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ABSTRACT

Using wife battering as a representative presenting problem, this paper presents an interactional, systematic framework of the therapist's management of clients who are involved in life-threatening situations, e.g., cases including suicidal threats, drug abuse, alcoholism, or child or spouse abuse. Several linear-causal theories of addressing wife-battering are discussed in detail including the victim-agressor model and the cybernetic or negative feedback/homeostatic model. Common shortcomings of each theory as models for treatment are identified. A systems approach to intervention and treatment is proposed and illustrated with a detailed discussion of how the interactional systems model might work in treatment with an abused wife. This systems approach to treatment for abuse is illustrated in a case example providing initial client presentation of problems and the intervention strategies used. Implications for a wider application of this systems model of intervention are discussed. (PAS)

Wife Battering: A Systemic Approach to Treatment*

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WIFE BATTERING: A SYSTEMIC APPROACH TO TREATMENT

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From technical, ethical, and legal standpoints, clients who are involved in potentially life-threatening situations pose a particularly challenging problem for therapists. Regardless of the therapist's orientation, experience, or expertise, cases involving suicidal threats, drug abuse, alcoholism, refusal of life sustaining medication, child abuse, or spouse abuse exert unusual pressures on the therapist. In such cases it is tempting for the therapist to abandon theory and technique in favor of all-out efforts to save clients from themselves or others. Such attempts fit appropriately within certain theoretical orientations, especially those with a linear-causal, psychodynamic framework. This paper will address itself to issues in management of these problems within an interactional, systemic framework employing wife-battering as a representative presenting problem.

The tendency to view wife-battering as a situation involving a "victim" and an "aggressor" is based upon a linear-causal epistemology which fails to account for the interactional, systemic nature of this phenomenon. Views that describe such women as provoking attacks from men who are easily provoked, who do not handle frustration, or who have difficulty controlling their anger are incomplete attempts to account for the systemic nature of the problem. These approaches also assume that there are women, and men, who independently possess characteristics which will potentially become catalysts for violence. Theories based upon such notions owe their epistemological heritage to Aristotelean epistemologies which attempt to explain the world in terms of objects,

and the inherent characteristics of those objects (Dell, 1980). The problem with these approaches from a pragmatic point of view is that the mantle of blame is clearly laid upon one or more persons within the family, and that engagement in treatment of the "aggressor" is difficult due to the heightend resistance created in the person seen as blameful. From a theoretical point of view, these approaches fail to appreciate the interactional context of the battering.

A more systemic view of the battering situation is that such symptoms serve as a homoestatic mechanism. Symptoms in this view serve the purpose of maintaining the status quo in the family (Haley, 1977; Minuchin, 1974). The homeostatic position, then, assumes that the wife battering is the result of faulty calibration, or structure, within the system. Therapeutic interventions from this point of view, require restructuring the relationship in order to recalibrate the system to eliminate the sympton. Such an approach will recalibrate the system in a way that maintains a new status quo bereft of the violence. The structural theories are grounded in early cybernetic theory. This particular merger of cybernetics and systems theory is based upon a negative feedback model which assumes that symptoms are an attempt by the system to maintain homeostasis. Such theories fall short because they describe how systems naturally maintain homestasis (or stay the same), but do not adequately describe how systems naturally evolve and change over time. Such theories are not sufficiently adequate to explain natural living systems, pathology in such systems, nor therapy (Speer, 1970).

Maruyama's (1963) "second cybernetics" helpfully adds the notion of deviation-amplifying, or positive feedback processes in living

systems. Positive feedback processes also provide a more parsimonious way of understanding and intervening into pathology. The interactional, non-linear view sees symptoms or problems as the result of escalating positive feedback within systems (Hoffman, 1971) and rejects the utility of intra-psychic, unconcious motivations and structural defects as responsible for pathology. The "etiology" of symptoms thus resides in the context of interactions between people rather than within people. According to this model, symptoms result from the system's unsuccessful attempts to effect change. In the dyadic example, A does a (negative feedback) to change B. If this works, the system re-stabilizes and no symptoms develop. If, however, a is ineffective, b is likely to occur, which is B's attempt to prevent (or counteract) A from doing a. The intensity of a increases and correspondingly the intensity of b increases. It can be seen that a and b are solution behaviors. They are attempts by each to find a solution to changing the other's behavior. The symptom from this analysis is not what A was trying to change about B or what B was trying to change about A, but the attempted solutions of each which escalated into a run-away, deviation-amplifying situation. Therapeutic intervention, then, necessitates interrupting the impasse generated by the run-away deviation-amplifying processes within the system. This approach requires that family violence, in this case, wife-beating, be viewed in the context of the relationship system: wife-beating is one of the ways the system functions and the pattern of interactions must change in order to stop the problem.

Walker (1981) accurately describes the typical cycle present in episodes of wife battering. She describes women who feel that no one can

rescue them from the battering situation and therefore take responsibility for keeping the environment free from events that might make their husbands angry and trigger violence. The men, on the other hand, are seen as interested in controlling or changing their wives, who they see as easily influenced by others. Thus, the husbands become hypervigilant in observing their wives' activities. From a systemic point of view, this situation is one which illustrates clearly the circular nature of the interactions between a couple. The wife's (A's) attempts to "walk on eggshells" (a) to pacify her husband (B) are viewed with suspicion by the husband, further confirming his suspicions that she is doing something she should not. His suspicions increase his vigilant, anxious behavior (b) which puts pressure on the wife to increase her efforts (á) to calm him down. And so it goes, around and around, until another violent episode temporarily stabilizes the situation. Unfortunately, Walker does not break out of the linear-causal view to recognize the mutual-causality inherent in her description.

Traditional approaches to this problem recognize that what needs to happen is for the victim to stop being abused by her husband (Walker, 1981). Depending on the help-giver's theoretical and professional position, a number of strategies may be attempted: separation of the husband and wife (in the extreme position, recommendation of divorce), individual therapy for the wife, individual therapy for the husband, marital or family therapy directed at improved communication and/or expression and management of feelings, or group therapy for either or both spouses. As admirable as any of these approaches may be, they share common shortcomings from a non-linear point of view: the assumption that symptoms reside in <u>structural</u> defects, either intrapersonal

or interpersonal that need treatment. This linear approach dictates that the cause of the violence, the structural defect, is what needs therapeutic attention. Furthermore, there is clearly a confusion of the goals of treatment with the particular strategies necessary to achieve those goals. It is this confusion that produces the resistance in such clients that is reflected in reluctance of either or both spouses to participate in therapy, premature termination of therapy, reluctance to separate, or escalation of the problem. The interactional view requires that interventions into the system be formulated in such a way as to maximize the potential for second-order change (Watzlawick, Weakland and Fisch, 1975) to take place. The intervention strategies are aimed at the interpersonal solution behavior, not the "cause" of the symptom. Such changes are non-linear, discontinous and apparently illogical or paradoxical (Hoffman, 1979).

Bertalanffy (1968) describes systems as having tendencies toward homeostasis and capacities for change. Palazolli (1978) and Andolphi (1980) describe family systems as being governed by tendencies toward homeostasis and capacities for transformation, as outlined earlier by Bertalanffy. Dell's (1981) recent paper points out the consequences of assuming that these tendencies or capacities are reified parts of a system rather than simply the way a system functions from the point of view of an observer. The therapist who makes the error of responding to the system as if homeostasis and transformation were separate and distinct structures or processes within the system, ignores the fundamental coherence* of the system. Instead of having homeostatic and

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*Dell defines coherence as "...a congruent interdependence in functioning wherein all the aspects of the system fit together." (Dell, 1981)

transformation mechanisms, systems function in coherent ways, which, to the observer appear as though homeostatic and transformation tendencies are "real" aspects of the system. Bateson (1979) describes the wholistic self-healing nature of systems as a tendency toward internal consistency. When this internal consistency is interrupted the system reorganizes toward a new, and different internal consistency. Input which does not disrupt or disturb the system's internal consistency does not change the system. Input which does disrupt the internal consistency pushes the system to reorganize in a new way, in a new steady state, but one which reflects the coherence of the system (Dell, 1981).

The tendency for homeostasis may be seen in therapy as resistance to change. This resistance is observed by therapists and counselors who are amazed at women who return to their husbands following episodes of extreme violence that may have produced broken bones, lacerations, or gunshot wounds, in spite of "good advice" to the contrary from therapists, family, and friends. Such women are occasionally described as foolish, irrational, immature, dependent, or masochistic. This "good advice" is essentially input which does not disturb the system's internal consistency. Resistance, then may be viewed as input which fails to disrupt the internal consistency of the system. On the other hand, initial contacts with therapists, women's crisis shelters, and crisis hotlines reflect the capacity for change or transformation within the system.

At first glance, this ambivalence, on the parts of both spouses, is difficult to understand. Therapists who fail to recognize the systemic explanation for this ambivalence run the risk of further escalating the violence in the system before it can be managed with appropriate

therapeutic intervention. Further, to take the position that the wife is an innocent, helpless victim, or that the husband is a violent, raging animal, whose impulses are out of control is to make an epistemological error that may guarantee that the situation will get worse.

The situation may get worse because the therapist's interventions may not change the system, but only be absorbed as non-disruptive input. A therapist can only have maximum leverage for systemic change if regulation by the system is minimized. Regulation refers to the process whereby the therapist becomes absorbed into the system and becomes "invested" in maintaining the system's internal consistency in the current state. The therapist who overtly or covertly forms a coalition with any person in the system is regulated and runs the risk of losing the opportunity to provide input which could produce change. Furthermore, it is the position of this paper that overt or covert coalitions with the homeostatic or transformation tendencies within the system are signs of regulation and potential therapeutic disaster. Because systems theory describes discontinous, unpredictable change as the result of disruption of dysfunctional patterns, the therapist runs the danger of regulation, and thus ineffectiveness, if specific, predictable outcomes are desired. As unethical, irresponsible, and untherapeutic as this may seem, if the therapist becomes invested in attempting to prevent physical harm (or any other specific outcome) to come to the client instead of disruption of the system's current functioning, the therapist, paradoxically may behave in untherapeutic ways. The therapeutic goals then need to be aimed at disrupting the internal consistency in such a way that the system will reorganize.

To illustrate this point, let us assume that the therapist is

working with a battered wife who relates a history of long-standing physical abuse from her husband. She relates an increasingly escalating pattern which has reached the point where the husband has threatened to shoot her if he suspects that she is guilty of any wrongdoing by his standards. The therapist, in his/her professional judgement, believes that this indeed is an explosive situation which has the high probability of physical danger to a client. Many possible interventions may race through the therapist's mind: referral to a women's shelter, recommendation for an extended visit alone with family or friends, referral to divorce attorney, or contact with the husband for counseling.

Further interviewing with this client, ascertains that she has talked with family, friends, clergymen, and the local hotline. Her family has offered her a place to stay and have encouraged her to leave her husband. Her friends have given her supportive advice, but have also advised a divorce. Her pastor has offered to talk with the husband. The hotline has referred her to various therapists and encouraged her to leave for a woman's shelter at the next sign of impending violence. Moreover, she attended several sessions with a volunteer counselor at a center for battered women. The counselor encouraged her to stand on her own two feet, to be more assertive, and to abandon her dependent position by taking college classes, or getting a job to improve her self-esteem and financial independence. All of these help-givers have been justifiably concerned about this client's situation and have proposed excellent solutions. The client has, however, "resisted" all of them and remained in her situation with nothing changed. It might

be said that all of these interventions have been gobbled up by the system without disrupting it in a way that would change it. The most irresponsible and untherapeutic intervention the present therapist can make is one that is similar to those previous helpers have proposed, because there is clear evidence that such interventions have not had an effect. Meanwhile the system continues to escalate in its positive feedback loop.

From a pragmatic standpoint, if this client could respond to the afore-mentioned advice (which by the way, is directed at first-order change) she already would have. As a matter of fact, it might be said, that such interventions have resulted in no change, and future suchlike interventions will also result in no change. Interventions which are consistent with the client's language (Watzlawick, 1978) or world-view and are directed at her solution behavior are much more powerful and have a much higher probability of inducing systemic change. For the case being discussed it is more profitable for the therapist to view the client's ambivalence and contradictory messages as consistent messages about the client's phenomenology.

If the therapist chooses to label some parts of the client's communication as requests for change ("Idon't want him to hurt me anymore.") and other parts as desired for no change ("I love him and don't want to live without him."), and then aims interventions at the former, the client is not likely to respond because the therapist is not intervening into the world-view the client possesses--only a part of it. On the other hand, if the therapist accepts the apparently "contradictory" messages together as valid, accurate, and coherent descriptions of the client's world-view, the therapist can then formulate an intervention which fits

within this world view.

The implication of these notions is that the therapist must become invested in supporting the client's entire world-view and extending it a step further in order to push the system toward change. One way this may be accomplished is for the therapist to support the client's phenomenological experience (she does and doesn't want to leave her husband) and push this conception toward a highly stressful point that will unbalance the stuckness in the system. If the therapist explores each side of the ambivalence carefully it will be discovered that the client has very egosyntonic reasons for wanting to leave and wanting to stay. Therefore any attempt to support one position independently of the other is likely to increase resistance. Stated another way, input which is not internally consistent with the system is likely to be absorbed and further rigidify the functioning of the system, or it is likely to pass through the system with no effect.

If a way can be found to put the "conflicting" messages together into a consistent framework such that the notion of staying is a function of her reasons for leaving and vice-versa, the result may be upset the client's internal consistency in such a way that her perceptions of what her options and available choices are radically altered and produce a discontinous change in the way she handles the situation.

CASE EXAMPLE

A woman in her mid-thirties was referred by a local women's crisis shelter for counseling. During the course of the interview, she described her boyfriend as a very kind, gentle, and loving man, most of the time. He had been a good step-father for her children and they cared a great deal for him. She was very much in love with him and did not want to give up her relationship with him. She simply wanted to find a

way to stop his violent outbursts, and make him feel more secure and trusting of her. The client related a long history of violent abuse in her relationship with her live-in boyfriend. Following the episodes she said that he was loving, gentle, and for a few days did everything to make up for his behavior. She characterized her boyfriend as extremely insecure in the relationship and constantly needing reassurance of her love for him. She described situations in which any conflict between the two of them was seen by her boyfriend as evidence that she did not love him. Despite her repeated assurances to the contrary, he continued to point to incidents that convinced him that she did not care enough for him. She began to bend over backwards to do things to please him. These efforts only infuriated him more because he claimed that these were not spontaneous acts on her part, but were only measures to patronize him. She had at first, talked with friends and others who had encouraged her to give up and leave him, but even these attempts to help herself were seem by her husband as disloyalty, when he discovered them.

By the time the woman sought counseling, the situation had escalated to the point where her husband had pulled out a pistol on two occasions and fired shots in her direction. The night before she and he had an argument which she did not feel had been successfully resolved. He had left the house early in the morning to go to work, and she was worried that things might pick up where they had left off the night before. If this happened, she was afraid of what he might do because each time one of these fights got going he was more violent than the last time. The therapy team* was extremely concerned about the explosiveness of the situation and the fact that the client's boyfriend might even regard her contact with the therapy team as further evidence of her

*Rob Horowitz, Barbara Butera, and the author.

disloyolty. The potential explosiveness of the situation initially paralyzed the team into assuming a position among themselves that was vested in finding ways to insure that the woman would not suffer potential harm. The more the team considered its options for intervention, the more it became apparent it was struggling with first-order, linear solutions. The team also was aware that this stage of therapy was extremely important in gaining the leverage necessary to disrupt the internal consistency of the system. When the team recognized that it had become invested in a particular solution (saving her from a life-threatening situation) and not in disrupting the system it was possible to re-think the situation and arrive at a more systemic intervention.

The following intervention was made toward the end of the first session:

> We have been impressed with the enormity of the situation that you have been dealing with over the last few years. It is obvious to us that you love your boyfriend more than most women would be capable. In fact most women, would have, by now, given up on ever being able to convince a man of the depth of their love and the amount of caring that exists. God knows that you have tried everything you know to do. In fact you have continually sacraficed your own happiness over and over again to try to show him how much you care.
>
> Although there is a part of you that wants to leave, the team senses that you could not live with yourself if you had not convinced yourself that you had done everything in your power to demonstrate the depth of your love for him. From what you have told us about him, he is a man who may feel unlovable, in spite of your attempts to show your love for him. You also know that you are the only woman who may ever convince him that he could be loved, and you fear what would become of him if you were to leave him.
>
> We are sorry to say that we see no easy way out of this situation for you. We are afraid that in order to convince him of your love, you may have to make the ultimate sacrafice for him. You may have to stand in front of his loaded gun and let him pull the trigger so that he will understand that you love him so much you would be willing to give up your life to prove your love for him.

At this point the client began sobbing for the first time in the interview and agreed that it might come to that, and she had imagined such

an ending to her life. Another appointment was scheduled for a couple of days later.

The therapist began the second interview by expressing the concern the team had had about whether or not the situation at home might have become even worse since the last interview. The client smiled and said, "I don't know why, but on the way home I started thinking about what you said last time. When I got home, I went up to him and asked if his gun was still out in the truck. He said it was and I asked him if it was loaded. He said no, so I told him to get it, load it and come back in here and shoot me because I wasn't going to spend the rest of my life trying to convince him that I loved him and worrying about whether he believed me. He wouldn't get the gun. I think he was surprised that I stood up for myself. Anyway things have been different for the last few days."

DISCUSSION

The result of the team's intervention was surprising. The client had drastically altered her behavior vis-a-vis her boyfriend in a completely unpredictable, discontinous manner. The position taken by the therapy team was one which apparently was congruent with the client's world-view, did not arouse resistance, and enabled the client to act differently because she thought differently about her situation. It should also be noted that the therapy team experienced a great deal of anxiety over the delivery of the intervention.

This anxiety could be interpreted as a direct reflection of initial investment the team had in insuring the woman's safety as a specific outcome of the treatment and the paradoxical nature of the intervention which was aimed at disrupting the internal consistency of the system.

Following this initial session, then, the system was sufficiently

unbalanced or disrupted, that the team could proceed to push the system toward further reorganization.

This case illustrates the effectiveness of aiming an intervention in such a way that neither the homeostatic or transformation tendencies are openly or covertly allied with. Rather the therapy team attended to the coherent organization of the system in such a way as to disrupt its internal consistency.

There would have been an explicit danger in attempting to find ways to help her escape the situation. By doing so, the team would have been allied with her efforts to stop his abuse and would have been responsible for escalating the struggle. If her side of the struggle were to escalate, then so might his. Therefore, the most irresponsible thing the team might have done would be to ally with her tendencies for change and thus become regulated by the system. Furthermore, any premature attempt to engage her husband in treatment might also have been seen as threatening to him and escalated the struggle. Interventions that are aimed at the interactions between people may not always require the presence of the entire system in the therapy room. Also illustrated is the unpredictable, discontinous change which follows such a disruption.

An objection that is sometimes raised to the use of interventions that produce unpredictable results is that things might get worse. Although from certain perspectives, the situation could get worse, getting worse, or better for that matter, are notions that reflect continous, rather than discontinous change. A discontinous change is neither better or worse, only different.

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