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Non-Medical Marital Therapy

The Growth of the Institute
of Marital Studies*

This paper deals with the evolution of a Tavistock-linked non-medical therapeutic unit concerned with marital problems and their implications for the work of community services. Until 1968 it was called the Family Discussion Bureau, and thereafter, the Institute of Marital Studies.

The Evolution of the Unit and the Field

A COLLABORATIVE PILOT EXPERIMENT

Citizens Advice Bureaus (CABs) had been set up as part of the war effort. With the peace, they became concerned with problems resulting from social dislocation and with the many questions raised by new social legislation. The director of the Bureaux in London, Enid Eicholtz (later Enid Balint), recognized the leading part played by marital problems and related family stress in the ostensibly practical difficulties of the people served.

CABs in London had been administered by the Family Welfare Association (FWA), founded in 1869 as the Charity Organisation Society, whose social workers were increasingly presented with marital and related family problems that defeated them. In 1948 Enid Eicholtz initiated the formation of a small group of FWA staff to explore the possibility of offering more effective help. Technical support had to be found outside the FWA and beyond contemporary social casework. Help was sought from the Tavistock Institute of Human Relations (TIHR) with its psychoanalytic and socio-dynamic orientation for staff training and problems of organizational and strategic development. Particularly through Dr. A.T.M. Wilson (1949), the Tavistock had designated

*A requested overview.

marriage and marital stress as one of its central concerns. There was sufficient agreement on the part of the FWA group with the Tavistock approach for a joint steering committee to be set up to guide the new endeavor. Among the tenets agreed were:

- The need to link training and research with casework to close the gap between theory and practice and provide opportunity for the formulation and testing of working hypotheses.
- That marital problems could be studied at the necessary depth only by making use of therapeutic situations. That the advance of understanding required an opportunity for reflection combined with skill derived from practice.
- To endorse the casework principle that nothing effective can be done to or for people, only with them (Wilson, 1947a; 1947b; 1949).

Five years were allotted to a pilot experiment. Survey research was undertaken in two areas of London to discover needs and to develop acceptable approaches to marital and family problems. Group discussions with a wide range of people who had not openly sought help confirmed the need for a new service (Menzies, 1949). Severe problems existed within the healthy part of the community; the line between so-called normal families, who could cope, and those threatened by crisis proved difficult if not impossible to draw. At that time stigma was attached to marital difficulty. Few people were able to ask for help before difficulties became acute, but, with that point reached, help was acceptable if made available in a way that did not imply social failure. The majority of clients would be referred by workers in community services.

These open discussions led to the use of "Family Discussion" in place of "Marriage Welfare." Family discussion was neutral, applicable alike to preventive and therapeutic work, and suggested the joint, client/worker nature of the endeavor (Bannister et al., 1955).

The second task was to explore the possibility of using a psychoanalytic theory of personality in the development of casework. Those seeking help seldom regarded their problems as medical or themselves as psychiatric patients, but some of the special knowledge of the psychoanalytically trained psychiatrist was necessary for those wishing to give effective help to people with problems stemming from motives of which they were unaware. Making such knowledge available raised big issues for the analysts, but their doubts were met by the forceful argument that troubled marriages existed and, because the "dis-ease" was not medical, couples in difficulties were not getting the psychological help they needed.

The FDB group needed to gain such understanding of themselves as would keep them free from the emotional pressure exerted by clients and permit them

to see the conflicting forces at work with sufficient detachment to get a clear picture of them (Sutherland, 1955). They had to learn to reflect on and evaluate their own subjective experience; "a limited though considerable change in personality was necessary for the new skill, though the amount of change necessary could only be judged as the work progressed" (Balint, quoted by Sutherland, 1955).

The focus that then developed was not so much on the psychodynamics of the individual as on the marital relationship—the process of interaction between the two individuals concerned. The marital relationship was conceived in system terms from the start, as was the family of which this relationship was the nucleus.

The container within which reflection was combined with the experience of clinical practice was the weekly case conference. Learning took place through the relationship developed between a consultant analyst and the group of caseworkers and also among the members themselves (Balint, M., 1954; Bannister et al., 1955).

The third separate, but complementary, component of these initial explorations was an investigation of patterns of living in ordinary urban families. A social anthropologist and a social psychologist collaborated with FDB consultants, case workers and psychologists from the Tavistock Clinic. This research developed new insights into conjugal roles and family networks (Bott, 1957; Vol. I, "Conjugal Roles and Social Networks"). The study was of marriage as much as of families and the interpretations and hypotheses developed enriched the texture of interdisciplinary collaboration in the group as a whole, adding to the concepts emerging from the casework.

THE MOVE TO THE TAVISTOCK AND ITS IMPLICATIONS

When the time allotted to the pilot project expired the question of continuing the unit on a permanent basis became pressing. Preoccupation with the development of professional competence in its specialized field and close involvement with the Tavistock militated against its integration into the professional life and culture of its parent organization. A solution was found when in 1956 the FDB became one of a growing number of Clinic-linked activities of the TIHR.

A marital unit had existed within the Clinic as part of the National Health Service since 1949 and was available to those referred through medical channels. With the addition of the FDB an alternative non-medical pathway became available.

A professional tension lay in the uncertain distinction between casework and psychotherapy. The staff were caseworkers, a professional identity pre-

served for many years until that of "marital therapist" was assumed in the mid-1980s. The tension is implicit in a contemporary paper by one of the Bureau's consultants:

You will observe that personal analysis has been excluded from the training. In the Family Discussion Bureau we have deliberately held to a policy of not requiring it, and our experience has shown that good work can be done without it. Whether or not the work is better without it, it would be impossible to say. Certainly some of those caseworkers who have not been analysed previously do not wish to take this training now, as they feel they might then want to become more like the analyst. On the other hand, those who have had some personal analysis find that they can work easily at the same "levels" and in the same way as other caseworkers (Sutherland, 1956).

Operational tensions were related to changes in the patterns of referral and the network of community services with which the FDB was connected. When the transfer to the Tavistock took place the Bureau's clients were exclusively referred by CAB workers, social workers in various settings and probation officers. Thereafter, medical referrals, notably by general practitioners, progressively replaced them and still preponderate among referred cases. Latterly, self-referred cases have become the majority but there are often "hidden referrers" and many of these are doctors. Thus, operational connectedness shifted towards the medical network. While the unit's experience has been that the distinction between the "social" and "medical" in this field is unhelpful, some sociologists and social theorists remain critical of what has been called the "medicalization of marriage" (Morgan, 1985).

Institutional tensions were inherent in a situation in which working relationships with the National Health Service Clinic preponderated over those with the independent TIHR, which carried legal, administrative and financial responsibility for the unit. In this respect the FDB was in the same position as other Clinic-linked units. However, these had been generated within the organization whereas the Bureau had been introduced from outside. An important factor in the negotiations leading to its transfer from the FWA had been the judgement that, with support from central and local government, it would become self-financing. This was (and has continued to be) a difficult position to achieve. On numerous occasions survival was only secured through the willingness of TIHR to underwrite prospective deficits, thus affording a breathing space in which to reach solvency. For a time a small number of staff holding Clinic posts were seconded part-time for work in the FDB.

Government grants-in-aid are permissive, not mandatory, and subject to the ebb and flow of economic climate and political opinion. The community's concern about the social and mental health implications of marriage breakdown and stress is, in part, reflected through official funding. However, the paradoxical-

cal nature of marriage as a personal relationship and as a social institution makes for ambivalence at governmental, organizational and personal levels. Notwithstanding changed attitudes and increasing openness, support for intensive study and therapeutic intervention remains equivocal.

The Mix of Practice, Training and Research

The concept of the practice, training and research "mix" as a total function was articulated in the pilot experiment.

In the years immediately following the move to the Tavistock, energies were mainly devoted to staff development and to a fuller exposition of the Bureau's work than had hitherto been possible. *Marriage: Studies in Emotional Conflict and Growth* (Pincus, 1960) described practice with a range of troubled marriages. It took account of unconscious processes that influence an individual's choice of partner and discussed the nature of conflict in the interaction between couples. It emphasized the benign as well as the destructive aspects of conflict for personal development and maturation in marriage.

The four-person therapeutic technique developed out of the pilot experiment. Because the possibilities of creative change in the marital relationship had been found to be greater when both partners were involved, the Bureau had come to work exclusively with couples. However, the involvement of one caseworker with two clients so added to the complexities of transference and countertransference that two workers were deployed to avoid them. It had been realized that this technique had a potential for staff training, the less experienced learning from their more experienced colleagues (Bannister et al., 1955). It was later observed that the relationship developed between the caseworkers tended to reflect important aspects of the client-couple's interaction. That is, the therapeutic relationship system was influenced by that of the clients. Scrutiny of this unconsciously determined phenomenon advanced understanding of the couple's difficulties. Some characteristics of the weekly case-conference where such scrutiny took place have changed over time. The staff have become more sophisticated and those with and without analytic experience and training more evenly balanced, so that the role of the psychiatrist/psychoanalyst has become less prominent. The distinctive influence of the case-conference has been described as follows (Pincus, 1960):

It is clear that in order to keep their vital self-awareness and to understand as far as possible the extent to which their own involvement may be distorting their understanding of their clients' difficulties, the caseworkers need a medium in which they, too, may develop and feel free to involve themselves in relationships. Without such freedom it would become very difficult for them to avoid

working in mental blinkers which would prevent them from seeing anything except the rational content of their clients' complaints and fears, and of their own anxieties. The group provides a setting in which these anxieties can be aired and tolerated. Caseworkers have an opportunity to discuss their cases in conference, but the constant gain in casework experience which this provides is seen as incidental to the vital atmosphere created by the group which can be internalized so that workers carry it with them to their clients. It is essential that the atmosphere should be predominantly accepting and supportive so that the workers can be spontaneous in their discussions, knowing as they do that these will reveal hidden aspects of their own personalities. But, in so far as the group avoids a destructively critical attitude, it must, nevertheless, make demands on its members, the chief being for a disciplined and discriminating attitude to their work.

THE TRAINING OF ALLIED PROFESSIONALS

The training of allied professionals began in 1956 as a result of a request for a training course for probation officers whose matrimonial casework service in Magistrates' courts was growing. The implications of stress in marital and family relationships for work with offenders became increasingly apparent. The courses sponsored by the Probation and Aftercare Department of the Home Office were held annually and continued without a break for thirty years. This longevity, though significant, was not their most important feature, which lay in their function as a laboratory in which to develop concepts, test patterns of training courses and apply learning gained in the working-group.

The term "working-group" has particular connotations. It is no accident that practitioners concerned with marital problems should find themselves paying attention to the group as a vehicle for containing and working through the emotional impact of working in this field. They could not be unaware, in themselves as in their clients, of resistance to personal change. Bion has documented processes by which members of a group can unconsciously co-operate to avoid the struggle with their real task (Bion, 1961). Couples can also unconsciously co-operate to maintain illusions about themselves. Alongside the impetus for change and development goes what Bion described as a hatred of learning about the self and of the experience of uncertainty which this invariably entails—until the individual gains some mastery and is able to assume that degree of personal autonomy which is required for reality-based co-operation with others. Bion's work had a profound influence within the Tavistock as a whole and stimulated what came to be known as group relations training (Trist and Sofer, 1959; Rice, 1965). FDB staff became progressively more involved with group relations conferences as part of their own in-house training and as conference staff.

The work with probation officers was precursor to a wide range of extra-mural courses and training events involving allied practitioners and their employing institutions in the statutory and voluntary services, such as marriage guidance councils, in addition to universities and training organizations in the United Kingdom and abroad.

The beginning of intra-mural training was also linked to work with the probation service following an approach to the Tavistock Clinic by the Home Office. In the year following the first extra-mural course, the first experienced probation officers were seconded for supervised marital casework in the unit. They, and the officers who followed, became in-service tutors to colleagues undertaking marital work in the courts.

The FDB received foundation support for the provision of fellowships for United Kingdom and overseas post-graduate students. These comprised practitioners and practitioner-teachers, principally from probation and social work and, increasingly, from the marriage guidance movement in the UK, as well as medical and social workers from abroad, who would return to key roles in their employing organizations. It became policy to "train the trainers" a corollary being the extension of supervisory skills outside the specialized setting of the FDB.

The growing volume of training stimulated collaboration with others in the Tavistock concerned with inter-disciplinary teaching, primarily the Clinic-linked School of Family Psychiatry and Community Mental Health. An important aspect of training is that it enables direct contact to be maintained with the preoccupations and working problems of those in the field and with developments abroad. Training is also an important source of recruitment when internal students or those invited onto the staff of training events apply and are selected to join the unit. Their experience in other settings enriches its knowledge base and, through them, links with community services are strengthened.

RESEARCH AND PUBLICATION

The appearance of *Marriage: Studies in Emotional Conflict and Growth* in 1960 stimulated research and publication. A national conference organized by the FDB was held for a multi-disciplinary group of trainers and social work teachers. This produced a widely read monograph (Institute of Marital Studies, 1962).

The study and comparison of cases showed the operation of phantasies shared by couples at different levels of personality development, the basis of unconscious collusion, and distinguished between different patterns of defense against anxiety. This led to better understanding of the four-person relationship, the variable use of conjoint (foursome) and individual sessions and the

enhancement of the therapeutic process (Bannister and Pincus, 1965; Lyons, 1973). A parallel study was devoted to brief intensive work and its prerequisite: help for practitioners to withstand the pressures exerted by disturbed clients in crisis (Guthrie and Mattinson, 1971).

Wider applications of experience and theory included the submission of evidence to government and others regarding the personal and family services of local authorities, and reform of divorce laws. This was the basis for an outline strategy to promote comprehensive services for the family, preventive as well as remedial. It took account of the interdependence of the mental health aspects of marriage and divorce, the impact of social change and the requirements of professional training, practice and co-operation (Woodhouse, 1969).

An examination was made of the marital participation and interaction of couples previously resident in a hospital for the subnormal in an attempt to understand why many subjects considered handicapped when single had been able to use the commitment to their partners for their own personal development (Mattinson, 1970). Other work, arising from consultancy in a children's hospital, was based on treatment of couples having a child suffering from recalcitrant illness (encopresis and asthma). This led to efforts to develop an approach to understanding and helping such sick children through working with the marital interaction of their parents (Mainprice, 1974). A third area of exploration derived from long-term collaboration with university teachers of social work students and their fieldwork supervisors (Mattinson, 1975).

The FDB had now become an advanced center in its field and took the title of Institute of Marital Studies (IMS). This affirmed its identity among organizations with which it had growing links. It became one of the five autonomous units reporting to the Council in a reorganized Tavistock.

By the end of the 1960s therapeutic work and training were making important contributions to IMS budgets. So were the staff through considerable unpaid time and the making over to the unit of all income from writing. Research costs had been met out of general funds. A period of rapidly rising inflation now raised financial uncertainty to an insupportable level. Technical innovations were inextricably bound up with these pressures, the more so in a small working group organized to ensure collective responsibility for its affairs.

Negotiation of long-term training commitments which provided a continuing interface with the managers of community services became more prominent. Technical and financial considerations combined to promote research supported by trusts and foundations. The first such project was undertaken in a London Social Services Department. Over a period of three years four IMS staff were participant observers in the Department and worked with clients to whom the organization gave a high priority (Mattinson and Sinclair, 1979). The project began a process through which experience of negotiation with

other institutions was widened and deepened. It established a pattern of collaborative action-research which was to be influential in the unit's development. It provided direct experience of the stressful working-world of colleagues in community services. Through the staff involved, task-related anxiety was brought back into the IMS. The new work had to be accommodated emotionally as well as organizationally by the total working group, including administrative staff. An equivalent of the case conference had to be found for such action-research projects. The search was broadened for relevant theory through which to explain the phenomena encountered. The project gave added emphasis to the need for expansion. A "critical mass" was needed sufficient to accommodate this kind of research, the development of therapeutic work and training, and to enable the IMS to respond to unpredictable events and opportunities.

Intensification of relationships between the IMS and other related organizations through training and field-based action-research had parallels in the area of policy. Regular *consultation* between the IMS and the other major organizations in receipt of government grants-in-aid for marital work was by now well established. Consideration of their different but complementary roles resulted in a joint approach to central government. This approach sought a national review of marital work and services in the light of knowledge and experience gained since the field had last been officially reviewed in 1947. As a result a multi-disciplinary working party was set up on which the IMS was represented. It published a report entitled *Marriage Matters* (Home Office, 1979).

The report confirmed the span of agencies and professional disciplines involved with marital difficulties in their various guises. These agencies and practitioners, while varied in terms of their primary tasks, had in common the need to understand the nature of marital interaction and its effect on their work. Problems of inter-professional collaboration were emphasized. A coordinating role was envisaged for government with a small central unit to promote the better use of existing local resources. The aim of *Marriage Matters* was to stimulate debate as a prelude to change within government and among the many professionals and agencies involved.

Following a change of government, however, the necessary central initiative to implement change was not forthcoming. The emerging social climate revealed increasingly stark contradictions. There had been growing recognition that collaboration, interdependence and the interplay of differences were prerequisites for the development of institutions as they were for individuals, couples and families. At the same time anxiety was increasingly voiced about the finite nature of resources in the face of escalating demands. This led to defensive, reactive strategies. The external boundaries of groups and organizations tended to become less permeable as preoccupation with survival and stress among practitioners increased. Lack of resources was invoked as an

irrefutable reason for limiting the time-span of commitment. Tension between autonomy and dependency was increasingly dealt with by an aggressive emphasis on independence. Reliance on techniques in treatment and training, and the avoidance of sustained relationship grew; a premium came to be put on short-term remedies for the ills of a growing number and range of "casualties." Reductionist attitudes rather than those encouraging attention to process and the interplay of the inner and outer worlds of those in difficulty were reinforced. As Sutherland (1980) pointed out, "the pluralism in approaches thus reflects a situation not so much stimulating differences within a healthy enterprise as one with serious and dangerous contradictions."

Later Developments

The changing focus and practice of the major part of TIHR gradually became less congruent with those of the IMS and, in 1979, the unit transferred to the Tavistock Institute of Medical Psychology. This charitable foundation—the founding body first of the Clinic and then of TIHR—having retained a supportive role in relation to both organizations, assumed legal responsibility for the IMS. The new arrangement aimed to leave the unit free to maintain its working relationship with the Clinic and relevant activities of the Institute and to adopt a distinctive form of organization more suited to its future adaptive needs.

NEW PROJECTS AND THEMES

In its new context the unit engaged in a series of collaborative and substantially funded enterprises following on from the Social Services Department project. One—with groups of health visitors—concerned the development of a preventive model for enhancing a couple's capacity to contain the tension inherent in the advent of a child, particularly the first-born. It questioned the proposition of "crisis theorists" that pregnancy is a propitious time for prophylactic mental health intervention (Clulow, 1982). Other work involved participation in a program in the Probation Service aimed at effecting settlements between divorcing couples subject to welfare enquiries to protect the well-being of their children. The work cast doubt on legal and other procedures based on the premise of essentially rational conflict resolution. This leads to an underestimation of the primitive nature of the hostility between many couples who fail to act in the best interests of their children (Clulow and Vincent, 1987). Workshops for practitioners in a variety of settings were held in three diverse areas of the country to compare experiences of work with clients when one or both partners in a marriage had become unemployed and to study the psycho-

logical impact of the loss of the opportunity to work. Attention was drawn to the reluctance of relevant professionals to involve themselves and reasons for this were investigated (Daniel, 1985; Mattinson, 1988).

The issues raised by *Marriage Matters*—particularly the need to promote interdisciplinary training and collaboration—were a continuing concern. When it became clear that no central initiative would materialize, a three-year training-cum-research program was mounted involving 50 practitioners from front-line medical and non-medical services. It focussed on the impact of marital stress on the five participating agencies and on the task-related anxieties impeding inter-professional collaboration (Woodhouse and Pengelly, forthcoming).

Alongside collaborative action-research, there were successors to earlier endeavors in therapeutic practice and training. A study of a psychodynamic marital therapy again highlighted the perceptions and subjective experience of the two therapists as much as those of the couple, but paid further attention to the process of referral and to the assessment of the outcome (Clulow, 1985). Factors relevant to brief marital therapy and the problem of assessing outcome were also considered (Clulow et al., 1986; Balfour et al., 1986). The couples in both instances were actively engaged in assessing the work, re-emphasizing the original conception of the therapeutic encounter as a shared enterprise.

Extended experience of training groups for social work supervisors in an inner London local authority drew on earlier IMS work when exploring the nature of the tension engendered by the supervisory role and of the anxiety commonly associated with it (Dearnley, 1985). Two new courses were added: an internal one, the first of its kind in the UK, leading to a Diploma in Marital Psychotherapy, with an extra-mural foundation course linked to it.

Continuity was also evident in continuing collaboration with referring general practitioners. There was joint examination by a medical and an IMS practitioner of the way patients present marital stress to their family doctor (Cohen and Pugh, 1984). Meanwhile, therapeutic work prompted consideration of such contemporary issues as cross-cultural marriages (Cohen, 1982) and the effect of abortion on marriage (Mattinson, 1985). International work continued. An international summer school began in 1983. Links have been maintained with colleagues in Europe and beyond. The chairmanship of the Commission of Marriage and Inter-personal Relations of the International Union of Family Organisations passed to the IMS in 1986.

INTEGRITY AND UNCERTAINTY

As Clulow (1985) observed, the Greek word "therapy" is commonly assumed to mean *curing* or *healing*. Its first meaning is, however, *waiting on, serving,*

attending. Marital therapy in the IMS is a process of attending to couples and their unconsciously motivated interaction. It calls for informed listening, is reflective, essentially responsive and is concerned with the mutual influence of couples and therapists.

An interventionist, entrepreneurial mode, however, had increasingly to be adopted alongside the responsive one with clients; the pursuit of financial viability had to go hand-in-hand with professional development. Pressure on limited resources increased; it was never possible to keep the contending claims of practice, training and research/publication in anything but uneasy equilibrium. The different work patterns required in these three areas were often in conflict. But the overall outcome of managing these stressful boundaries has been creative. The culture developed by members of the working group embodied an effective social system of defenses against the anxieties inherent in the unit's therapeutic and other work and in its boundary position within and beyond the Tavistock.

Recent social and political trends are testing the integrity of the IMS and the coherence of its tripartite role. Progressively reduced financial support from central government and restrictions on local government services signify changes in political philosophy and social theory—and therefore attitudes towards the relationship between welfare and personal development. Whether or not the changes in society are radical, or part of an oscillating process, only time will tell.

The unit perforce became less dependent on direct public funding. The balance between technical development and financial necessity moved sharply towards the latter. Reciprocal processes with the practice, training, research mix have been seriously affected, giving rise to concern, not least as regards effects on the unit's core activity—service to clients—demands for which have escalated.

Changes in the field of care have inevitably affected the pattern of the unit's relationship within its professional network. Probation and social workers have become increasingly concerned to apply treatment techniques in work with specific target groups. The trend has been away from casework with its emphasis on psychodynamic processes. The non-statutory marriage guidance movement has also been affected. There has been a proliferation of many diverse forms of counselling and other types of help for personal problems.

Training and consultation continue with members of all these groups. As would be expected, institutional change is uneven. Some members continue to seek help from a psychodynamic approach to their practice. Growing numbers of general practitioners are becoming more aware of the relational aspects of their primary task. One outcome has been the establishment of the Group for the Advancement of Psychodynamics and Psychotherapy in Social Work (GAPS) and, since 1983, the publication of its *Journal of Social Work Practice*.