and Worries
- Complaints of symptoms even though Doctor
can find nothing wrong
- Overasserts
- Problems making friends
- Childish or immature
- Temper
- Problems in school
- Trouble with feelings
- Lying
- Stealing

-15-

The domains were analyzed using five different variables: Couple, Birth order of child, member (male/female), measure (before/after), and member/measure interaction.

Looking at the results of the member analysis which measured the variance between the fathers' and mothers' observations of the children the following are significant:

Problems of Eating	$p < .001$
Complaints of symptoms	$p < .01$
Trouble with Feelings	$p < .03$
Lying	$p < .003$

On a closer look at the mean scores for these items the fathers tended to observe more frequent behavior problems than the mothers. This was true on all categories regardless of significance. In all cases the change was a decrease in frequency of said behavior.

The measure score, which is the difference between before and after tests show the following as significant:

Problems of Eating	$p < .009$
Problems of Sleep	$p < .05$
Fears and worries	$p < .04$
Problems with friends	$p < .001$
Childish or Immature	$p < .0008$
Lying	$p < .04$

There was no significance (n.s.) in any of the categories of member/measure interaction.

The second hypothesis predicting a change in parental observation of their children's behavior was supported. This

caused me to wonder what had influenced the parents to such a degree that their observation of the children's behavior would change regardless of any change in their ability to communicate. There are a number of possibilities.

First, the improvement in being understood by the former spouse is a direct benefit, in my opinion, of conjoint counseling. This is primarily because, for the first time for many of the couples, they are finally being heard. This is a major step in learning effective communication. It shows that in some respect both parents are increasing their listening ability and implies an increased ability to verbalize their own feelings. The fact that their overall communication didn't improve may have more to do with the participants need to remain autonomous and independent since the primary difficulty in post-divorce adjustment is re-structuring your life as a single-parent. There might be a more significant change after a year or so. This is purely speculative. Feelings of at least being understood could be responsible for the parents either seeing behavior problems differently or being more responsible instead of blaming the behavior of the children on the other parent. I could simply be a re-focusing of the parent's attention to their own problems.

One thing is clear, the fathers' observed more behavior problems and to a larger degree than the mothers. This could be due to a number of factors. For example, the father, at least for this sample, is generally the non-custodial parent therefore has to establish a whole new living situation for

himself and his children. Before the divorce the father frequently is not around and therefore is not as aware of some of the child's behaviors and may be less tolerant when he is with them alone.

In some cases where custody is an issue or a potential on-going threat, the custodial parent has a tendency to be more guarded about pointing out problems or difficulties at home feeling it will reflect on her ability and adequacy as a mother.

Whether the variance in behavioral observations is a function of the father's adjustment, the mother's or both would necessitate further testing with a larger sample, varying over longer time frames. I feel that these are limitations which need to be acknowledged in the event of further research.

In Chapter II, there is a list of behaviors and reactions commonly expected from children facing divorce. It is meaningful that many of these behaviors changed according to the parents during the pre- and post-testing. Despert (1962) noted poor eating, poor sleeping as did the participants in this study. Inahner (1965) reported withdrawal, acting out and displacement of anger and guilt which were all supported by this research.

In conclusion, the results of this study reveal some important facts. Conjoint counseling affords a common ground where, with the help of a therapist, both parents can progress toward a better understanding of each other. Since the overall quality of communication did not improve significantly a correlation can not be directly made between improved communication and fewer observations of problem behavior in the child

by the parents. Interpersonal communication may not be a factor at all. A shift in attention from the focus on the children to a focus on the parents may be responsible for the improvement. It is my opinion that providing a safe atmosphere conducive to exploring old hostilities and pain in some way allows the parents to battle out their differences in a constructive atmosphere away from and without using the children.

Clinically, this therapist has observed that once parents begin to address their own feelings of guilt and anger about the separation, i.e. "Wasn't I a good enough wife/husband/lover/provider?", then the focus is taken off the children. The re-focusing allows the parents to see their role as wife/husband as clearly differentiated from their role as mother/father. The conjoint sessions, although they generally begin with accusations about parenting skills, progressively move toward each parent accepting the other's ability to parent.

RESULTS OF RANK ORDER

TABLE VIA: Females/ Pre-test results

<u>ITEMS</u>	<u>CHOICES</u>					
	1st	2nd	3rd	4th	5th	6th
Visitation	1	4	4	1	0	0
Communication with spouse	7	0	0	3	0	1
Custody	1	1	5	2	0	1
Communication with children	1	5	2	2	0	0
Legal System	1	0	0	3	9	1
Communication with lawyers	0	1	0	0	2	8

TABLE VIB: Females/ Post-test results

Visitation	3	2	5	1	0	0
Communication with spouse	0	5	4	1	0	1
Custody	1	3	2	4	0	1
Communication with children	7	1	0	3	0	0
Legal System	0	0	0	1	9	1
Communication with lawyers	0	0	0	1	2	8

RESULTS OF RANK ORDER

TABLE VIIA: Males/ Pre-test results

ITEMS	CHOICES					
	1st	2nd	3rd	4th	5th	6th
visitation	4	3	3	1	0	0
Communication with spouse	2	2	3	2	0	2
Custody	1	1	2	6	1	0
Communication with children	4	5	1	0	0	1
Legal System	0	0	2	0	9	0
Communication with lawyers	0	0	0	2	1	8
Knowledge of the situation						
Knowledge of people						
Knowledge of being alone						
Worries about death & illness						

TABLE VIIB: Males/Post-test results

Visitation	4	5	1	1	0	0
Communication with spouse	2	1	1	3	2	2
Custody	0	3	3	4	1	0
Communication with children	5	1	3	1	0	1
Legal System	0	0	2	1	7	1
Communication with lawyers	0	1	1	1	1	7
Knowledge of the situation						
Knowledge of people						
Knowledge of being alone						
Worries about death & illness						

TABLE VIII

Analysis of Variance - Behavior Checklist

	Couple	Birth Order	Member	Measure	Member/ Measure
<u>PROBLEMS OF EATING</u>					
Picky & Finicky			.001	.0009	
Overweight	.0001		.02	.05	
Will not eat alone			.008	.001	.002
<u>PROBLEMS OF SLEEP</u>					
Cannot fall asleep	.0005			.05	
Awakens at night	.0004				.02
Nightmares	.0001				
Restless			.02		.01
Bedwetting	.0001				
Asks to sleep with parent	.0001				
<u>FEARS AND WORRIES</u>					
Afraid of new situations	.004			.04	
Afraid of people			.04	.04	
Afraid of being alone				.001	
Worries about death & illness	.006				
<u>COMPLAINTS OF SYMPTOMS EVEN THOUGH DOCTOR CAN FIND NOTHING WRONG</u>					
Headaches			.01		
Vomiting			.02		
Stomach Aches	.02				
Aches & Pains					
<u>OVER-ASSERTS</u>					
Bullying					
Bragging & Boasting	.01				
Sassy to grown-ups					
<u>PROBLEMS MAKING FRIENDS</u>					
Shy	.007	.04		.001	
Feelings Easily Hurt				.002	
Afraid they don't like him	.04			.03	
Picks on other children	.0001			.05	
Has no friends	.0005				.04
Disturbs other children	.0001				.04
Wants to run things	.03	.0007			
<u>CHILDISH OR IMMATURE</u>					
Clings to parents or other adults	.004	.03		.0008	
Does not act his age	.01	.003	.03	.0001	.02
Baby talk					
Wants help doing things he could do along	.05				.05
Cries Easily	.01		.01	.005	

Behavior Checklist (Continued)

	Couple	Birth Order	Member	Measure	Member/Measure
<u>TEMPER</u>					
Throws himself around					
Pouts & sulks					
Throws & breaks things					
Temper outbursts					
<u>PROBLEMS IN SCHOOL</u>					
Does not like to go to school					
Will not obey school rules					
Is not learning					
Daydreams			.03		
Is afraid to go to school					
Truancy					
<u>TROUBLE WITH FEELINGS</u>					
Keeps anger to himself	.04		.03		.03
Lets himself get pushed around					.02
Carries a chip on his shoulder					
Unhappy			.01		
<u>LYING</u>					
Denies having done wrong	.01		.003		.04
Blames others for his mistakes			.003		.04
Tells stories which did not happen			.003		.005
<u>STEALING</u>					
At school					
From Parents					
From stores & other places					

CHAPTER VII

RECOMMENDATIONS

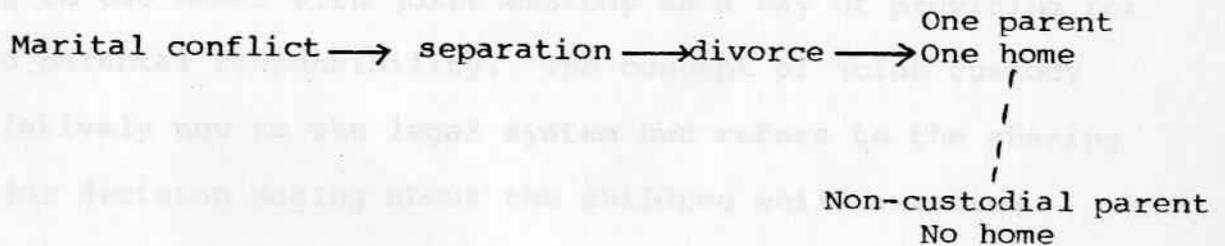
This pilot study explored some of the effects of conjoint counseling in post-divorce adjustment on 1) the quality of communication between the parents and 2) parental perception of their children's behavior.

There is a need for counseling with both parents involved in a divorce, especially those with children. Conjoint counseling has been successful in treating families and seems the obvious choice for divorce counseling. It might be helpful to re-evaluate some of the problems inherent in doing conjoint counseling with the divorced population.

Conjoint counseling is contingent on both parties being seen together, thus willingness to participate is a key issue. Clinically, it is important to acknowledge that even though the participants may be willing there will be a certain degree of resistance to change to work through. Mandatory counseling, i.e., court-referred, PDC, usually begins with an unwillingness to be in the same room with their former spouse as well as hostile resistance to therapy. In many cases the clients object to being told what to do by the courts and on general principle are distrustful of therapy. My speculation is given a control population of motivated, voluntary participants in conjoint counseling compared with the population used in this study, the control population would have shown a significant improvement in their quality of communication.

This statement is not only speculative it operates under the assumption that there would be a motivated, voluntary population. Intuitively I question this assumption. Without a change in cultural attitudes about divorce and a greater understanding of communication and expectations in marriage I'm not sure that conjoint divorce counseling will ever be a highly recognized and sought after therapy model.

The legal system promulgates the adversarial system specifically in those cases where there is disagreement. The unfortunate outcome is graphically illustrated below:



The progression is from marital conflict to parental detachment. Legally, the fact remains, one adult is awarded the title of custodial parent to whom all responsibility for decisions regarding the children is cast and the other is labeled the non-custodial parent relegated to reasonable visitation. It appears as though the resolution of marital conflict can be punishment for the non-custodial parent by exile with privileges every other weekend.

One possible alternative is to separate the roles thus avoiding the entangling of the children in the marital conflict.

Marital conflict → separation → divorce

Two parents
One home → separation → divorce → Two parents
Two homes

The separation allows the parents to deal with their own issues which may include their reasons for marrying, sexual relationship, poor communication, etc. These things generally have nothing to do with the children nor do they affect the parenting ability of either spouse.

The second illustration represents a concept originated by Isolonna Ricci (1974). Her approach advocates two parents living in two homes with joint custody as a way of providing for shared parental responsibility. The concept of joint custody is relatively new to the legal system but refers to the sharing of major decision making about the children while awarding physical custody to one parent. It is a step in the right direction.

As I see it the only way to effect a healthy adjustment to divorce is by clearly differentiating the roles to allow for mourning and rebuilding of a new situation by developing new parenting skills relevant to the mutual task of raising the children. From the findings in Chapter V it seems particularly important to focus on educating the father in learning to do effective parenting alone.

In conclusion, this study has hopefully provided some research data that will be helpful to clinicians and members of the legal profession in dealing with those parents dissolving

their marriage. As a pilot study the intention was to ferret out some key issues for futher study. In future research my goal is to gather more evidence to support and promote the use of conjoint counseling in divorce therapy.

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Conjoint counseling with both parties subsequent to dissolution should prove beneficial to children as per school performance.

Children 7-13
N=25 from different families

Evaluate school report cards

1 yr. prior to divorce
quarter following divorce
2 months or 4 conjoint sessions following div.

Comparison of time
Pre and post
conjoint therapy

Conjoint counseling strengthens ego & social desirability by reducing stress and guilt.

Both parties involved in dissolution

Comparison of MMPI scores prior to conjoint therapy and after x # of conjoint sessions

Pre and post MMPI

After bad marriage ends people's negative characteristics are maximized. Conjoint therapy diminishes the conflict eliciting a change in response in the way ex-spouses see each other.

Divorced couple
Co-therapists

To illicit responses from spouse's and ex-spouses as to how they see themselves and the other person and how the co-therapists see them.

Prior to conjoint therapy each spouse lists five things in each of the following categories:

5-worst qualities of ex-spouse
5-best qualities of ex-spouse
5 worst qualities of self
5 best qualities of self

These qualities are to be rank-ordered (semantic differential)

Therapists at end of 1st session list:

chief liabilities of each of the parties

After conjoint session they will be given the same items and asked to rank-order them again.

HYPOTHESIS

As a direct result of conjoint counseling communication between ex-spouses and children will improve. As communication improves there will be less need to use the children as a vehicle therefore the children's self-concept should markedly improve as well as their school performance. Indirectly with better communication between the ex-spouses there will be less contact made with the lawyers and less court recidivism.

To test my hypothesis I plan to use a number of different scales:

- Parents: Connor's Scale - Parent Questionnaire Appendix A
 Communication Inventory Appendix B
 Semantic Differential Appendix C
- Child: Piers-Harris Self-Concept Scale Appendix D
 (age 6-11)
- School: Connor's School Report Appendix E
- Lawyers: Phone calls will be made to lawyers for information regarding contact with the client's

Time Framework: Tests will be administered when client enters the Post-Divorce Clinic and then upon termination or in May whichever comes first.

APPENDIX C
DEMOGRAPHIC DATA

(in coding, I may go to office in the
 home system though.)

SEX	<input type="checkbox"/> Male	EDUCATION	(Highest level attained)
	<input type="checkbox"/> Female	<input type="checkbox"/> None	
AGE	<input type="checkbox"/> 20-25	<input type="checkbox"/> Grade 1-6	
	<input type="checkbox"/> 26-30	<input type="checkbox"/> Grade 7-9	
	<input type="checkbox"/> 31-35	<input type="checkbox"/> Grade 10-12	
	<input type="checkbox"/> 36-40	<input type="checkbox"/> Grade 12 or HS Graduate	
	<input type="checkbox"/> 41-45	<input type="checkbox"/> Technical or Trade School	
	<input type="checkbox"/> 46-50	<input type="checkbox"/> Partial College	
	<input type="checkbox"/> Over 50	<input type="checkbox"/> Bachelor's Degree	
RELIGION	<input type="checkbox"/> None	<input type="checkbox"/> Partial Grad School	
	<input type="checkbox"/> Catholic	<input type="checkbox"/> Master's degree	
	<input type="checkbox"/> Protestant	<input type="checkbox"/> Doctoral Degree	
	<input type="checkbox"/> Jewish		
	<input type="checkbox"/> Other, specify:		
ETHNIC ORIGIN	<input type="checkbox"/> White	OCCUPATION	<input type="checkbox"/> Professional/Technical
	<input type="checkbox"/> Black		<input type="checkbox"/> Managerial
	<input type="checkbox"/> Spanish/Mexican American		<input type="checkbox"/> Artist (Actor, Musician, writ
	<input type="checkbox"/> American Indian		<input type="checkbox"/> Sales/Clerical
	<input type="checkbox"/> Oriental		<input type="checkbox"/> Craftsman (plumber, mechanic
	<input type="checkbox"/> Other, specify:		<input type="checkbox"/> Service Worker (policeman, et
GROSS MONTHLY INCOME	<input type="checkbox"/> \$5,000 - 10,000		<input type="checkbox"/> Laborer
	<input type="checkbox"/> 10,000 - 15,000		<input type="checkbox"/> Homemaker
	<input type="checkbox"/> 15,000 - 20,000		<input type="checkbox"/> Student
	<input type="checkbox"/> 20,000 - 30,000		<input type="checkbox"/> Unemployed
	<input type="checkbox"/> 30,000 and over		<input type="checkbox"/> Retired

PRESENT MARITAL STATUS Married
 Widowed
 Divorced
 Separated
 Living Together

RELATIONSHIP TO CHILDREN (currently living in home)

Biological
 Foster
 Stepparent
 Adoptive
 Legal Guardian
 Other, specify:

NUMBER OF YEARS MARRIED First Marriage
 Second Marriage
 Third Marriage

Number of YEARS DIVORCED ^{After} First Marriage before second marriage
 ^{After} Second Marriage before third
 ^{After} Third Marriage before fourth

NUMBER OF TIMES MARRIED One
 Two
 Three
 More than three

The area of most concern for me at this time is: Visitation
 Communication with ex-spouse
 Communication with children
 Legal system
 Communication with lawyers

(Rank order from most important to
least important - 1=most important
5=least important)

COMMUNICATION INVENTORY

INSTRUCTIONS: Below is a list of items on communication between you and your ex-spouse. In the row below are five possible answers. Under each item circle the number which best represents the extent to which you and your ex-spouse relate in the specified way.

- | | <u>VERY
FREQUENTLY</u>
1 | <u>FREQUENTLY</u>
2 | <u>OCCASIONALLY</u>
3 | <u>SELDOM</u>
4 | <u>NEVER</u>
5 |
|---|---------------------------------|------------------------|--------------------------|--------------------|-------------------|
| 1. How often do you discuss with your ex-spouse special achievements that your child has experienced at school? | 1 | 2 | 3 | 4 | 5 |
| 2. How often do you call your ex-spouse to ask for advice on a problem concerning your child? | 1 | 2 | 3 | 4 | 5 |
| 3. Do you and your ex-spouse talk over things you disagree about or have difficulties over? | 1 | 2 | 3 | 4 | 5 |
| 4. Do you know the feelings of your ex-spouse from his(her) facial and body gestures? | 1 | 2 | 3 | 4 | 5 |
| 5. Do you and your ex-spouse avoid certain subjects in conversation? | 1 | 2 | 3 | 4 | 5 |
| 6. Do you inform your ex-spouse of important events in which the children are participating? | 1 | 2 | 3 | 4 | 5 |
| 7. Do you and your ex-spouse agree on matters of discipline for the children? | 1 | 2 | 3 | 4 | 5 |
| 8. How often do you discuss your ex-spouse with your children? | 1 | 2 | 3 | 4 | 5 |
| 9. Do you and your ex-spouse discuss things together before making an important decision regarding the children? | 1 | 2 | 3 | 4 | 5 |
| 10. Do you inform your ex-spouse of signs or symptoms of illness you have noticed while the child was in your presence? | 1 | 2 | 3 | 4 | 5 |

11. Do you avoid telling your ex-spouse things which put you in a bad light?
- 1 2 3 4 5
12. Your children inform you of an event that has occurred while in the company of your ex-spouse which displeases you. Would you talk to your ex-spouse about it?
- 1 2 3 4 5
13. Your child overhears a heated conversation between you and your ex-spouse and asks if he/she can help. Would you explain why you're feeling so angry?
- 1 2 3 4 5
14. Before ~~XXXXXXXX~~ deciding to dissolve the marriage how often did you and your ex-spouse argue?
- 1 2 3 4 5
15. Since the separation/divorce how often do you argue?
- 1 2 3 4 5
16. When discussing a particular issue regarding the children how often do you feel the need to prove you're right?
- 1 2 3 4 5
17. If you are aware ahead of time that you are not going to be on time for visitation do you ask the child to relay the message to your ex-spouse?
- 1 2 3 4 5
18. How often do you relate things that make you furious to your ex-spouse?
- 1 2 3 4 5
19. How often do you relate things that make you especially proud, elated or full of self-esteem?
- 1 2 3 4 5
20. How often do you feel that you are a good parent?
- 1 2 3 4 5
21. How often do you feel your ex-spouse is a good parent?
- 1 2 3 4 5
22. How often do you feel you are understood by your ex-spouse?
- 1 2 3 4 5

APPENDIX E

Items to be used in a semantic differential. To be administered to both parents.

Categories:

- Judge
- Therapist
- Ex-spouse
- Self
- Marriage
- Divorce
- Custody
- Lawyers
- Husbands
- Wives

- Good-----Bad
- Kind-----Cruel
- Happy-----Sad
- Honest-----Dishonest
- Peaceful-----Belligerent
- Relaxed-----Tense
- Strong-----Weak
- Deep-----Shallow
- Active-----Passive
- Hot-----Cold
- Sharp-----Dull
- Sensitive-----Insensitive
- Harmonious-----Disharmonious
- Fair-----Unfair
- Valuable-----Worthless

There will be a separate page for each category.

Only plan to use 10 items & 10 categories.

Published by...

Consulting Recordings and Tests

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THE PIERS-HARRIS
CHILDREN'S SELF CONCEPT SCALE
(The Way I Feel About Myself)

by

ELLEN V. PIERS, Ph.D.

and

DALE B. HARRIS, Ph.D.

Published by

Counselor Recordings and Tests

6184 ACKLEN STATION

NASHVILLE, TENNESSEE 37212

THE WAY I FEEL ABOUT MYSELF

NAME

AGE GIRL OR BOY

GRADE SCHOOL

DATE

are a set of statements. Some of them are true of you and so you will circle yes. Some are not true of you and so you will circle the no. Answer every question even if some are hard to decide, but do not circle both yes and no. Remember, circle the yes if the statement is generally like you, or circle the no if the statement is generally not like you. There are no right or wrong answers. Only you can tell us how you feel about yourself, so we hope you will mark the way you really feel inside.

- 1. My classmates make fun of me yes no
- 2. I am a happy person yes no
- 3. It is hard for me to make friends yes no
- 4. I am often sad yes no
- 5. I am smart yes no
- 6. I am shy yes no
- 7. I get nervous when the teacher calls on me yes no
- 8. My looks bother me yes no
- 9. When I grow up, I will be an important person yes no
- 10. I get worried when we have tests in school. yes no
- 11. I am unpopular yes no
- 12. I am well behaved in school yes no
- 13. It is usually my fault when something goes wrong yes no
- 14. I cause trouble to my family yes no
- 15. I am strong yes no
- 16. I have good ideas yes no
- 17. I am an important member of my family yes no
- 18. I usually want my own way yes no
- 19. I am good at making things with my hands yes no
- 20. I give up easily yes no

11. I am good in my school work yes no
12. I do many bad things yes no
13. I can draw well yes no
14. I am good in music yes no
15. I behave badly at home yes no
16. I am slow in finishing my school work yes no
17. I am an important member of my class yes no
18. I am nervous yes no
19. I have pretty eyes yes no
20. I can give a good report in front of the class. yes no
21. In school I am a dreamer yes no
22. I pick on my brother(s) and sister(s) yes no
23. My friends like my ideas yes no
24. I often get into trouble yes no
25. I am obedient at home yes no
26. I am lucky yes no
27. I worry a lot yes no
28. My parents expect too much of me yes no
29. I like being the way I am yes no
30. I feel left out of things yes no

4. I have nice hair yes no
5. I often volunteer in school yes no
6. I wish I were different yes no
7. I sleep well at night yes no
8. I hate school yes no
9. I am among the last to be chosen for games yes no
10. I am sick a lot yes no
11. I am often mean to other people yes no
12. My classmates in school think I have good ideas yes no
13. I am unhappy yes no
14. I have many friends yes no
15. I am cheerful yes no
16. I am dumb about most things yes no
17. I am good looking yes no
18. I have lots of pep yes no
19. I get into a lot of fights yes no
20. I am popular with boys yes no
21. People pick on me yes no
22. My family is disappointed in me yes no
23. I have a pleasant face yes no

41. When I try to make something, everything seems to go wrong yes no
42. I am picked on at home yes no
43. I am a leader in games and sports yes no
44. I am clumsy yes no
45. In games and sports, I watch instead of play yes no
46. I forget what I learn yes no
47. I am easy to get along with yes no
48. I lose my temper easily yes no
49. I am popular with girls yes no
50. I am a good reader yes no
51. I would rather work alone than with a group yes no
52. I like my brother (sister) yes no
53. I have a good figure yes no
54. I am often afraid yes no
55. I am always dropping or breaking things yes no
56. I can be trusted yes no
57. I am different from other people yes no
58. I think bad thoughts yes no
59. I cry easily yes no
60. I am a good person yes no

Score: _____

**APPENDIX G
SCHOOL REPORT**

OFFICE USE
Patient No. _____
Study No. _____

Name of Child _____ Date _____

School Attended _____ Grade _____

School Address _____
Number and Street City State

Name of Principal _____

I. How long have you known this child? _____ In your own words describe briefly this child's main problem. _____

II. STANDARDIZED TEST RESULTS

A. Intelligence Tests

Name of Test	Date	C.A.	M.A.	I.Q.

B. Most Recent Achievement Tests

Subject	Grade When Tested	Achievement Grade Level
Reading		
Spelling		
Arithmetic		

III. ACHIEVEMENT IN SCHOOL SUBJECTS

A. List subjects into the appropriate category.

Very Good	Average	Barely Passing	Failing

B. Check special placement or help this child has received.

- () Ungraded () Sight-Saving () Special Class () Remedial Reading () Speech Correction
- () Tutoring, specify subjects _____
- () Other, specify _____
- _____

Observation	Degree of Activity			
	Not at all	Just a little	Pretty much	Very much
CLASSROOM BEHAVIOR				
1. Constantly fidgeting				
2. Hums and makes other odd noises				
3. Demands must be met immediately - easily frustrated				
4. Coordination poor				
5. Restless or overactive				
6. Excitable, impulsive				
7. Inattentive, easily distracted				
8. Fails to finish things he starts--short attention span				
9. Overly sensitive				
10. Overly serious or sad				
11. Daydreams				
12. Sullen or sulky				
13. Cries often and easily				
14. Disturbs other children				
15. Quarrelsome				
16. Mood changes quickly and drastically				
17. Acts "smart"				
18. Destructive				
19. Steals				
20. Lies				
21. Temper outbursts, explosive and unpredictable behavior				

GROUP PARTICIPATION				
22. Isolates himself from other children				
23. Appears to be unaccepted by group				
24. Appears to be easily led				
25. No sense of fair play				
26. Appears to lack leadership				
27. Does not get along with opposite sex				
28. Does not get along with same sex				
29. Teases other children or interferes with their activities				

ATTITUDE TOWARD AUTHORITY				
30. Submissive				
31. Defiant				
32. Impudent				
33. Shy				
34. Fearful				
35. Excessive demands for teacher's attention				
36. Stubborn				
37. Overly anxious to please				
38. Uncooperative				
39. Attendance problem				

PARENT'S QUESTIONNAIRE

APPENDIX H

AGE OF CHILD _____ DATE _____
 BIRTH ORDER OF CHILD _____ RELATIONSHIP _____
 CHILD'S NAME _____

INSTRUCTIONS: Listed below are items concerning children's behavior or the problems they sometimes have. Read each item carefully and decide how much you think your child has been bothered by this problem since the separation.

NOT AT ALL, JUST A LITTLE, PRETTY MUCH or VERY MUCH

Indicate your choice by placing a check mark () in the appropriate column to the right of each item.

PLEASE ANSWER ALL ITEMS

Observation

Not at all Just a little Pretty Much Very Much

PROBLEMS OF EATING

Picky and finicky
 Will not eat enough
 Overweight

PROBLEMS OF SLEEP

Restless
 Nightmares
 Awakens at night
 Cannot fall asleep
 Asks to sleep with parent
 Bed wetting

FEARS AND WORRIES

Afraid of new situations
 Afraid of people
 Afraid of being alone
 Worries about illness and death

COMPLAINTS OF FOLLOWING SYMPTOMS EVEN THOUGH
 PHYSICIAN CAN FIND NOTHING WRONG

Headaches
 Stomach aches
 Vomiting
 Aches and pains

ATURE

act his age
specially
help doing things he should do alone
to parents or other adults
talk

WITH FEELINGS

anger to himself
himself get pushed around by other children
a chip on his shoulder

WITH HIMSELF

and boasting
to grown-ups

WITH FRIENDS

they do not like him
easily hurt
friends
other children
to run things
other children

outbursts, explosive and unpredictable behavior
himself around
and breaks things
and sulks

SCHOOL

learning
like to go to school
did to go to school
obey school rules

having done wrong
others for his mistakes
stories which did not happen

PLACES

and other places

APPENDIX I

September 15, 1977

POST-DIVORCE RESEARCH STUDY

TO:

FROM: Valerie Brown *participates in your research study. My next appointment*

RE: Research Study on Post Divorced Couples
with my next appointment

I would like to include the following Post-Divorce clients in my research study:
An extra hour has been scheduled for

I would greatly appreciate it if you could ask them to sign the attached consent forms. If you could arrange for them to come in for an extra hour either before or after their second appointment with you I will make arrangements to administer the tests at that time. For your convenience I've also attached a form for you to indicate when they are scheduled to return. Since frequently the clients are scheduled individually and at different times I've provided one form per client. You can put all of the completed material in my box.

Thank you in advance for your cooperation.

APPENDIX J

POST-DIVORCE RESEARCH STUDY

My client ^{will} ~~will not~~ participate in your research study. My next appointment

with her/him is on _____ at _____
(date) (time)

An extra hour has been scheduled for _____
(time)

Signed _____
(therapist)

Frequently Frequently Occasionally Rarely Never
1 2 3 4 5

1. How often do you and your spouse talk over pleasant things that happen during the day?

1 2 3 4 5

2. How often do you and your spouse talk over unpleasant things that happen during the day?

1 2 3 4 5

3. Do you and your spouse talk about things you disagree about or have difficulties over?

1 2 3 4 5

4. Do you and your spouse talk about things in which you are both interested?

1 2 3 4 5

5. Does your spouse initiate what he/she says and how he/she says it or do you have to lead the conversation?

1 2 3 4 5

6. When you start to ask a question, does your spouse know what it is before you ask it?

1 2 3 4 5

APPENDIX K

PRIMARY COMMUNICATION INVENTORY

Below is a list of items on communication between you and your spouse. In the row below are five possible answers. Under each item circle the number which best represents the extent to which you and your spouse behave in the specified way.

- | | <u>Very
Frequently</u> | <u>Frequently</u> | <u>Occasionally</u> | <u>Seldom</u> | <u>Never</u> |
|---|----------------------------|-------------------|---------------------|---------------|--------------|
| | 1 | 2 | 3 | 4 | 5 |
| 1. How often do you and your spouse talk over pleasant things that happen during the day? | 1 | 2 | 3 | 4 | 5 |
| 2. How often do you and your spouse talk over unpleasant things that happen during the day? | 1 | 2 | 3 | 4 | 5 |
| 3. Do you and your spouse talk over things you disagree about or have difficulties over? | 1 | 2 | 3 | 4 | 5 |
| 4. Do you and your spouse talk about things in which you are both interested? | 1 | 2 | 3 | 4 | 5 |
| 5. Does your spouse adjust what he (she) says and how he (she) says it to the way you seem to feel at the moment? | 1 | 2 | 3 | 4 | 5 |
| 6.* When you start to ask a question, does your spouse know what it is before you ask it? | 1 | 2 | 3 | 4 | 5 |

Very
Frequently Frequently Occasionally Seldom Never

1 2 3 4 5

7.* Do you know the feelings of your spouse from his (her) facial and body gestures?

1 2 3 4 5

8. Do you and your spouse avoid certain subjects in conversation?

1 2 3 4 5

9.* Does your spouse explain or express himself (herself) to you through a glance or gestures?

1 2 3 4 5

10. Do you and your spouse discuss things together before making an important decision?

1 2 3 4 5

11.* Can your spouse tell what kind of day you have had without asking?

1 2 3 4 5

12. Your spouse wants to visit some close friends or relatives. You don't particularly enjoy their company. Would you tell your spouse this?

1 2 3 4 5

13. Does your spouse discuss matters of sex with you?

1 2 3 4 5

14. Do you and your spouse use words which have a special meaning not understood by outsiders?

1 2 3 4 5

15. How often does your spouse sulk or pout?

1 2 3 4 5

<u>Very Frequently</u> 1	<u>Frequently</u> 2	<u>Occasionally</u> 3	<u>Seldom</u> 4	<u>Never</u> 5
---------------------------------	------------------------	--------------------------	--------------------	-------------------

16. Can you and your spouse discuss your most sacred beliefs without feelings of restraint or embarrassment?
- 1 2 3 4 5
17. Do you avoid telling your spouse things which put you in a bad light?
- 1 2 3 4 5
- 18.* You and your spouse are visiting friends. Something is said by the friends which causes you to glance at each other. Would you understand each other?
- 1 2 3 4 5
- 19.* How often can you tell as much from the tone of voice of your spouse as from what he (she) actually says?
- 1 2 3 4 5
20. How often do you and your spouse talk with each other about personal problems?
- 1 2 3 4 5
21. Do you feel that in most matters your spouse knows what you are trying to say?
- 1 2 3 4 5
22. Would you rather talk about intimate matters with your spouse than with some other person?
- 1 2 3 4 5
- 23.* Do you understand the meaning of your spouse's facial expressions?
- 1 2 3 4 5

Very frequently Frequently Occasionally Seldom Never
 1 2 3 4 5

4. If you and your spouse are visiting friends or relatives and one of you starts to say something, does the other take over the conversation without the feeling of interrupting?

1 2 3 4 5

5. During marriage, have you and your spouse, in general, talked most things over together?

1 2 3 4 5

Nonverbal items.

POST-DIVORCE QUESTIONNAIRE

<p><u>ETHNIC ORIGIN</u></p> <p>A <input type="checkbox"/> White B <input type="checkbox"/> Black C <input type="checkbox"/> Spanish/Mexican American D <input type="checkbox"/> Asian E <input type="checkbox"/> American Indian F <input type="checkbox"/> Oriental G <input type="checkbox"/> Other, specify: _____</p>	<p style="text-align: center;"><u>GROSS YEARLY INCOME</u></p> <p>A <input type="checkbox"/> \$5,000-10,000 B <input type="checkbox"/> 10,000-15,000 C <input type="checkbox"/> 15,000-20,000 D <input type="checkbox"/> 20,000-30,000 E <input type="checkbox"/> 30,000-over</p>	<p style="text-align: center;"><u>OCCUPATION</u></p> <p>A <input type="checkbox"/> Professional/Technical B <input type="checkbox"/> Managerial C <input type="checkbox"/> Artist (Actor, Musician, writer) D <input type="checkbox"/> Sales/Clerical E <input type="checkbox"/> Craftsman/Foreman (Plumber, Mechanic, Carpenter, etc.) F <input type="checkbox"/> Service Worker (Policeman, Barber, Waiter, etc.) G <input type="checkbox"/> Laborer H <input type="checkbox"/> Homemaker I <input type="checkbox"/> Student J <input type="checkbox"/> Unemployed K <input type="checkbox"/> Retired L <input type="checkbox"/> Other, specify: _____</p>
<p><u>RELIGION</u></p> <p>A <input type="checkbox"/> None B <input type="checkbox"/> Catholic C <input type="checkbox"/> Protestant D <input type="checkbox"/> Jewish E <input type="checkbox"/> Other, specify: _____</p>	<p style="text-align: center;"><u>EDUCATION</u> (Highest level attained)</p> <p>A <input type="checkbox"/> None B <input type="checkbox"/> Grade 1-6 C <input type="checkbox"/> Grade 7-9 D <input type="checkbox"/> Grade 10-11 E <input type="checkbox"/> H.S. Graduate F <input type="checkbox"/> Technical or Trade School G <input type="checkbox"/> Partial College H <input type="checkbox"/> Bachelor's Degree I <input type="checkbox"/> Partial Graduate School J <input type="checkbox"/> Master's degree K <input type="checkbox"/> Doctoral Degree L <input type="checkbox"/> Other, specify: _____</p>	

referred to the Post-Divorce Clinic? Self Former spouse Court Lawyer Other, specify: _____

remarried? Yes No If yes, please state length of marriage in months _____

order in order of most concern to least concern: _____ Visitation
 Least = 6 _____ Communication with former spouse
 _____ Issue of custody
 _____ Communication with children
 _____ Legal System
 _____ Communication with lawyers

concerns of yours which are not mentioned in the list above? If yes, please specify: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR MOST RECENT DIVORCE ONLY. DISREGARD PREVIOUS DIVORCES.

time elapse between the filing for divorce and the final decree? _____ months

times have you appeared in court to settle matters related to your present divorce? _____ times

initiated your present court action? Self Former spouse

CIRCLE THE NUMBER THAT INDICATES DEGREE CLOSEST TO YOUR FEELINGS

How do you feel that you are a good parent? 1 2 3 4 5 6 Very Often

6. How would you rate your child's performance at school?
 Before the separation: Excellent 1 2 3 4 5 6 Poor
 After the separation: Excellent 1 2 3 4 5 6 Poor
 (First 6 months)

How do you feel your former spouse is a good parent? 1 2 3 4 5 6 Very Often

7. How would you rate your child's behavior at home?
 Before the separation: Excellent 1 2 3 4 5 6 Poor
 After the separation: Excellent 1 2 3 4 5 6 Poor
 (First 6 months)

LIST MARRIAGE AND DIVORCES BY DATE OF OCCURRENCE, CHILDREN FROM EACH MARRIAGE BY AGE AND SEX, AND DESCRIBE YOUR CUSTODY ARRANGEMENT. (FOR EXAMPLE: SOLE CUSTODY, NON-CUSTODIAL WITH VISITATION, JOINT CUSTODY WITH PHYSICAL CUSTODY, JOINT CUSTODY WITH PHYSICAL CUSTODY, ETC.)

Marriage (Date)	Divorced (Date)	
(Sex)	(Age)	Custody Arrangement
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Marriage (Date)	Divorced (Date)	
(Sex)	(Age)	Custody Arrangement
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Marriage (Date)	Divorced (Date)	
(Sex)	(Age)	Custody Arrangement
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPENDIX M COMMUNICATION INVENTORY

INSTRUCTIONS:

Below is a list of items on communication between you and your former spouse. In the row below are five possible answers. Under each item circle the number which best represents the extent to which you and your former spouse relate in the specified way.

VERY FREQUENTLY	FREQUENTLY	OCCASIONALLY	ALMOST NEVER	NEVER
1	2	3	4	5

- | | | | | | |
|--|---|---|---|---|---|
| How often do you discuss with your former spouse special achievements that your child has experienced at school? | 1 | 2 | 3 | 4 | 5 |
| How often do you call your former spouse to ask for advice on a problem concerning your child? | 1 | 2 | 3 | 4 | 5 |
| Do you and your former spouse talk over things you disagree about or have difficulties over? | 1 | 2 | 3 | 4 | 5 |
| Do you and your former spouse avoid certain subjects in conversation about the children? | 1 | 2 | 3 | 4 | 5 |
| Do you inform your former spouse of important events in which the children are participating? | 1 | 2 | 3 | 4 | 5 |
| Do you and your former spouse agree on matters of discipline for the children? | 1 | 2 | 3 | 4 | 5 |
| Do you and your former spouse discuss things together before making an important decision regarding the children? (For example: vacations, moving, changing schools, etc.) | 1 | 2 | 3 | 4 | 5 |
| Do you inform your former spouse of signs or symptoms of illness you have noticed while the child was in your presence? | 1 | 2 | 3 | 4 | 5 |
| Do you avoid telling your former spouse things which put you in a bad light regarding the children? | 1 | 2 | 3 | 4 | 5 |
| Do your children inform you of an event or situation that has occurred while in the company of your former spouse which displeases you. Would you talk to your former spouse about it? | 1 | 2 | 3 | 4 | 5 |
| Since the separation/divorce how often do you argue with your former spouse? | 1 | 2 | 3 | 4 | 5 |
| When discussing a particular issue regarding the children how often do you feel the need to prove you are right? | 1 | 2 | 3 | 4 | 5 |
| If you are aware ahead of time that you are not going to be on time for a pre-arranged transfer of the child, do you ask the child to relay the message to your former spouse? | 1 | 2 | 3 | 4 | 5 |
| How often do you feel you are understood by your former spouse? | 1 | 2 | 3 | 4 | 5 |
| Do your children tell you about an event or situation that has occurred while in the presence of your former spouse which you think benefited them greatly. How often would you communicate your pleasure to your former spouse? | 1 | 2 | 3 | 4 | 5 |

Parent _____ Date _____
 Sex of Child _____ Age of Child _____

Directions: Listed below are items concerning children's behavior or the problems they sometimes have. Read each item carefully and decide how much you think your child is bothered by this problem currently.

NOT AT ALL JUST A LITTLE PRETTY MUCH VERY MUCH

Indicate your choice by placing a check mark (✓) in the appropriate column to the right of each item. PLEASE ANSWER ALL ITEMS

Not at All Just A Little Pretty Much Very Much

Problems of Eating

Appetite and finicky				
Overweight				
Will not eat enough				

Problems of Sleep

Does not fall asleep				
Wakes at Night				
Restless				
Wetting				
Wants to sleep with parent				

Problems and Worries

Fear of new situations				
Fear of people				
Fear of being alone				
Worries about illness and death				

Problems of Following Symptoms Even if Doctor Can Find Nothing Wrong

Stomach aches				
Headaches				
Stomach and pains				
Stomach				
Headaches and bloating				
Stomach grow-ups				

Playing Friends

is easily hurt

do not like him

other children

friends

other children

to run things

Immature

to parents or other adults

act his age

can

do things he should do alone

usually

himself around

and sulks

and breaks things

outbursts, explosive and unpredictable behavior

School

like to go to school

obey school rules

learning

can

to go to school

Feelings

to himself

get pushed around by other children

hits on his shoulder

being done wrong

apologize for his mistakes

incidents which did not happen



NEURO-PSYCHIATRIC INSTITUTE
THE CENTER FOR THE HEALTH SCIENCES
760 WESTWOOD PLAZA
LOS ANGELES, CALIFORNIA 90024

Date _____

I, the undersigned, agree to participate in a study conducted by Valerie Brown of the Post-Divorce Clinic, UCLA. I understand that this is a study of post-divorce adjustment. I further understand that any information obtained is confidential and only to be used for the purposes of this study and subjects will not be identified by name in any writing or communication.

Signed _____

APPENDIX P

TO:
FROM: Valerie Brown
RE: Follow-up on Post-Divorce Study

Could you please answer the following questions from your point of view as the therapist on the _____ case. Thank you for your cooperation.

CIRCLE ANSWER MOST APPLICABLE

A. At the present time:

1. Neither party is willing to participate in conjoint sessions.
2. Only one party is willing to participate in conjoint sessions.
3. Both parties willing to participate in conjoint sessions.

B. The communication between the two former spouses has:

1. Shown no improvement - parties not able to sit in same room.
2. Shown slight improvement - parties able to sit in same room but refuse to communicate.
3. Shown moderate improvement - parties able to sit in same room and communicate about certain things.
4. Shown great improvement - able to sit in same room and communicate effectively about their children.

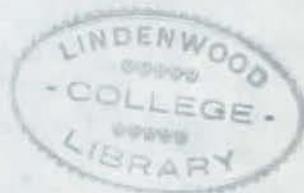
C. The disposition on this case is:

1. Neither willing to participate - case terminated by client.
2. Only one party willing to participate - being seen in group or individual.
3. Only one willing to participate - case terminated.
4. Case still open but no sessions scheduled.
5. Case closed by therapists.

D. Conjoint sessions (in the past or presently) take place at
at the following rate of frequency:

1. Never
2. Once a month
3. Twice a month
4. Weekly
5. Twice a week
6. Whenever necessary.

If you had any trouble answering any of the questions please feel
free to add additional comments..



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