

**AN EXPLORATION INTO THE
COUNSELLING NEEDS OF BATTERED
WOMEN:**

**A FEMINIST PERSPECTIVE FOR
CLINICAL SOCIAL WORK PRACTICE**

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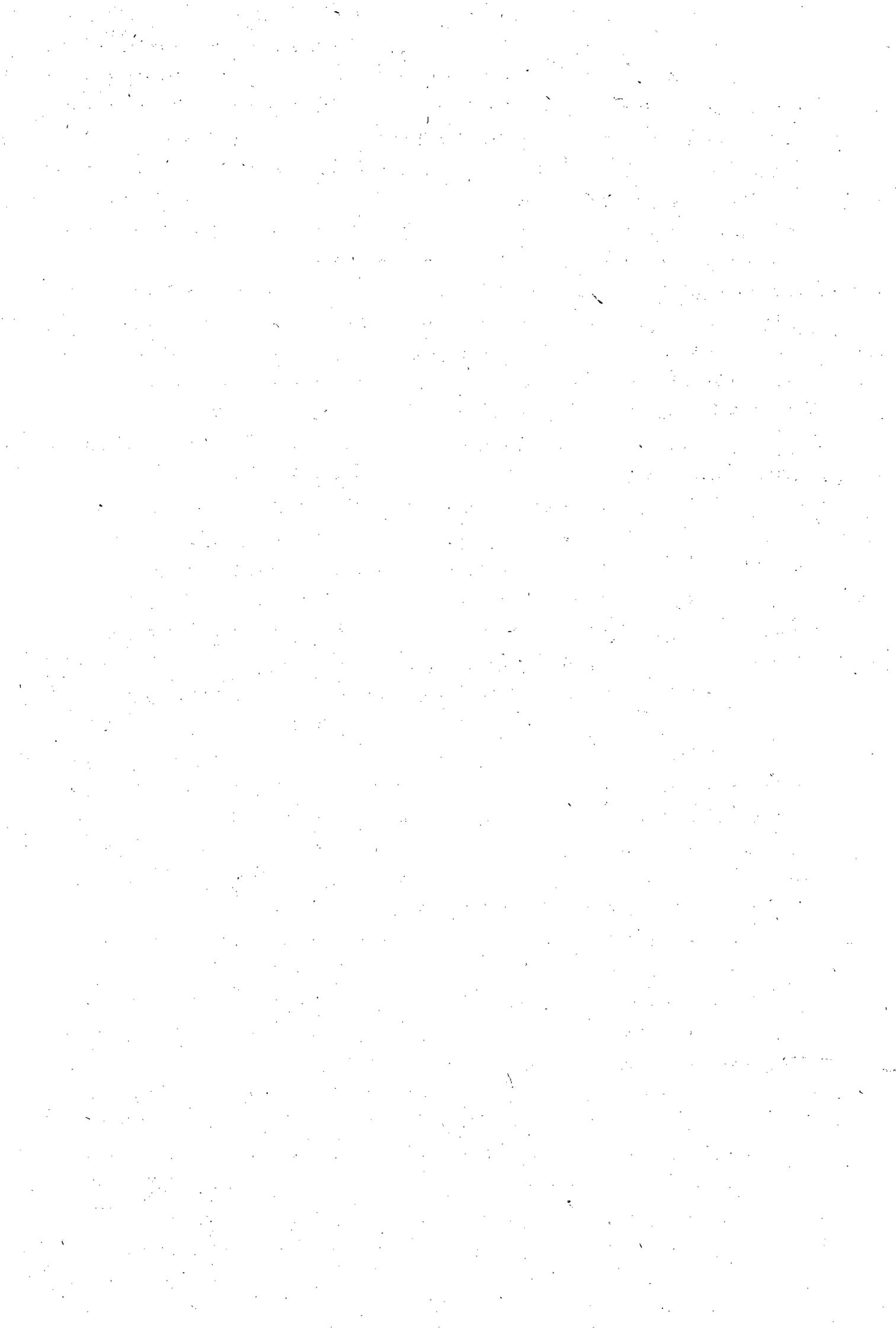
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Erratum

Due to printer capabilities the Latin text is not italicised.

A B S T R A C T

Despite the severity and extent of battering, the experiences of battered women remain largely hidden and unacknowledged due to the privacy of the family and the relative unimportance accorded women in a sexist society where male dominance and control are sanctioned. This study attempts to break some of the silence surrounding the problems and experiences of battered women with a view to influencing clinical practice. Battering is situated within its social, historical and theoretical context offering a feminist analysis to provide most clarity on this complex issue. Battering is regarded as one form of extensive male violence against women, and viewed as an extension of behaviour and roles supported and encouraged by the dominant culture.

The sample consisted of nine battered women drawn from the case-loads of counsellors who are members of the Co-ordinated Action for Battered Women group. A feminist methodology which attempts to do research for women rather than on women, was adhered to. Within this the experiences of women themselves are sought to elucidate the general position and experience of women thereby allowing the personal/individual to be connected with political/collective spheres. The research was conducted in

the form of a literature search followed by holding individual in-depth interviews with open-ended questions to elicit qualitative data on the women's relationships, their experiences of violence, and their experiences of helping agents.

From the transcribed interviews common themes and trends were drawn out, highlighting the difficulties facing battered women and thereby signifying the complex psychological and practical factors which may keep women trapped in violent relationships. The women's stories therefore serve to indicate issues which clinicians need to consider in their work with battered women.

Findings indicate that clinicians need to have a thorough knowledge of the complexities of battering, the effects on women, the resources available and that their role of advocate and change-agent be amplified since socio-legal and economic forces prove the major constraints to battered women. Recommendations for training and increased resources are therefore made. Feminist therapy is advocated as the most appropriate for battered women since its principles and tenets embrace issues such as power, domination, gender, social change and consciousness which are fundamental to an adequate analysis of battering.

CHAPTER ONE

INTRODUCTION

A RATIONALE FOR THE PRESENT STUDY

The problem of battered women is now widely recognised as a social one increasing in severity and proportion. Although battering itself is far from a recent phenomenon an increasing awareness of it and its seriousness, linked with an increase in the general level of violence, especially in the South African context, means that many social agencies are having to address the existence of battered women. Given the hidden nature of the problem and women's reluctance to come forward with it, estimates of occurrence are usually conservative. Rape Crisis Cape Town estimates that 1 in 6 women in the Western Cape are battered (1989). Walker (1979:340) estimates that only 1 in 10 women report battering to the police thus indicating its hidden nature. People in the helping professions are nevertheless frequently faced with the issues presented by battered women. Some estimates point to 25% of social workers' caseloads involving battering (for example Lawrence, 1984). Many social workers and counsellors feel helpless with these cases; no specific training on battering is incorporated into courses and resources to assist battered women are severely lacking. Professionals may themselves hold myths about battered women which may influence their service delivery. These factors have influenced many women to remain in abusive

relationships for longer than would otherwise have happened.

My personal interest in the area goes back several years during which time I worked in the first shelter for battered women in the Western Cape and with professionals on developing strategies and policies for battered women¹. I have also worked in a traditional psychiatric setting where I noted the large number of women admitted who had been sexually and/or emotionally and physically abused. The fact that no category for this existed on the history form indicates the professional neglect/denial of the impact of abuse. It never formed part of the diagnosis -- more often it was viewed as the result of a mental or personality disorder. This reinforced for me the ease with which battered women can be mis-diagnosed and thereby re-abused by the medical/psychiatric professions.

I am personally aware of the need for more information on battered women and guidelines for improving services. Professionals with whom I have spoken have therefore welcomed the idea of this study. I have chosen to approach the issue of battering from a feminist perspective for a variety of reasons, one of which is the clarity of analysis thus provided, a clarity I trust will

¹. I am aware of academic requirements and style which usually preclude the use of the first person in research discourse. The reader is therefore alerted to the occasional use of the first person in this study thereby making the inevitable subjectivity of the researcher/ed and reader explicit. The rationale for this is further elucidated in my discussion of feminist methodology in Chapter 4.

be communicated through subsequent chapters. I have attempted to adhere to feminist principles on all levels of the implementation of this study. One fundamental principle is the generation of systems of knowledge from women's own experiences as opposed, for example, to that generalized from a purely male perspective. Hence, I felt it would be most useful to ask battered women themselves what they felt was needed from counselling rather than dictating this from a professional vantage point. It is hoped that the information from the women themselves will serve to increase and clarify a knowledge of the counselling needs of battered women. Directions for further research could also be indicated and information could be incorporated into training programs for potential counsellors.

DEFINITION OF BATTERING

Battering proves a very difficult phenomenon to define as it covers a wide range of actions and also has a largely subjective component in that different women may define themselves as "battered" at different stages of abuse. Pagelow (1981) points out that battering ranges from "hitting or slapping at one end of the continuum to homicide at the other." I acknowledge that within the context of our own extremely violent society abuse and battering can be seen to take many forms and to operate at varying levels thereby resulting in many victims. Thus it is not only women who are battered, however, they are the focus of this study and by far the most frequent recipients of (male) violence. I will therefore not be referring to other forms of battering. For this reason I

will not use terms such as "spouse abuse", "marital" or "family" violence used in the literature, which serve to obfuscate this significant discrepancy between male and female victims. Thus, for the purposes of this study, battering will refer to any repeated acts of physical or psychological force, or repeated threats thereof, used against a women by her partner. As all the women in this study had male partners, "batterer" will refer to men. Further terms are defined in the glossary (Annexure A). It is also necessary to acknowledge that given the very limited resources of most battered women the opportunity of costly, long-term psychotherapy is seldom an option. The term "counsellor" is therefore used interchangeably with "therapist" and "clinician" referring to any person (lay or professionally trained) who is working therapeutically with a battered woman.

PURPOSE OF THE STUDY

The overall aim of the study is to explore the central issues involved in counselling battered women and to propose some guidelines for intervention. More specifically, the present study seeks to:

- (1) detail the experiences of 10 battered women with particular reference to counselling;
- (2) explore the women's understanding of their experiences of personal violence and how this could inform the counselling process;
- (3) establish whether women felt their needs were met by counselling;

- (4) relate the material presented by the women to the available literature on counselling women and feminist therapy.
- (5) devise comprehensive guidelines for the inclusion in the counselling of battered women;
- (6) develop new approaches for counselling battered women thereby hopefully improving the quality of counselling offered.

OUTLINE OF THE STUDY

The following aspects will be covered in the chapters that follow:

Chapter 2: A review of studies and the different theoretical approaches to battering will be presented to inform the reader of the study's theoretical base and point of departure. Various aspects of the theory will be picked up in subsequent chapters.

- Chapter 3: Feminist therapy and its development will be discussed. The historical contribution of psychoanalysis and traditional views on female development and how these have influenced the nature of help received by women will be addressed.
- Chapter 4: The methodology drawn on for this study will be discussed with the rationale for a feminist paradigm.
- Chapter 5: An analysis of the findings and an evaluation of the interviews will be done. The findings will be related to the literature and will therefore also be incorporated into Chapter six.
- Chapter 6: Issues for intervention will be raised drawing on the principles of feminist therapy, literature in the area and the data collected from the interviews. This will cover the psychological sequelae of battering and implications for counsellors.
- Chapter 7: Further Recommendations and Conclusions.

CHAPTER TWO

THEORIES OF BATTERING

In this section some of the main studies and the different theoretical approaches to battering will be traced. It is necessary to examine the different theories and analyses, since how a problem is defined determines how and where one looks for solutions. This dimension will be further explored in subsequent chapters.

HISTORICAL CONTEXT:

Since social phenomena such as battering do not occur within an historical vacuum, they need to be located within their appropriate context to be adequately understood. Although only relatively recently defined as a social problem, battering has existed for as long as marriage and therefore needs to be seen in relation to this social institution. Clearly battering can occur within non-legally married partnerships but always occurs within a context of domination-subordination, a dialectic encouraged in social relations under patriarchy. Domination describes a "social structure in which certain groups of people can determine and limit the spheres of activity of other groups." (Schechter, 1982:216). Women, whether as mother, wife or daughter, are defined by their relation to men, the dominant group. The power of the dominant group carries with it the threat or use of force to coerce compliance. The subordinate position of women in our society, institutionalized by marriage, therefore makes women

ideal targets for male violence and control. Historically this violence has been sanctioned by society. Women have been viewed as the legal and social property of men, first their father's then their husband's (or a male relative in some cultures) and their role seen as producer of other property (children) to inherit the property of the household. Other institutions such as the church have encouraged the obedience of wives to their husbands/heads; this male authority has then been codified in law, for example the eighteenth century "rule of thumb" operated until relatively recently allowed for a man to beat his wife with a rod no thicker than his thumb (Dobash and Dobash, 1974:60). Within the Southern African context many African women are still viewed as legal minors and the property of a male relative.

Although battering is now considered a crime in most Western societies, many of the patriarchal attitudes of women as property of men and the right for women to be controlled remain. Violence is merely one way in which some men express their socially constructed right to control and chastise women.

It is also necessary to acknowledge that, historically, battering forms only one aspect of male violence to women but because of its occurrence within the sanctity of the family it tends to remain more easily hidden. The privatisation of the family within Western culture has also led to an avoidance by others to "interfere" or intervene.

The Myth of the Family as Haven:

A significant aspect of the historical context of battering is the silence which has surrounded it. Thus, although in existence for centuries, it was only through the women's movement in the early 1970s, that the extent of the problem became better recognised. Once women began to speak out about their personal experiences the myth of the family as haven, as portrayed in media and upheld by social institutions, became exposed. Prior to this, battering was rarely acknowledged in the literature. For example, NiCarthy (1984:10) found no references to violence indexed in the Journal of Marriage and the Family from 1939 to 1969.

During the seventies however, several studies were embarked on and the extent of previously hidden violence in the family became increasingly obvious. Gelles, after his major study in family violence (1979:11), states that "people are more likely to be hit, beat-up, physically injured, or even killed in their own homes by another family member than anywhere else, or by anyone else, in our society".

In Britain marital violence was highlighted by the opening of the first battered woman shelter, Chiswick Women's Aid. The founder, Erin Pizzey, noted how the privatization of the family helps in keeping battering a hidden crime seen merely as a "domestic affair" (Pizzey:1974). In 1974 the British Association of Social Workers set up a working party to consider child and wife battering and initial policy suggestions were made

facilitating the detection of battering (BASW, 1975:409-413). American studies followed as a result of the British movement and pressure from the American women's movement. Safety and refuge from the family emerged as a primary need for battered women and their children thus starkly illustrating the irony of the family as haven. This also implies that women are in a different position to marriage than men are. This point will be expanded on in Chapter 5 where the meaning of marriage for women is examined. Since the late seventies a shelter movement has developed with the result that there are presently shelters in every major city or town in North America, Britain, France, Holland, Germany and Scandinavia. The focus of this study precludes a thorough analysis of the shelter movement. See Schecter (1982) for this.

In South Africa the issue of battering has been taken up by feminist organizations such as Rape Crisis and People Opposing Women Abuse (POWA) who while dealing with rape survivors found increasing numbers of battered women approaching them for assistance. There are presently, however, only 3 shelters in the country (1 in Johannesburg, 2 in Cape Town) and other services are severely lacking.

THEORETICAL MODELS:

Numerous studies on the cause of battering exist. The paradigm within which a study is approached influences the theoretical outcome, which in turn influences the direction of action. Battering has been approached from three broad levels of analysis:

Psycho-Pathological Models:

Pence (1984) notes how battering, historically the legal right of husbands and part of a systematic use of violence against women, has recently been redefined as an individual pathology. Early "individual pathology" theories of battering (such as Gayford, 1975; Starr, 1975; Snell, 1964) fit within the dominant psychiatric discourse in which problems are located within the individual psyche. This medical model assumes a conception of normal/healthy against which the battered woman (and/or batterer) is measured and termed abnormal/sick. This model promulgates the belief that women are basically masochistic and are battered because of their own intrapsychic characteristics. Writers like Deutsch (1944) stated that "battered women love violent men because of their violence" (in NiCarthy, 1984:11). Snell, Rosenwald and Robey, (1964) concluded that battered women were "masochistic, frigid, hostile and provocative". They view the husband's violence as fulfilling the masochistic needs of the wife - "periods of violent behaviour by the husband...(give) his wife apparent masochistic gratification and help to deal with guilt arising from intense hostility expressed in her controlling, castrating behaviour." (quoted in Walker, 1981:111). Violence is thus viewed as necessary for the couple's equilibrium. These theories have also given rise to the belief that women deliberately seek out abusive relationships. Symonds (1978:176) argues against this saying women who suffer do so not because they like it but because its their pervasive cognitive style or the

only way they know how. He also points out that the largest group of battered women occurs in marriages where the husband has a pre-existing history of violence. The woman, who mostly does not know this at the time of marriage, therefore does not provoke the violent behaviour but is a convenient recipient of it. Other later studies, which are more appropriately drawn on for discussion in Chapter 5, have also shown how extremely difficult it is for women to leave the relationship because of socio-economic and psychological forces. (Roy, 1977; Martin, 1978; Moore, 1979; Strube & Barbour, 1983; Gelles, 1976; Ferraro and Johnson, 1983; Hendricks-Matthews, 1982).

Karen Horney (1973) also addresses the notion of women's inherently masochistic nature: "We have to tackle a misunderstanding which consists in confounding actual suffering with the tendency to suffer. There is no warrant for jumping to the conclusion that since suffering exists there is therefore a tendency to incur or enjoy it." (in Martin, 1976:157)

These surprisingly popular and tenacious beliefs have resulted in a "blaming-the-victim" stance which impinges on practice. Symonds (1979) argues we have an unconscious need to reject the victim - this is manifest in many traditional analyses of social problems such as poverty, malnutrition, crime where individuals are also blamed for their circumstances because of personal inadequacies. This bias is carried through into much of the later literature sometimes in a more subtle form.

Sometimes women are doubly blamed, for instance mothers are blamed for producing violent sons and wives are blamed for provoking violence.

This model has had extremely damaging effects for the cause of battered women and has been the most difficult to counteract. Many professionals still hold these views. It has reinforced the self-blame and low self-esteem felt by many women which "further robbed them of psychic energy needed to escape from the violent situation." (Walker, 1980:346). The victim-precipitating model serves to keep the victim in place through the myth that she must have done something to deserve the beating; the batterer thereby becomes justified because society perpetuates this idea.

In contrast to studies seeking to describe a "victim typology" (Snell, 1964; Starr, 1978) Walker (1984:7) concluded after her three year study of over four hundred battered women

that there are no specific personality traits which would suggest a victim-prone personality for women, although there may be an identifiable violence-prone personality for men.

This introduces the pathologizing of the batterer also found within the psychopathological model.

Here the offender's personality characteristics are seen as the chief determinants of the violence. Men are seen to beat their wives only if they are aggressive personality types, uncontrollable, or mentally ill (Straus in Roy, 1977:194) or if they are psychopathic (Gayford, 1975). Elliot (1976) writes of the "dyscontrol syndrome" affecting batterers (in Roy, 1977:98). This

view is carried through into many of family and conjoint therapy models which attempt to teach violent men to monitor their loss of control.

It is also frequently asserted that batterers are violent because of alcohol or drug-abuse (Freeman, 1980:6). The explanation given is that alcohol and drugs act as disinhibitors which release violence - the man is therefore not held responsible for his behaviour. Many women themselves believe this (Gelles 1976) because they want to, or because they are not beaten when their partners are sober. This view is frequently shared by police and social scientists in helping professions. Martin (1976) and others refute any causal link between battering and alcohol but admit that drinking often serves as a trigger for marital quarrels which then end up violently. Violent actions also are seen as more acceptable when performed by an intoxicated person (1976:57). Gelles (1976:78) agrees and states that alcohol is frequently an excuse for violence whereby the individual shifts the blame from himself to the alcohol. This is then supported by others in his milieu.

Criticism of the Psycho-Pathological Model:

The major problem with this model is the narrowness of its focus - the individual. Responsibility for the actions of the batterer is taken away from him by transferring it either to his victim or attributing it to traits within his own personality. By focussing on features of pathology, solutions are proposed in respect of punishment or cure of the individuals. Theories of individual determinism "function largely to obfuscate the

forces in people's lives that cause psychic distress and thereby to defuse the energies that could be directed against these forces." (Greenspan, 1983:21). The private, personal realm of the individual is seen as one polarity and the public, social realm of society as another with the result that any interdependence is overlooked. Disorders are seen as rooted in the unconscious or childhood and as divorced from current social, historic or economic contexts, with the result that "socio-cultural contexts of behaviour are ignored." (Freeman, 1980:9)

Social-Psychological Models:

Although some researchers have continued to rely on the psychopathological model, the increased awareness of the extent of battering, largely due to the Women's Movement, has forced a cognisance of structural and social determinants.

The social-psychological model assumes marital violence is best explained by examining the interaction between individuals and their social environment. The source of violence is located in the relationship rather than in the individual. This model incorporates a wide range of emphases which will now be discussed.

Exchange Theories:

Goode's (1971) exchange theory was one of the earlier influencing studies in this model. His view is that the family, like all social institutions, relies on some degree of force, or its threat for its functioning. However, seeing force as an essential maintainer of family systems fails to acknowledge that force usually

operates for individual gain (male) or at individual (woman) loss rather than for the entire system. This analysis rests on a very abstract theoretical model which ends up accounting for violence as if it were exchanged equally between all family members. Gelles (1983) also utilizes an exchange model suggesting a cost-benefit analysis of the use of violence.

Multi-Factor Models:

The main contribution of these approaches (Gelles, 1972, 1979, 1980 & Straus, 1979) lies in their analysis of the dynamic interplay of psychological and social variables. They look at the social meanings of violent acts, the location of events and the way violence is related to the family's position within the social structure. Based on the premise that there is no single cause they recognize that violence develops out of a complex combination of factors. They point to the following as some of the indicators for violence:

a) Social Stress Factors

Unemployment, mobility, limited economic resources, social isolation of the nuclear family and other factors which increase stress were seen to increase the likelihood of battering. This is of significance in the South African context where major portions of the population experience severe economic and political stress daily. However this does not offer an adequate causal explanation and these factors could also be used to legitimate or excuse loss of control and violence. Walker's 1984 study found no link between battering and unemployment as less than 15% were unemployed. In

accordance with research of 1970s it also tends to support the hypothesis that marital violence is far more prevalent in lower socio-economic families. This is, however, no longer accepted as researchers point out that lower class families are more likely to report to welfare agencies while it can remain better hidden in wealthier classes. Social class itself is thus not a sufficient explanation of violence. This theory also fails to account for why it is men that batter women and not vice versa.

b) Culture of Violence or Cycle of Violence Theory

Several studies found that 'individuals' who experienced violent childhoods were more likely to become abusive adults (Gelles & Straus, 1979). Violence, whether between parents or as severe physical punishment, where it is equated with love, acts as a role model to children who perceive it as acceptable behaviour and an accepted form of resolving conflict. Dobash and Dobash (1979) also tested this theory in their extensive study but found it could not explain the other 40% of men from violent families who did not abuse their wives nor the non-battering brothers of violent men. Witnessing parental violence could therefore perhaps equally be a deterrent to repeating the behaviour. Dutton and Painter (1981) state that unfortunately the requisite incidence statistics for non-battered controls have yet to be obtained and so the role of family of origin experiences is yet to be determined.

This theory again has relevance for South Africa where children are socialized in the use of violence in an

extreme sense. In our divided society most people have little control over their lives nor access to satisfactory ways of resolving conflict. In such a situation it is not surprising that the model of violence, common in society, will be followed on an interpersonal level. This theory neglects to acknowledge, however, that it is largely men who are violent and commit violent crimes. This imbalance is no accident as men are trained for violence and encouraged to use it to resolve conflict or gain control.

Wolfgang and Ferracuti (1967 in Martin, 1978:110) postulate that it is possible to delineate groups within society whose attitudes to violence differ from those of the overall culture. While cultural sensitivity is essential to acknowledge different meanings and implications of violence for women this "violence prone" idea risks becoming culturally biased and gives rise to the myth that women of some cultures do not mind being battered. Straus (1978) points out that certain norms are held within society which tolerate and encourage violence and thereby guide the behaviour of members of society. This omits to explain why all family members are not equally violent and results in him making simplistic recommendations such as "the state should be less violent" and that "families should be disarmed". Dobash and Dobash (1979:16) point out that violence as learned behaviour reflects societal attitudes regarding women and wives as "appropriate" victims; that men believe that their wives should be controlled by them, and that violence is one way of maintaining this. Therefore this

learning does not only occur in the family but is strongly influenced by societal norms and values specifically regarding women.

c) Sexual Inequality

Sexual inequality is suggested as a crucial component of the multi-dimensional causal model by Gelles (1983).

His primary thesis is that men abuse women because they can. Drawing on a cost-benefit analysis of social control exchange he concludes that raising the cost of using violence in society will make the price too high to justify using it. It seems that the ratio in each case would be difficult to determine, thus Walker (1984) warns that there is a danger of viewing this approach as if it actually has the potential to prevent intra-familial violence.

The Gelles, Straus, Steinmetz studies of the 70s found violence occurring when men could not live up to their dominant position, or earned less than their wives. Gelles also suggests that unequal gender socialization patterns are causal in other forms of violence such as child and sexual abuse. Walker's later results indicate that sex-role stereotyping is a primary cause for men battering women (Walker, 1984:103). Straus (1977) notes the role of sexism as perhaps the most fundamental yet no further analysis of gender relations nor the historical context of these is offered by any of the studies in this model.

In summary these theorists assume the violent incident is a reaction to a specific situation, given stress and the socialized use of violence. These studies were extremely

important in publicizing the pervasiveness of battering and in acknowledging the interplay of psychological and socio-cultural factors. However, they remain severely limited in offering adequate explanations of causation. By viewing violence as inherent to the society and family, violent reactions to stress and socialization are lent legitimacy. The assumption is that violence occurs within a dynamic system hence obscuring the very real imbalance of power between men and women in general and in family systems in particular. These models speak of "individuals" when in fact referring to what men do. Why most women do not resort to violence is not explained and the fact that men are encouraged in the use of violence while women are encouraged to fear and avoid it is missed.

Incidence: Battering in Perspective

The inadequacies of the previous models are highlighted by the incidence of battering. An article in the Boston Globe of June 6, 1982 (in Greenspan, 1983) stated that more than half of married women in the United States and Britain are battered. Walker (1983:281) supports this figure saying estimates point that "One of two women will be battered by a man who loves them at some time in their life". In a major cross-cultural study by Levinson (1989:33) he found that wife-beating occurs in more societies around the world than any other type of family violence. Women are far more likely to be killed by their partners than in other violent crimes. Campbell (1981 in Walker, 1985b) found that 91% of murderers of women over an eleven year period were men. She concludes

that the preponderance of men killing women results from the misogyny created by the patriarchal society. Of the small number of women who kill most are battered women, who kill their abuser when terrified that they are themselves about to be killed (Walker, 1985b). Wolfgang (1978) found that a quarter of murders occur within the family and over half of these are spousal (Walker, 1984:38). Little research has been done on battering in South Africa. There is reason to believe that given the high level of societal violence, militarization and sexism in South Africa the figures must be extremely high. Rape Crisis, Cape town (1989) estimate that one in six women in the Western Cape are battered. Lawrence (1984) found that in Mitchell's Plain wife-battering was the second highest reported crime and it is known that battering is underreported. It therefore clearly becomes necessary to acknowledge and confront the inequality between men and women in the arena of "family" violence.

Feminist Frameworks

Theories of battering form a major part of a larger developing body of feminist theory. Battering is seen by feminists within the context of a generalized spectrum of violence towards women spanning pornography, rape, sexual harassment, mutilation and discrimination and is viewed within an historical context.

While drawing on much of the information from previously mentioned theories, feminist models are critical of these for obscuring the inequality between men and women expressed so blatantly in battering. The priority of feminist theories has been to ask why abuse is most

frequently directed at women rather than why individual men or relationships are violent. Feminist positions are by no means always homogeneous and range from conservative-reformist, which seek to achieve equal rights for women within the existing system, to the politically-radical which seek a complete overthrow of present economic systems. An adequate analysis of the different foci is not possible here but a very brief indication of radical and socialist-feminist views on battering follows.

(a) Radical Feminism

Radical feminism has as its central tenet the subordination of women by men in a patriarchal system. Historically and structurally the division of power and of labour between men and women became the basis for all other exploitation. Violence is seen as stemming from relations of power and powerlessness between men and women with women viewed as a subordinate class. The primary source of battering is seen as the present organization of the family and women's subordinate position within it. Male violence is viewed as a "punishment" for women who step out of their role; fear of rape and battering serves to keep women in their place (Dworkin, 1976; Wilson, 1983). As Leidig (1978) in Walker (1980:342) points out, all men benefit from violence against women even if not themselves violent, since it encourages women to seek men's protection. Male violence is seen to stem from men's fear of the feminine. Psychoanalyst Karen Horney, (in Lederer, 1968) feels that the fear and hatred of women must ultimately relate to

culture. Radical feminism's primary contribution has been its acknowledgement and analysis of power relations between men and women in the dominant culture.

(b) Socialist feminism does not view male domination as the sole explanation for events like battering, but sees the need for links to be made to an analysis of race and class oppression and exploitation. Individual men are not viewed as the enemy as women's oppression is seen to be grounded within the material reality. The unequal division of labour between men and women, and private ownership under capitalism, leaves women with the double burden of childcare and labour in the workforce where they are economically exploited thereby perpetuating subordination. Social systems sanction male violence and the privatized family exploits women at home, isolating them from others and leaving them with few viable alternatives. Violence to women is seen as a result of socially structured inequality and this is thus the focus for change. Battering would also be considered within the context of other forms of violence, deprivation and suffering faced by many women in a classist society. Access to resources are influenced by individuals' relation to the means of production. It would therefore be foolish to deny the very real differences for battered women of different social classes. Socialist-feminists look to the common interests of men and women recognizing that both are oppressed under capitalism. The assumption is that under less oppressive social systems women's position would be equal to men's and sexual oppression would end. Several countries' political

struggles such as Zimbabwe and Cuba have highlighted the tendency for women's issues to be shelved until "after the revolution" with the result that democratic triumphs have not always improved the situation of women. This is a danger for women in the South African struggle and it therefore becomes imperative for organisational structures to include women's issues on their agendas as an integral and necessary component of national liberation.

CONCLUSION

The central models of causation have been discussed highlighting their failure to account for the gender differences in the occurrence of battering and the impression they create that belies the prevalence of battering within "normal" families. These theories have also perpetuated many myths about battered women which influence practice (See Appendix II). A feminist framework, which shapes the understanding of women's position in the family and society and hence their vulnerability to male violence in the present study, has been posited as the most applicable model for advancing an understanding of battering.

CHAPTER THREE

FEMINIST THERAPY

INTRODUCTION

Following the theoretical overview of battering, this chapter presents a brief overview of the development of feminist therapy juxtaposed with discussion on traditional theories of women's psychology. The major principles of feminist therapy and the fact that feminist therapy is part of a 'debate in progress' (Ernst & Maguire, 1987:1) will be demonstrated.

Just as women's sexuality has been defined by men and in male terms (for example 'penetration' refers to the male's experience), so have mental illness and psychotherapy been considered from a male viewpoint, in both theory and practice (Horney, 1939). Psychoanalytic and psychodynamic theory has long been the dominant paradigm forming the basis for most contemporary practice within the helping professions. Despite accumulating evidence that this theory does not accurately reflect half the population's experiences it seems to have achieved a mythic quality which has allowed it to persist often unchallenged. A major challenge has been directed from feminists who have addressed the inability of traditional theories of women's development to accurately articulate the experience or meet the needs of women, occupying as they do a particular place within the dominant culture. As argued in Chapter 4 theories are not value-free, rather they are rooted and formed within a particular cultural and historical

discourse. As a result, psychoanalytic theories reflect, and in turn perpetuate, prevailing attitudes to women within the dominant culture.

A FEMINIST PERSPECTIVE ON TRADITIONAL PSYCHOANALYTIC VIEWS:

The precepts of traditional psychoanalytic theory have greatly impinged on attitudes toward women and perception of women's roles. The present focus on counselling does not necessitate an in-depth discussion of psychoanalytic theory but an overview of views on female development will be given paying attention to the notion of masochism as it powerfully informs views on battering. Theoretical formulations about women, like all psychological formulations, are conditioned among other things by the social background in which they are made. Menaker (1874:230) argues that in early psychoanalytic theory conclusions based on observations of pathologic behaviour were not only "transferred in toto to theories of normal development, but were made into generalizations for all time."

Psychoanalytic theory of feminine development is derived from Freud's conclusions regarding the psychological development of men. Other theorists like Erikson also devised psycho-sexual phases of "human" development from the observation of men. Female development, where specified, rested on women's biological and anatomical difference. It is also important to realize the kind of cases Freud was seeing were drawn from a very particular social-cultural milieu yet "these theories are generalized from a limited,

socially-conditioned group of cases to a universal psychology of women." (ibid:230).

The basis for Freudian theory of female development is the girl's discovery of the lack of the penis which supposedly leads to penis-envy, dissatisfaction with being a woman, and accounts for women's inherent passivity, narcissism and masochism. The absence of a castration complex results in less impetus for the introjection of parental values thereby resulting in women's supposed less developed superego. "Normal femininity" for Freud, is thus founded on the lack of the penis and the desire for it. The task of therapy then becomes to help women resign themselves to acceptance of a child in lieu of the penis and to encourage them to live vicariously through a man and children. Helene Deutsch (1930), a disciple of Freud, expands this concept describing how when the girl discovers her lack of penis she develops an envy of it and relinquishes clitoral masturbation out of shame. Because the clitoris has been the source of both pleasure and pain/shame, the female becomes characterized by an excessive concern with her own body (narcissism) and a tendency to masochism, or pleasure derived from pain (Kaplan & Yasinski, 1980:195). In speaking of women's need to enjoy the pain of menstruation, childbirth and intercourse, Deutsch sees masochism as psychobiologically necessary in women to serve towards preservation of the species. Halleck (in Friedman, 1979:61) points out that in psychoanalysis women are seen to need a certain degree of masculine domination in order to feel 'comfortable and whole.'

Belote (1976) argues that the evidence Deutsch used to support the formulation for her theory was weak and biased, consisting primarily of other psychoanalysts' observations of sadistic fantasies in neurotic children and reconstruction out of the analysis of neurotic adults. Freud too drew much of his thesis from the fantasies of patients, and as Blum (1977:162) points out was actually depicting feminine masochism as observed in the male. For Freud masochism was defined as a primary instinctual drive (Belote, 1976). While there are different approaches to the concept the dynamics are crucial to an understanding of women's psychological, social and sexual relations to men in this culture, especially with respect to battering.

The problem with the biological determinist view is that it assumes penis envy as a phenomenon of all women resulting from an awareness of the organ itself, rather than an awareness of the superior powerful position the carriers of the organ hold in our culture. Post-Freudians, and more specifically Lacanian-feminists of the French structuralist school, have pointed to the phallogentrism inherent in our culture and highlight that it is the symbolic power attributed to the phallus which is in actuality envied (Mitchell, 1974).

For feminist analysts Ernst & Maguire (1987:20) penis envy and the discovery of the lack of penis is linked with a painful relinquishing of fantasies about being the centre of the mother's universe and is repressed and replaced by a sense of devaluation and inadequacy. This results in

women's denigrated self-image which is reinforced by the lack of value placed on women and the assignment to women of inferior roles. Hence, the young girl's attitudes about herself are socially and culturally constructed.

Karen Horney (1933) was one of the first psychoanalysts to discuss the influence of social and cultural factors in the development of masochism. She submits that the alleged passive narcissistic tendencies and penis envy are superimposed on women by patriarchal culture and society and by women's economic dependence on men. To say "women are 'naturally masochistic' merely absolves males of their guilt for exploiting women" (1933:215). Her final point was that it makes no sense that the little girl's shock reaction to the awareness of the penis should have a lasting permanent effect driving her to seek suffering throughout her life. Blum (1977:188) states that "masochism is a residue of unresolved infantile conflict and is neither essentially feminine nor a valuable component of mature female function and character." He sees no evidence of particular female pleasure in pain and "stresses the need to distinguish between masochistic suffering as a goal in itself and tolerance of discomfort in the service of the ego or ego ideal.

It is also necessary to note that there is a real link between pleasure and pain for women for example: menstruation, sex, birth, breast feeding et cetera and that popular portrayals of "woman as martyr", "devoted sacrifice of mothers", the "mater dolorosa" are validated by everyday

reality. Women's experience of sexuality whereby they have historically been seen as objects for men's sexual use and encouraged to eagerly subject themselves to male power in sexual intercourse also serves to normalize and justify male sexual violence.

Mahler (1974) writes of the infant's primary feminine identification with the mother and the emergence of feminine identity during separation - individuation. Illness and pain can bring the mother into the infant's reach while strength and competency (especially in girls) can drive her away (Dougherty, 1987). Hence masochism can be seen as a "pattern of accepting pain as a prerequisite to being loved and taken care of" (Moulton in Kaplan & Yasinski, 1980:196) and is thus linked to fear of loss of the love-object.

Horney claimed that the cultural reality of male supremacy makes it difficult for any woman to escape some degree of masochism. She points out that male doctrines which define the feminine as innately weak, overtly emotional and dependent influence women to act in these ways. Women who display these traits are also preferred by men as partners which acts as a powerful reinforcement. As a consequence of adopting behaviour for which they will be rewarded most women internalize these feminine characteristics which "some theoreticians then assume is the 'actual nature' of women" (in Belote, 1976). She points out how masochistic attitudes are favoured in women and discouraged in men.

Qualities like emotional dependence on the other sex (clinging vine), absorption in 'love', inhibition of expansive, autonomous development,

et cetera are regarded as quite desirable in women. (Horney, 1973:231).

Horney actually wrote this in 1933; the issue of double standards was re-explored by the feminist movement of the 1970's. Interestingly, in speaking of the first wave of feminism, Lerman (1985:5) documents how it and psychoanalytic theory arose out of similar roots in the early twentieth century, both attempting to deal with similar underlying social dynamics. Both arose in reaction to the exaggerated sexual repression and subjugation of women and the subsequent neuroses. Shulamith Firestone (a radical feminist of the early 70's) argues that Freudianism was the perfect foil for feminism, which had no explicit psychological component at the time, overpowering its popularity "because, though it struck the same nerve, it had a safety catch that feminism didn't - it never questioned the given reality" (in Lerman, 1985:6).

In contrast, the second wave of feminism in the early 70's evoked consensus that the pervasive effects of psychoanalysis needed to be countered. The pioneering studies of Masters & Johnson (1970, 1975, 1986) were an impetus, showing that the distinction between vaginal and clitoral orgasms, on which the tenet of feminine passivity rested, was unfounded. Countless women had been diagnosed "immature" and had thought of themselves as abnormal, turning to psychoanalysis for a cure. Hence, the powerful link between male defined sexuality and women's oppression was illuminated. Feminists therefore emphasized sexism as a

significant contributor to women's misery and a contemporary reality impinging on women's lives.

Movements such as the anti-psychiatry one and the Radical Therapy Collective supported and fuelled much of the debate begun and posed a serious challenge to the status quo of the mental health profession. Through the Women's Movement - and more specifically through the medium of consciousness-raising groups - ordinary women spoke and, sometimes for the first time, shared life experiences. As women began to question and challenge traditional perceptions and assumptions of themselves the therapeutic value of these encounters was soon realized. Women in America were drawn to humanistic psychology and the growth movement therapies. Eichenbaum & Orbach, (1982) explain the techniques of Gestalt, Transactional Analysis, Psychodrama et cetera were far more accessible, cost little and could be learnt relatively quickly. They allowed individuals to get in touch with feelings more quickly than did psychoanalytic methods, supported individuals to act on their own behalf and demystified the process of psychological change. Thus these therapies seemed to offer a way for women to discover aspects of themselves previously repressed, split off, or in opposition to the stereotyped view they held of themselves. It became apparent how frequently biased these views were and how most studies in the social sciences had been done by men on men - thus while purporting to be describing human behaviour, they were actually describing male behaviour.

THE IMPACT OF HUMAN = MALE EQUATION

The now classic studies done by Broverman, Broverman, Clark, Rosenkrantz & Vogel in the 1970's exemplified the sexbias in psychotherapy and served to show that most clinicians still viewed their female patients as Freud had. Therapists of both sex were asked to check items which best described healthy male, healthy female and healthy adult behaviour. Their results showed clearly that therapists of both sex viewed healthy mature men as similar to healthy mature adults in general, whereas the picture of a healthy female was different from both healthy men and healthy adults. It thus seemed one could not be a healthy adult and healthy woman simultaneously. Of note, was that these questionnaires were repeated a decade later portraying the same responses and results (Kaplan, 1983). Douglas (1985) expands

the dilemma for women is the conflict between having to decide whether to exhibit positive traits considered desirable for men/adults and have their femininity questioned, or to behave in the prescribed feminine manner and accept second class status

and hence be seen as less healthy anyway (1985:240).

There is clearly differential labelling of identical behaviour performed by men. Greenspan (1983:7) asserts that male doctors diagnose women as neurotic or psychotic twice as frequently as they do men with the same symptoms.

Certain personality traits and emotional states are most strongly associated with women's sexroles and disorders of high prevalence among women, for example: passivity, control of femininity. Dependent and histrionic personality

disorder, agoraphobia and anorexia et cetera are more commonly diagnosed in women. Chesler (1972) submits that these represent caricatures of traditional female roles. She also suggests that many of women's symptoms reflect passive forms of female revolt against femininity. She points out that females are more likely to express harsh, self-critical and self-destructive attitudes reflected in depression, frigidity and anxiety while men's symptoms are more likely to display destructive hostility to others. Kaplan (1983) challenges some of the DSM-111 diagnoses, pointing out that it was compiled largely by men and that adaptiveness and maladaptiveness are often arbitrarily defined (witness that some diagnoses have changed completely for example: sexual dysfunction diagnosis).

Masculine based assumptions about what behaviours are crazy are codified in diagnostic criteria; these criteria then influence diagnosis and treatment rates and patterns (1983:786).

She uses histrionic and dependent personality disorders as cases in point. The criteria for dependent personality disorder "echo clinician's ideas of healthy women." She argues that the DSM-111 singles out ways in which females express dependency but makes no mention of the (regarded as very normal) ways men do for example: relying on others to maintain their houses or to take care of their children, that men usually remarry very soon after separations, et cetera. Thus men's dependence is not considered sick while women's is. The histrionic personality disorder also meets the requirements of 'healthy adult female behaviour' with the result that

it appears then that via assumptions about sex roles made by clinicians, a healthy woman can automatically earn the diagnosis of histrionic personality disorder. (ibid:789).

Women are surrounded by contradictory messages about themselves and are constantly caught in double-bind situations. Heriot (1985:12) elucidates how society conveys to women that they should find greatest happiness and fulfillment in giving to and serving others yet also conveys that they are not valuable for doing this and that they are abnormal if they do not want to fulfill this role.

Women are thus in an untenable position where they can't make a move without catastrophe. (ibid)

These conflicting messages and double-binds which women in our culture experience have been posited as one reason for more women becoming mentally ill. Women comprise two thirds of the adult population of users of American psychiatric facilities while about 85% of therapists are men (Green-span, 1983:5). This perpetuates the dynamic of male as expert and women as patient as set up by the original psychodynamic theory and practice.

This is a major dynamic that feminist therapy attempts to redress.

FEMINIST THERAPY: WHAT IS IT?

Feminist therapy has arisen in reaction to existing theories and practices within the mental health field. Unlike other therapies such as: Gestalt, feminist therapy does not have a repertoire of techniques specific to it but relies on new attitudes, approaches and interpretations to existing theory and practice. These attributes rest upon a feminist

philosophy which stresses the necessity to view women's position within an historic, cultural context.

Feminism rests upon the assumption that sexism, whereby women are regarded as inferior to men and this becomes institutionalized, exists in our present system. Feminist therapists recognize that women occupy a specific place within the dominant culture and look at the psychological effects of this for both men and women. Jean Baker-Miller,

a feminist psychoanalyst, submits that the construction of the world as it has been is one in which only men are the actors. The ways we have been given to feel, perceive, think; our structure of conscious and unconscious symbolizing; our system of expression - language itself - all have been formulated in terms of this basic construction of the world. They have all been constructed out of a milieu, a culture which has been centered around the males as actor, sole judge of actions, maker of symbols and language. (Miller, 1985:5).

Lerman (1976) admits that feminist therapists often found each other by chance through sharing similar negative experiences or discomforts with the mainstream therapies that they were trained in. Eichenbaum & Orbach (1982:15) describe how the growth and humanist influenced activities helped many women, most notably in group contexts. However, some persistent stumbling blocks to emotional change led to attention being turned to unconscious processes and to a revision of psychoanalytic thought spearheaded by the work of Juliet Mitchell (1974). Mitchell's reading and interpretation of Freud challenged the American feminists' bias against Freud. She maintained that his theory, while describing patriarchal attitudes of the time, was not advocating them.

Clearly then feminist therapists draw on existing theoretical positions but approach them from a specific standpoint. Most feminists recognize the usefulness of psychoanalytic theory but stress the need to differentiate between the use of theory to provide a description of female oppression and the use of theory to rationalize such oppression.

Feminist psychoanalytic writers have developed an understanding of the critical nature of early family experiences (frequently ignored in the growth and humanist movement with its emphasis on here- and -now) in forming our psyches. Feminists have examined the history of the family and noted that its present form is a relatively recent one. The transformation from a feudal mode of production to the modern capitalist state paralleled changes in the family unit which led to the sexual division of labour and the relegation of women to a subordinate position of wife and mother (ibid:13). Hence, the unconscious is viewed as an intra-psychic reflection of these childrearing gender relations. As Eichenbaum & Orbach (1982:13) point out

a feminist therapist is interested in how social practices of a given culture are transmitted to its members and how the individual internalizes power relations, sex-roles and the psychodynamics of the family.

Feminist scholarship has paid particular attention to the vicissitudes of the mother-daughter relationship¹ taking consideration of the effect of this on women's psychological

1. For a more comprehensive discussion of this see for example: Aidrienne Rich, 1976; Nancy Chodorow, 1978; Nancy Friday, 1979

development via the reproduction of femininity. The mother, herself raised as a woman, is the daughter's first representative of the feminine. Her own feelings about herself and what she projects about herself as woman and as mother, clearly informs the daughter's experience of herself as female subject. The concept of mirroring (found in several theoretical orientations for example: Winnicott, 1965 Lacan, 1970) can be used to describe this process whereby the child gains a sense of a world outside of the self and of his/her own existence within it. Feminist scholars, such as Ernst (1987), drawing on object relations theorists such as Mahler & Klein, suggest important parallels between the infantile processes of, for instance, separation - individuation and the difficulties women experience in achieving a sense of existing for themselves in the world. Chapter five explores this in relation to women's experience of marriage. Feminists expand the object relations view of mother as object into mother as psychological and social being; hence the shared gender of mother and daughter is said to intensify the mother's identification with the daughter thereby complicating the experience of mirroring the infant's feelings (rather than her own), which in turn compounds individuation.

Structuralist-Lacanian feminists draw heavily on Freudian theory and view the construction of female subjectivity in relation to "the other" within a male dominated/patriarchal discourse. Women thus experience their own subjectivity psychologically as a lack or absence. As a result, the

therapist is there to "announce an absence" (Ernst & Maguire, 1987:22). The client must reconcile herself that the primary affect will never be found again but that there is an opportunity for emotional growth through acknowledging and mourning this loss and all other absences and lacks in early life. Eichenbaum & Orbach (in Ernst & Maguire, *ibid*) see the task of feminist therapy as addressing the "original not-getting and to provide an experience of consistent caring that can be ingested in the present."

As should by now be clear feminist therapists approach their work from a variety of theoretical paradigms. I would argue that no coherent feminist theory yet exists although a common belief system and philosophical base does. The major philosophical tenets operative within feminist therapy will now be discussed.

PRINCIPLES OF FEMINIST THERAPY

THE THERAPEUTIC RELATIONSHIP

Issues of power and powerlessness are central to feminist discourse, with empowerment² the primary aim of feminist therapy. Douglas (1985:244) claims that feminist therapy can be defined by its emphasis on bilateral power strategies away from "the unilateral control exercised by therapists in traditional psychological models." Unlike traditional models the therapist does not take the position of expert but views the client as the person most knowledgeable about her own feelings, thoughts and needs. The therapist-client relationship is viewed as egalitarian with modelling and

2. See Glossary: Appendix 1.

self-disclosure by the therapist seen as helping the client validate her experience. Because of woman's need for relatedness/connectedness (Baker-Miller, 1976), identification and communality of experience women share with other women is seen as very important. (Krause, 1974; Mander and Bush, 1974 in Gilbert, 1980:239). Lerman (1976:382) points out that

the therapist can serve as a model for the kind of woman who knows herself and her psychological boundaries, who relates in a human female way and can express her own gentleness along with her own definiteness. Not least, she can share with her client in very important ways about what it means to be a female in this society.

Bandura, 1969 (in Gilbert, 1980:257) found that "providing models of desired behaviour can be a powerful way to change expectations and behaviour."

Self-disclosure

Self-disclosure clearly needs to be sensitively handled and is done with the express purpose of helping "to foster a sense of communality of experience shared among females; not to meet the therapist's needs." (Butler in Rosewater & Walker, 1985:35). The concept of an egalitarian relationship is a contentious one - it is perhaps easier to attain in a relationship with a lay counsellor although even there only one person is in the position of needing help. Lay counsellors have been encouraged in the feminist movement and the success of their work, achieved by being able to demonstrate a sensitivity to the psychological difficulties of female experience without being clouded by "professionalism", has been acknowledged.

Towards a model of temporary - inequality

However, where a therapeutic relationship develops it must be acknowledged that it is one-way; the fact that only the client's transference not the therapist's is examined makes for an inherently unequal power relationship. Baker-Miller (1976) suggests a model of "temporary inequality" and that this should be acknowledged and discussed with the client with the aim of helping her no longer need the therapist. The power the therapist inevitably has should be shared and used creatively with the express purpose of eliminating initial dependence and helplessness. Dependence is a special issue for women, socialized as they are to meet the needs of others first. It can therefore be dangerous to pretend the relationship is totally equal - the client may feel she has to take care of the therapist just when she is herself most needy. The context of permanent inequality that exists for most women in their relationships with men may overwhelm their ability to operate within a relationship of temporary inequality. Douglas (1985:247) argues for making the inequality at least as disparate as possible while still allowing for the achievement of therapeutic goals. What defines 'least inequality' is based on a judgement by the therapist - a judgement for which the therapist is accountable.

Nevertheless, by acknowledging the 'temporary inequality' a valuable opportunity for working through dependency and allowing the client to become in touch with her own strengths and capabilities is presented.

Client's choice of therapist

A commitment for psychotherapy arises from an interchange in which the therapist does not assume her opinions have more weight than those of the client. Ideally, the client is encouraged to "shop" for a therapist utilizing her own judgement of what she needs. (In our own context where most clients are powerless, women clients are even less likely to feel entitled to this nor do agencies steeped in paternalist/benevolent modes encourage client-choice). Within feminist therapy there is an assumption of client-competence coupled with an assumption of personal power. The therapist constantly validates the client's own experience "rather than undercutting this process through the use of the authority position which the therapist can so easily assume" (Lerman, 1976:378) thereby empowering the client.

Language as an instrument of power

Feminists point at that language is man-made (Spender, 1980; Baker-Miller, 1976) and can easily be used to undermine women's experience of the world. Lacanian theory, which structuralist feminists follow, is centered around the significance of the function of language. In structural linguistics the influence of language is seen to have an inextricable link with sexual differentiation and how gender comes to be perceived by the subject. Psychological discourse has its own language and terminology which is frequently used to maintain the power of the professional. Terminology mystifies the process of therapy and relies on

labelling which can destroy clients' identity and dignity. Lader (1977:33), in his book, "Psychiatry On Trial", defines diagnosis as "merely an opinion that patients can be assigned to a particular class of individuals with similar symptoms." Feminist therapists deliberately select therapeutic strategies that emphasize clients' power and responsibility. They therefore do not refer to clients as 'patients' but attempt to demystify and share the process of therapy with them, this requires 'realness' and courage on the part of the therapist who, unlike the stereotype of the "white-coated professional", has less of a mystique behind which to hide and implies that the therapist has to examine her own power issues.

The Gender of the Therapist

A question frequently asked is whether or not men can be feminist therapists. While theoretically this should be possible, agreement as to the feasibility of this has not been reached.

Numerous studies testing therapist-gender variables have been done (for example: Betz, 1979; Haase, 1980; Feldstein, 1970). As Maracek & Johnson (1980 in Brodsky & Hare-Muston, 1980:78) point out these studies all differ in outcome. There is, however, anecdotal evidence that a growing number of women seek therapists who are feminists (Johnson, 1976) and various other studies point to women beginning to prefer female counsellors (Fabrikant, 1974; Simons & Helms, 1976 cited in Rhorbough, 1981:430). Numerous feminists maintain that a male therapist would be detrimental, for example

Chesler (1971:260) who suggests the encounter may then be just one more instance of an unequal relationship where females are 'helped' by being (expertly) dominated. Greenspan (1983:32) shows that therapy can be a collusion in females own subordination as females are already so well socially prepared to 'accept as natural a relationship in which we see ourselves as inferior to and reliant upon an authoritative, powerful male figure.' But, as shown, women therapists may also have internalized concepts of gender identity and sex-roles. Feminist therapists therefore specifically make conscious their own internalizations and are those who

help a female examine how she has learned from the culture the behaviour and emotions expected of her as a "normal" female: behaviour and emotions, she may now find bar achievement of her full potential as a competent person. (Elizabeth Friar Williams in Friedan, 1979:153).

Challenging the role of therapist as expert/sane/knower is essential for the overall aim of feminist therapy, that is allowing women to regain a sense of their own power. Women have been trained to devalue their own psychological power; the power to determine their own actions, values, thoughts and needs (Eichenbaum & Orbach, 1982). They frequently accept that others possess the power to determine this for them - this is the trap that feminist therapists guard against.

THE PERSONAL IS POLITICAL

The above slogan which has acted as a fulcrum for the Women's Movement, arose out of connections women made in consciousness-raising groups and is a central principle of

feminist therapy. Whereas traditional models of therapy viewed and treated female unhappiness as a problem of individual pathology, feminist therapy locates problems of individuals within the social arena. Personal change and socio-political change are inextricably linked, with social change, not adjustment, being the long-term goal. Friedman (1979) explains that many troubled women see their problems as unique; as personal inadequacies. Because women are often isolated from the suffering of other women, many do not realize their problems are shared.

Unaware of the comprehensive social problems underlying their individual sense of failure, women often do not see the origin of their problems in societal norms and institutions that greatly restrict acceptable behaviour for women (ibid:3).

The feminist therapist recognizes the interdependence of the private, personal realm and the public, social realm and attempts to

relocate what has previously been seen as personal, emotional failure into the realms of experience common to other women and to explore the degree to which this is socially determined (Dominelli & McLeod, 1989:78).

The therapist helps clients differentiate themselves from social proscriptions and roles; from what they have been taught and have accepted as socially appropriate and what may actually be appropriate. Lerman (1976) highlights that in helping women to make these distinctions, feminist therapists operate very differently from traditional therapists. Where mainstream therapy encourages clients to introspect and thereby learn to know themselves better, feminist therapy helps clients to look outward and inward

and to differentiate clearly what belongs to society or is being imposed and what is internal. As Greenspan (1983:162) states, feminist therapy

examines how the outer becomes inner: how social values and structures become embedded in the individual female psyche.

Rawlings & Carter, 1977 (in Rhorbough, 1981:444) stress that the focus on the external is not an escape from individual responsibility. Greenspan (1983:37) states the therapist must help the woman to overcome the ways in which she colludes with her own oppression and thereby gain an awareness of her own power. Lerman (1976) points out the process of assuming power brings up anger. Anger is a central focus of feminist therapy which recognizes the difficulty of this emotion for women as well as examining the social roots of women's rage. It is further discussed in Chapter Six. Working with anger is one way in which the primary aim of feminist therapy is achieved that is, validation and confirmation of women's experience. Within male discourse, concepts, and hence emotional experiences, are polarized and dichotomized, for example, normal/deviant; body/mind; male/female: feminists encourage a move towards synthesis and integration by recognizing that experience occurs along a continuum. This holistic view extends to male-female behaviour and roles whereby androgynous sex-roles are strived towards as the healthiest ideal.

Feminist therapy is concerned with not simply identifying the structures that physically make us who we are but with psychic restructuring so the parameters of femininity and masculinity are expanded and changed. (Eichenbaum & Orbach in Ernst & Maguire, 1987:20).

By implication men are also oppressed and restricted by their sex-role socialization and by sexism. By acknowledging this and by encouraging a less rigid view of sex-roles, feminism has benefitted men as well. This acknowledgement also indicates that men themselves are not the enemy, rather it is social institutions that need to be changed to alleviate the basic power differential between men and women. Feminism also stresses that other women are not the enemy - as they frequently are purported to be. Self-help and mutually supportive relationships amongst women are encouraged by feminist-therapists who frequently refer clients to women's groups as an adjunct to therapy. Women's capacity for self-healing is fostered, and self-nurturance, which many women feel too guilty to do, is an important therapeutic technique. An awareness of sexism implies a sensitivity and challenge to all other forms of oppression. Feminist therapists therefore do not separate women's oppression from issues of class, race, sexual preference, age, et cetera. The liberation of women is not viewed as possible outside of the liberation of other oppressed groups.

Therapist's values:

As can be seen from the above particular values are adhered to within a feminist paradigm. Feminist therapy is predicated on the assumption that therapy and the therapist cannot be value-free. Both therapist and client are products of a process of social construction. The therapist must therefore openly examine his/her own theoretical

biases, values and attitudes and consciously challenge damaging stereotypes or internalized concepts. It is regarded as more valuable to openly state these with the client as even choice of, for instance, furniture or clothes may inadvertently reflect values. There is a lack of consensus as to the extent and timing of disclosure of the therapist's values. Some early feminists felt the therapist should be a political activist and should encourage the client in this (for example, Franks & Burtle, 1974) while others, like Rhorbough (1985) regard good therapy as their personal political contribution. Nevertheless, all therapists are informed by a political perspective. The following excerpt, by Steiner (Issues in Radical Therapy, 1975:7) elucidates this point:

Oppression can only be perpetuated through the use of power. We cannot oppress others if we have no power over them. We consider all psychiatric activity to be political in nature. This is because in every instance, psychiatric intervention affects the structure of the power relation between people. Psychiatrists deal constantly with situations in which people are victims of abuses of power. Psychiatric intervention invariably affects these situations, either by changing them or leaving them alone in which case psychiatric intervention, by default, supports the oppressive status quo, and becomes once again, political (quoted in Martin, D. 1976:156).

Feminist therapists openly aim to be agents of social change rather than of social control and recognize that they bring these values to their work;

we hear what our clients say with a particular ear, no more special in its particularity than other therapists, but with a stated bias that sees female as the oppressed sex within patriarchy. (Eichenbaum & Orbach, 1982:69).

In conclusion, the development of a feminist paradigm and feminist therapy in response to traditional views has been discussed. While no conclusive feminist theory of personality yet exists the enormous advances in understanding human development made by these scholars need to be acknowledged. Their examination of the social construction of gender identify that is masculinity and femininity³ and the subsequent sex-roles into which men and women have been stereotyped has been one such advance. Through the acquisition of femininity women's experience of their bodies, their sexuality and their selves is different to that of men's. Social cultural forces which also impinge on these experiences have been elucidated. Sexuality, also viewed as socially constructed rather than biologically determined, is a central focus of feminism. Male sexuality is constructed and reproduced as an instrument of male control and ownership of women. Issues of power, aggression and domination are inextricable from male sexuality which is seen as central to women's subordination as women's lives and opportunities are restricted by the exercise of male sexuality for example: sexual harassment, and the constant fear of rape. Hence, factors originally viewed as inherent to women such as masochism are dealt with in the context of particular and limited choices available to women in our culture.

Feminists have re-defined the problem and have evolved new techniques and attitudes with which to better approach women

3. See Glossary: Appendix 1.

clients. Feminist therapy differs from non-sexist therapy in that it actively incorporates the political tenets of feminism, not simply eliminating sex-roles bias. It adheres to a particular set of ideological principles and since the theory is firmly embedded in the practice feminist therapy is dynamic and evolving.

CHAPTER FOUR

RESEARCH DESIGN AND METHODOLOGY

This chapter discusses the research design and methodology utilised in this study, locating it within a feminist paradigm.

RESEARCH OBJECTIVES:

The main objective of this study was to explore with a sample of battered women those issues relevant for practitioners to address in their work with battered women.

The study focuses on the following research questions:

- * what are some of the main problems facing battered women?
- * what factors influence women in remaining in battering relationships?
- * what issues should practitioners be aware of?
- * whether feminist therapy/counselling is applicable to battered women?

Assumptions:

The study assumes that battered women have particular problems and issues which practitioners need to be aware of if they are to deliver appropriate service. It was also assumed that battered women's past experiences with helpers and their perceptions of themselves and their relationships would influence their ability to leave violent relationships.

DESIGN AND METHOD:

The study utilised an exploratory design which aimed to lead to insights without actually testing them (Isaac & Michaels, 1971). A case study method of nine in-depth interviews with battered women and literature review was used to realise the objectives of the study.

Systematic simple random sampling was used by the agencies who drew the respondents from their case records. The agencies approached were drawn from the "Co-ordinated Action for Battered Women" group. Thus the practitioners were either feminist lay counsellors, in the case of Rape Crisis, or social workers who have shown an interest in battering and have undergone some in-service training around this. However, respondents were also asked on all prior interactions with helpers hence a broader range of approaches by practitioners was tapped.

Limitations:

One obvious limitation is the sample which limits generalizability to the broader population. Because of the sampling method the cases are representative of agency caseloads and the findings are well supported by the literature thus indicating a degree of external validity. One further limitation is that these respondents have repeatedly sought help and therefore cannot represent the many battered women who may still be locked in relationships without available help.

RESEARCH PROCESS:

The research tools used were the literature and the interviews. The initial stage of the exploratory research,

that is: reviewing the literature to gain insight into the field, was of great value and instrumental in formulating theoretical principles also serving to construct the direction of questioning in the interviews. Particularly relevant were studies on why women stay in abusive relationships as an understanding of this was assumed to be significant for helpers and the kind of service they would provide.

The second stage was the interviews which were set up with the women but negotiated through the counsellor. Women were thus able to refuse if they so wished. Interviews were taped and lasted between 1¹/₂ and 2 hours. An interview guideline was drawn up to tap areas under investigation and to link with the literature (See Appendix III for this). Most questions were open-ended and were ordered so as to have less threatening questions first. Chapter 5 further discusses this.

The nature of the data acquired was necessarily qualitative. This design is chosen above a quantitative one because of its greater flexibility in examining a phenomenon such as battering. Grinell (1980) describes the purpose of qualitative methods as for descriptions of complex social processes not for prediction or inference. The aim is for seeking the essential character of phenomena and the interpretation of data is necessarily subjective. Reinharz (1983:184) suggests that adequate interpretations need not give definitive answers but should keep dialogue going. There is no final interpretation "valid for all time" as,

she argues, meaning is assumed to be a constructive, on-going process. Grinell (1980) states that qualitative methods are employed to describe reality from the points of view of the participants in the system studied and as such is the method suited to this study. The data in its transcribed form was analysed for common themes and trends which were then substantiated by literature thereby attempting to contribute to theory building.

As one of the issues raised by this study is the use of feminist therapy use of a feminist research methodology was made. There are obviously parallels between feminist methodology and feminist therapy as both rest on the same principles. A discussion of the methodology will now follow.

METHODOLOGY

In this section I wish to outline some developments in sociological and psychological methodology which inform the methodology of the present study.

Traditionally, the dominant paradigm in the social sciences has been that of positivism. This has been

sustained in the belief that observable, quantifiable facts would offer man (sic) total knowledge about nature and society so that he would be able to control and order both

argues Berger (1982). Within the positivist paradigm only one reality is assumed to exist and ideas are reified as things which can be weighed and measured. The positivist researcher purports to be an objective outsider - as if observing from behind the camera lens - who finds out 'the truth' about other's lives for them. The object of research

is alienated from the researcher and research process, and may be unaware of being researched or be tricked into it. Positivism has utilized natural science tools to attempt to explain and predict human behaviour. Within this paradigm male has also been regarded as the norm - women have frequently been absent from samples from which results have been generalized to all humans. This has resulted in male behaviour been offered as the norm for human behaviour. This "male bias of theory and research has been taken as a neutral account of human society." (Wallston, 1981:540).

The emphasis in research has been to produce hard, measurable data irrespective of its social usefulness. The classification proposed by David Bakan (1966) and developed by Rae Carlson (1972) is useful here. Carlson (1972 in Wallston, 1981:600) distinguishes between Bakan's concepts of "agency" and "communion" to describe research:

separating, ordering, quantifying, manipulating and controlling are 'agentic' features whereas 'communal' kinds of inquiry involve naturalistic observation, sensitivity to intrinsic structure and a qualitative patterning of phenomena, and greater personal participation of the investigator.

Agentic research then is manifested in the urge to master, to expand and to self-protect and as such "is more characteristically male". Here one needs to be careful not to imbue the concepts with the false dichotomy of gender, but rather to see them as interrelated concepts which in combination are optimal. Nevertheless, until relatively recently the 'agentic' approach has been the only one awarded scientific status. The scientist employing this

approach supposedly "can create his (sic) own controlled reality of which he is the master and has the power to manipulate. He can remain uninvolved and at a distance." (Bernard, 1973:785 in Reason & Rowan, 1981:469). It is held that very complex human behaviour and ideas can be reduced to a set of measurable variables.

Many scholars are arguing that research characterized by the 'agentic', quantitative approach fails to register the most important features of the social world. Disillusionment with and criticism of positivist methods has led to a strong move toward new paradigm research which draws on innovations such as participatory research, action research and feminist research. Rather than imposing a simplified unnatural order a feminist approach seeks to understand the complex natural order of things as they are.

The major distinction between positivism and new paradigms is the different position given the researcher vis a vis the researched. Positivists espouse a value-free stance where the ideal of neutrality and objectivity is upheld. The researcher's point of view is removed from the process, supposedly to prevent bias. A distance and separation between researcher and subject is created. The conventional view of subject is "one on whom research operations are performed, rendering him/her passive, an object." (Reinharz 1983:180). Rejecting the notion that such separation is possible Smith (1977 in Acker et al, 1983:427) argues that the

illusion of this separation can be maintained only as long as the knower (researcher) can be posited as an abstract being and the object can be posited as the 'other' who cannot reflect back on or affect the knower. But the knower is not the 'abstract knower' after all but a member of a definite category occupying definite positions within society.

Feminist researchers also strongly reject the attainment of neutrality and argue for a "conscious subjectivity" to replace the "value-free objectivity" of traditional research (which they argue cannot really exist). The subjective experience of participant and researcher is acknowledged and validated. (Klein in Bowles & Klein, 1983:94). Westcott (1979 in *ibid*:94) suggests a dialectical relationship between subjects and objects of research to create an "intersubjectivity" where the researcher shares with the researched her own experiences as a woman and as a researcher. The relation between subject and object of research is more visible when women study women and reveals

the complex way in which women as objects of knowledge reflect back upon women as subjects of knowledge. Knowledge of the other and knowledge of the self are mutually informing because self and other share a common condition of being women. (Westcott, 1979 in Acker, et al 1983:427).

Both are therefore assumed to be individuals who reflect upon their experiences and who can communicate those reflections. Roberts (1981:16) argues for the need for a "reflexive sociology" in which the researcher takes her own experiences seriously and incorporates them into her work. Feminist researchers "acknowledge our work is affected by our experiences and view of the world as women whereas those who criticize feminists for a 'lack of objectivity' fail to acknowledge that they are similarly affected by their view

of the world as men (ibid). New paradigm researchers support this stance: "When the subjects of a science are other persons, then the idea that the researcher's underlying value-system can exclude, need not consult, or consider or co-operate with the value system of the subjects, can only tend to generate alienated pseudo-truths about persons." (Reason & Rowan, 1981:33).

Heron (in ibid:22) argues for the inclusion of subjects in the research process for "if subjects are not privy to research thinking, they will not be functioning fully as intelligent agents." He goes so far as to postulate a model of 'co-operative inquiry' where subjects become co-researchers gaining opportunities for self-determination. The tenets of participatory, action and feminist research support this view. All argue that research should benefit the researched and create opportunities for social change. Bowles & Klein (1983:90) say feminist research should "be instrumental in improving women's lives" and should be research 'for' women and not 'on' them. Kurt Lewin (1979) a founder of action research states that

at least for a period of time the researcher has to give up the distance to the research object and must assume a consciously interactive position with the research object. (in Bowles & Klein, 1983:102).

Thus neutrality and indifference toward the research object should be replaced by 'conscious partiality' - achieved through the partial identification with the research object. On the basis of limited identification a critical and

dialectical distance between researcher and researched is created.

It should widen the consciousness of both by enabling corrections of distortions on both sides. (Mies in Bowles & Klein, 1983:122-25).

Thus within the new paradigm the researcher is a co-learner not the 'expert, holder of knowledge'. Both Reason (1981) and Reinharz (1983) independently suggest the instituting of 'shared feedback loops' where findings are feedback to respondents and meaning is jointly interpreted, clarified and consolidated.

Central to an understanding of the research process is the recognition of power within it.

Research is embedded in a definite social relation in which there is a power differential in favour of the researcher. (Acker, 1983:427)

A strong relation exists between knowledge and power and, as unfortunately frequently occurs, researchers can abuse this power exploiting objects of research. Kleiber & Light (1978 in Stanley & Wise, 1983:48) in arguing for an "interactive methodology" urge us to recognise that the researched have power and knowledge needed by the researchers. The recipients and users of research should be the subjects rather than the researcher. Heron (in Reason & Rowan, 1981:35) argues that research should provide conditions under which subjects can enhance their capacity for self-determination in acquiring knowledge about the human condition, and that they should be included in the formation of knowledge that purport to be about them. Feminist research starts from the experience of the researcher as a

person in the situation and is concerned with how we find out about situations, how we come to know what members of the situation know; in doing this we must make available to others the reasoning procedures which underlie the knowledge produced out of the research. (Stanley & Wise, 1983:197).

Thus, if we uphold the moral principle of respect for others power should be shared not only in the application of knowledge about persons, but also in the generation of such knowledge. (Heron in Reason & Rowan, 1981:37). The new paradigm argues for research to be a "collaborative, experiential, reflexive and action-orientated process." (Reason & Rowan, 1981:XX).

This naturally challenges all the steps in the research process and necessitates a demystification of research and research language. Research can therefore be empowering - a major aim of feminism anyway. Both feminism and participatory research seek "to shift the centre from which knowledge is generated" (Hall in Reason & Rowan, 1981:9) thereby giving credence and power to the people being researched.

Thus rather than trying to remain artificially outside of the research process it is essential for the researcher to undergo constant self-reflection and evaluation. The researcher needs to investigate her/his own previous experiences, hopes and prejudices to try to understand what s/he is bringing to the study. (Philips, 1971 in Bowles & Klein, 1983:142). Philips suggests that a record of the researcher's own feelings and ideas is also data, "a clue to

the nature of what is studied." The researcher is a social being not a data-collecting machine. This suggests that another researcher may not get the exact same results - another major diversion from positivist-empiricist studies. Grounded theory (as developed by Glaser & Strauss, 1967) which is the generation of theory from data makes allowance for some vagueness and flexibility whereby "two analysts working independently with the same data will not necessarily achieve the same results." (1967:103)

The emphasis in this type of research (and all new paradigm research) is on the richness and complexity of social reality. Qualitative research methods "are employed to describe reality from the points of view of the participants in the system studied." (Grinnell, 1980). Relying on qualitative data that is: "people's own written or spoken words and observable behaviour", (Bogdan & Taylor 1975:4) one needs to realize that interpretations will necessarily be subjective and therefore open to all the biases inherent in subjective assessments. As Stanley & Wise (1983:197) point out

all research necessarily comes to us through the active and central involvement of the researcher, who necessarily interprets and construes what is going on.

To recognize and acknowledge this contributes to a better understanding of reality and a greater validity (Acker, 1983:434). Qualitative data, although not easily generalizable (external validity) has its own inherent validity. Feminist research assumes a perspective in which the essential validity of other's experiences is accepted

and in which "women's experiences, ideas and needs are valid in their own right." (Klein, 1983:89). Reason & Rowan (1981:239-241) offer eight points for validity in new paradigm research. Summarized these are:

1. valid research rests above all on high-quality awareness of the researcher. The researcher must 'get into' the subject's experience but maintain a perspective on it.
2. awareness can only be maintained if researchers engage in a systematic personal development.
3. valid research cannot be done alone since the researcher is always accountable to others.
4. validity is enhanced by systematic use of feedback loops - through a process of feedback of conclusions to subjects there are constant checks and clarifications.
5. valid research involves a subtle interplay between different forms of knowing.
6. contradictions can be used to enhance validity.
7. convergent validity can be used to enhance validity through a comparison of views.
8. valid research can be replicated in some form but need not reach the same conclusions.

Application to the Present Study

Methods chosen in research should always be the best possible for answering the particular question(s) asked. As

this particular study is concerned with the subjective and personal experiences of women I have chosen an exploratory design with qualitative methods. It makes sense to locate my study within a feminist framework (because of the nature of the subject matter) and to draw on the above discussed methodological and ideological tenets. In exploring the experiences and needs of any group it is assumed that this is best answered by the subjects themselves. I will therefore be relying on subjective opinions and experiences but regard these as valid for the women concerned - and to a certain degree valid for other battered women. While there is considerable overlap between the experiences of battered women there are nevertheless many experiences unique to individual women : the study will thus not be able to generalize to all battered women. However, certain recommendations will be made which will hopefully inform counselling procedures thereby meeting the criterion that research should benefit the researched.

Both researcher and researched share experiences of being-^{As} women-in-the-world, however, our social realities are undeniably different and this will need to be acknowledged and form part of the discussions. In addition the respondents have experienced male domination in its most extreme and violent form. As women in a sexist society they experience alienation and are structurally isolated within the family, but as battered women they are socially and physically isolated - frequently believing that they are alone in their experience of violation and exploitation. It

is therefore crucial that the research process is not further disempowering, alienating or exploitative. The Nebraska Feminist Collective (1938:542) state that

methods of gaining knowledge in feminist research should not be oppressive: liberating research should be conducted which enables women to speak about their own lives.

These battered women have lost control in their lives and need to regain that wherever possible. Through the process of in-depth interviews their own life experiences will be validated and merited. In addition they will have the knowledge of helping other battered women by contributing to available knowledge in the field.

In-depth interviews with open ended questions and discussion is felt to be the most appropriate way to gain information. Isaac and Michaels (1971) point out that open-ended questions have the advantages of allowing for flexibility, depth, clarification and probing. They also encourage rapport and allow for unexpected responses which may reveal significant information not anticipated. All the above occurred in the present study. They are however more subject to biasing influences and make accurate recording of responses more difficult. The openness of the interviews allowed women to speak about their lives for themselves.

To address women's lives and experiences in their own terms, to create theory grounded in the actual experience and language of women, is the central agenda for feminist social scientists and scholarship. (du Bois, 1983:108).

By taping interviews (obviously with respondent's permission) the interview experience can be relived afterwards thereby helping the researcher understand her own

contribution to the process and maintaining the richness and vibrancy of the respondent's language. Reinharz (1983:183) maintains that the only rule for data analysis is that it "draw heavily on the language of the persons studied."

In-depth interviews also allow for reduction in the power-imbalance inherent in the research relationship. The respondents can be encouraged to take the lead in deciding what to talk about, they can reciprocate information with the researcher who can provide needed information (Acker, 1983:433). Open ended questions also give the respondent the control of the depth of data offered and some choice in terms of exposure. The above goes against most text-book suggestions on interviewing where the interviewees are not meant to ask questions and the interviewer is meant to fob them off if they do arise. Oakley (1981) argues that in most cases the goal of finding out about people through interviews is best achieved when the relationship of interviewer - interviewee is non-hierarchical and "when the interviewer is prepared to invest her own personal identity in the relationship." (1981:41)

Thus in the dialogue between the interviewer and interviewee both understanding and change can be generated. (Reason & Rowan, 1983). Dialogue can therefore be both an inquiry and an intervention. This links in with the idea that the research process should become a process of conscientization (participatory research; action research paradigms). Oakley (1981) describes her interviews with expectant mothers and notes how often she was asked questions. In the dialogue

women's ideas and perceptions often changed. (Interestingly, their questioning of her was a valuable piece of information in itself, that is: often they asked her something rather than the medical staff thereby providing information on their experience of medical systems). Awareness of the dynamic, changing nature of the interview process is necessary. It is also important for the interviewer not to impose her ideas but "to allow the concepts, explanations and interpretations of the participants to become the data to analyze." (Acker, 1983:434). However, Oakley (1981) refers to this as "walking a tightrope" between being warm enough to generate rapport, break down the hierarchy and so forth yet maintaining a required detachment.

In this study interviews were once-off and could thereby prevent some of the complications that arise with interview - relationships which continue sometimes over several years. I tried to make my role that of co-learner and co-producer of knowledge - clearly the respondents were made to feel that they are the owners of the knowledge on themselves. The 'tightrope' between interviewing and counselling is also very thin. As a feminist researcher discussing intimate details of women's lives some counselling skills were required to prevent women feeling their lives had been invaded without receiving at least affirmation of their experiences in return. However, I always ensured that the woman's own counsellor was available to her after an interview should she require this.

During the interviews women were fed back the responses of previous women interviewed or informed what the literature has found. The purpose of this feedback was to increase the (convergent) validity of the information by clarifying and consolidating the information gained. Meaning and theory about themselves as battered women could then be generated and constructed. As Stanley & Wise (1983:48) point out: "experience and practice are the basis of theory and theory is a means of changing practice." A further purpose of the feedback was to empower the women by illustrating that their stories are similar and that their responses matter. This breaking down of isolation is empowering through allowing for the realization that "the personal is political" that is: that what seemed a personal problem has social and political bases and solutions.

By involving women in each others stories and allowing them to validate the data, the data was also tested for generalizability. The respondents were thereby encouraged to be participants in the research process.

The findings and formulated recommendations will be shared with counsellors of battered women through the forum of the Co-ordinated Action for Battered Women group. Attempts at collaboration with agencies is important as they have action programs in the field which can ensure that recommendations can be immediately applicable in real life. By involving practitioners in the present research they may have some vested interest in the results which can go some way in ensuring findings will hopefully be used to modify practice.

Feedback sessions to professionals will also allow "the raw or unexpressed knowledge of ordinary people (to be) brought into the open and (to be) incorporated into a connectable whole through discussion, analysis and reflected knowledge gained." (Hall, 1981:12)

CHAPTER FIVE

DISCUSSION OF RESULTS

INTRODUCTION

This chapter will delineate the findings of the interviews and will discuss and evaluate them in terms of the literature and their implications for practice. Further issues for intervention are dealt with in Chapter six.

As this study was qualitative, analysis of the data and content of interviews will be made in commentary rather than tabulated form. The reader is reminded that there is no attempt to offer statistical interpretation or to reflect on the external validity of responses. The focus is on drawing out themes and trends in the light of relevant literature as implicators for practice with particular reference to factors impinging on women's ability to leave violent relationships. In this sense the results will largely be an integral part of the discussion rather than a separate section.

THE INTERVIEWS:**Process of Interviewing:**

All the respondents were selected by practitioners dealing with battered women. Ten interviews were planned but due to an inability to make contact with the last woman only nine were completed. The women proved to be far more difficult to find than had been envisaged; other constraints such as social workers going on leave or resigning before completing

their selection also impinged. Two women, selected by FAMSA who provide couple therapy, refused after asking their husbands as they (their husbands) did not want to "dig up" the past. This was felt to be indicative that a fear of violence reoccurring existed as well as the women still being under the control of their husbands. Respondents were randomly selected from caseloads and asked permission by their own counsellors. The extreme difficulty in eventually locating and contacting the women reinforced the reality of the many practical and social constraints under which they live. Several had moved again since the last contact with a counsellor. Most were not directly contactable by phone and messages had to be left with relatives or employers. None of the respondents had their own transport; reimbursement was given to those who needed it although most refused this. Some were unable to speak from work or take time off work. It can be assumed that these factors impinge seriously on women's ability to make use of resources which could help them.

Despite all the above impediments, once the women were reached they were extremely willing to participate in the interviews, going to some inconvenience to meet me at a central venue. Many thanked me after the interview and expressed relief at having "got it off their chest" again, despite this not being the overt purpose of the interview and my own fears that they may resist having to repeat the whole story again. Since the interviews were not intended as counselling sessions, since no attempt at intervention

was made, this demonstrated the existence of the "talking cure" and the benefit of being actively listened to. Many were pleased that their opinion mattered and expressed pleasure in the possibility that their ideas and experiences may be of benefit to other battered women. This may also have contributed to the openness with which their stories were discussed.

All sessions were taped which left me free to attend fully to each respondent. No one objected to the tape recorder; confidentiality was assured. Rapport and setting the woman at ease was established through setting up the taping facility, through reclarifying the purpose of the research, by thanking the woman for participating and through eliciting the identifying data (See Appendix III). However, no discomfort was experienced and all women shared readily. Oakley (1981) claims that in feminist research it is important that respondents can "place" the interviewer as a woman with whom experiences can be shared. Several women alluded to this understanding between us as women and a subsequent freedom in talking. Perhaps because they perceived me as an ally to battered women or simply because I was interested in their stories, trust was not an issue. No "warm up" period seemed necessary with the result that when the first question - rated as non-threatening ("can you tell me how you met your husband?") - was asked, all nine respondents proceeded to tell their entire relationship history up to the present day (See Appendix IV). It was decided not to redirect or interrupt as this actually gave

an extensive overview of the relationship and specific questions could then be returned to. Initially, I was anxious that my questions would not be answered, but soon realized that few questions needed to be specifically asked as the women's overview almost always covered most of the questions which would have followed. While this seemed to validate the appropriateness of the subsequent questions it also meant that questions were not always answered in the same order and that not all respondents answered every question as tends to happen in indepth open-ended discussion. The questions were intended as a guideline for discussion. This is an added reason why no statistical inferences can be made. However, it seemed clear that the women needed to relate their experiences in their own way; in the way in which they personally made sense out of it. They needed to tell the whole story before they could focus on specific details; this may reflect that their lives to date are viewed as inextricable from the day they met the batterer.

The fact that they could tell their own story and in their own way supported the in-depth interview rationale. Oakley (1981) suggests this method can create conditions for the object of research to enter into the process as an active subject. Open-ended questions encourage informants to take on and take over the interview as their own. This was certainly accomplished and thus an important tenet of feminist methodology was fulfilled. This approach also allowed for a more realistic sense of the women's own

reality and inner world rather than one imposed by a structured questionnaire.

A necessary sensitivity to the women's experience was also permitted by the method, for example: rather than interrogating a woman by firing lists of questions at her or expecting her to complete rating scales on the violence experiences, each woman chose which examples of violence to include voluntarily. Each woman was therefore in control of how much she exposed. Although the only question directly relating to violence was with reference to the very first incident, all the women included other incidents of their choice in relating their overall story. It can be assumed that these were significant episodes to them and as such they provide more valuable information than if a list of all incidents had been asked for.

All tapes were transcribed and the content was examined for common themes and trends. The choice of these was influenced by the literature and by my own sense of what has importance for clinicians. Glaser and Strauss (1967) point out within this methodology there is no guarantee that two analysts working independently will achieve the same results from the same data; it is designed to allow, with discipline, for some of the flexibility that aids the creative generation of theory. While the stories were remarkably similar each interview was nevertheless unique, since each respondent could tell their story in their own way.

Through taping, the personal expressions and richness of the women's experiences and viewpoints could be maintained. Unfortunately, much of this is lost through committing it to paper; therefore all quotes are verbatim.

For an example of a transcribed interview and theme analysis see Appendix IV. As discussed in the previous chapter within this methodological approach the researcher does not pretend to remain neutral or outside of the interaction. I was therefore aware of my own reactions to the women's responses and after each interview felt moved by the incredible courage and tenacity which had allowed each woman to survive, with a great sense of warmth and humour left intact and a surprising lack of bitterness. In thanking the women at the end of each interview, this was feedback to them.

IDENTIFYING DATA OF RESPONDENTS:

1. Jean, 41 years. Married 18 years, divorced for past 2 years. 6 children.
2. Cheryl, 30 years. Married 8 years, divorced for 2 years, remarried. 3 children.
3. Maria, 52 years. Married 25 years, awaiting divorce. 4 children.
4. Nafeeza, 28 years. Married 9 years, awaiting divorce. 3 children.
5. Betty, 36 years. Married 10 years, contemplating divorce. 3 children.
6. Joyce, 68 years. Widowed, married 5 years, separated 2 years. 4 children (first marriage).
7. Anita, 31 years. Married 10 years, awaiting divorce. 3 children.

8. Nisa, 27 years. Married 8 years, still married. 3 children.
9. Margi, 30 years. Married 11 years, awaiting divorce. 3 children.

THEMES EMERGING FROM THE INTERVIEWS

Relationship History:

A major component of the interviews centred around gaining an understanding of the women's perception of their relationship, its history, onset of violence and so forth. In order to adequately discuss this section some understanding of the meaning of marriage is required. Surprisingly, this is not an area covered by the literature in relation to battering and is therefore seriously overlooked by practitioners in attempting to understand why battered women find it difficult to leave their relationships immediately. It is therefore recommended for inclusion in the therapeutic process. It is discussed here to elucidate other issues, such as women's sense of self, expectations of marriage, and difficulty in expressing their own needs, all of which impinge on women remaining in violent relationships.

The meaning of marriage

Just as women occupy a specific position in relation to the social and economic sphere, so do they occupy a specific position in relation to the institution of marriage. In Chapter 3 it was pointed out that psychologically women do not learn what it means to be an individual in the same way as men. Women value an other-directed selfhood and seek self-definition through relating to others. Jean Baker-

Miller points out that women are involved in a more complex mediation of selfhood whereby they must attempt to transform their drives into the service of another's drive; the mediation is not directly with reality but with and through the other person's purposes in that reality. Thus selfhood is supposed to hinge ultimately on the other's perceptions and evaluations rather than one's own (1976:72). Women encourage others to express their needs and ideas and then use these as reference points for their own thoughts and reactions. Thus when women do express their own opinions, they may be preoccupied with the reactions of others. Women therefore seek relationships not simply for the need of connectedness, but for identity (Eichenbaum and Orbach in Ernst and McGuire, 1987:55). Women are defined in terms of the other. A woman without a man is seen as a woman alone. The internalization of these cultural expectations leads women to experience themselves in relation to the presence or the absence of the other. As a woman is a person only insofar as she is in relation to an other, the absence of the other can lead to a sense of self-disintegration. Eichenbaum and Orbach (in *ibid*) cite women who talked of how they stay in unsatisfactory relationships fearing a loss of self if they were to withdraw from it. Thus the absence of the other is perceived as a loss of self and the fear of being alone with oneself is fundamentally a fear of being without oneself (Greenspan, 1983:231).

Women are socialized for marriage from a very early age and internalize the cultural message that marriage is the most

acceptable role for women. For women marriage is "the statement of their success as women, the husband's success marks her place in the social world." (Eichenbaum and Orbach, 1983:175). Together with women's search for acceptance and nurturance they therefore come to a couple relationship with great expectations and the relationship takes on tremendous significance for them. Sarsby (1983 in Dominelli and McLeod, 1989:90) states that women often believe their future welfare in terms of material resources, social position and emotional and sexual life depend on marriage. This is well illustrated by the following quotes:

I thought he would make me a life - oh what a life!- Betty
 hy't vir sy ma gewerk. Ed't gedink as ek met hom trou sal hy miskien vir my 'n lewe maak. -Nafeeza

Hence there was some expectation of being cared and provided for although this did not subsequently happen. Ironically, women often feel the need for a man to protect them from other men as a 'woman alone' is more vulnerable to violent attacks. Two women in this study remarried for this reason. Hence, it may be preferable to face occasional violence from a known man than to face a constant threat of violence from unknown men.

Love:

As women seek a definition of themselves through relating to others, their relating easily becomes enmeshed. However, women are also encouraged, through the social construction of the notion of "romance", to "lose themselves" by "falling" in love. Six of the women said they had been in

love at the time; it appears that the boy's social standing was important and lent the women some status:

He was a good looker, a charmer, everyone liked him. I though I was lucky to get him. - Margi

I couldn't see anything at the time. I was in love....Your parents can see further. - Maria

Daai tyd is jou mind so...jy weet nie wat om te dink nie.later het ek my hart van hom wegeneem. - Nafeeza

I was in love then but over the years he killed that love. - Betty.

Of the four who were not in love, two said they were "infatuated" and one married after being widowed thinking he was a "good, kind man."

"Romantic love" can be an injurious experience for women, with unjust suffering often an acceptable or unavoidable part of romance. Historically romance has also provided a rare opportunity for women to demonstrate an oppositional stance to the status quo or power of the father. For example, women have historically transgressed social conventions and hence their role as submissive subjects by "falling for" men of different social class or status.

My familie was baie gekant teen die huwelik, want hy was Moslem. - Nafeeza

The three women quoted below had previous boyfriends with whom they were deeply in love and whom they would rather have married. However, prejudice and social pressure prevented this.

...he was a Moslem. My father hated them....'die Slamse' he'd always say. He forbade us to marry....two children from him. He (father) has changed now....I think he's sorry. - Betty

I should've married the first one. The house he's built his wife!... I walk past it ...it should've been mine. - Betty

I had a boyfriend who I really loved but his mother...well she didn't like me 'cos I was dark of complexion. - Jean

I met another very nice man while he (fiance) was at sea. But I believed no one would want you after you've been used.....He was a real gentleman...but it was too late. - Maria

This particular woman, date-raped by her husband-to-be felt completely trapped into remaining with him. Through internalizing one of the many double standards of sexual conduct implied by sex-role differentiation (for example: a non-virgin woman equals a slut or spoiled goods; a non-virgin man equals a stud, experienced lover) her own self-perception prevented her from making a far more positive choice.

Sexual intimacy:

There was a very strong trend towards being pregnant at the time of marriage. (Only the woman who married a batterer at 61 was not.) Some spent several years courting before actually marrying but little time lapsed between meeting and sexual intimacy. Walker (1984) found a strong link between sexual intimacy and violence and 33% of her sample were pregnant when married. There seems a clear link between sexual intimacy and power/control. The women seemed to accept that once one has slept with a man he in some way owned one to the extent that they understood why a man would hit a woman "messing" with other men; or that once possessed by a man one could not be someone else's possession. It is not possible to draw conclusions from this high pregnancy

rate as this is very common practice within the wider population from which the sample was drawn. However, it may well indicate that at the time of marriage either partner felt trapped and helpless. Family pressure for the couple to get married seemed to increase with each subsequent pregnancy or birth.

Status differences existed between four of the women and their husbands; these were economic, educational and religious and seemed to have threatened the batterer. For example Nafeeza's (at the time) boyfriend made her leave school in Std. 7, saying what did she need school for if she had him. He only had Std. 6. Joyce's husband was threatened by her knowledge of theatre and art and repeatedly insulted her calling her illiterate and stupid. Her awareness of his projections is implied when she states: "everything he was, he used to say I was".

Strauss (1977:69) has pointed out that when husbands fail to surpass their wives in personal "resources", such as intelligence, or occupational prestige, they may fall back on the "ultimate resource" of physical force to maintain their superiority (in Chapman and Gates, 1978:26). Thus, for some of the women there was a prior indication of the man's tendency to control; two experienced violence before the marriage but already felt trapped by family/social convention/fear of the man. See Appendix IV, as well as the following quote to illustrate this:

he always had a temper. I used to admire a man who took charge and could control things. But I never knew it would end like that.

he wanted to control everything, everything was "my house", "my car", "my furniture".- Joyce

Others, however felt the man changed completely once they were married:

I think they think they own you once you marry 'cos you can't just leave then. - Nisa

many times I thought couldn't I just have stayed his girlfriend. - Betty

The onset of violence was always early in the marriage or relationship (Rounsaville, 1978 found in 80% of his sample violence occurred in the 1st year) and was always a great surprise.

I was very very shocked. Especially after my first boyfriend (had been so different). - Betty

Culture of violence theory

For all the women in the present sample this was their first experience of violence; a factor which they felt added to the shock. This is therefore not consistent with Walker's (1984:149) findings that violence was present in two thirds of female's childhood homes. She found four fifths of men came from violent homes. There was a strong trend in the present sample for the men to have experienced violence in their childhood homes.

In all cases the precipitant events were similar in that they were unpredictable, never seemed to warrant violence, and always involved some issue of control. Margi tells of the first incident:

The baby was 3 months old. It was New Year's Day in the morning after a party. He was dancing with someone else, kissing her...I left and went across the road to sit with his sister-in-law. Later he came and dragged me away by my hair and beat me up for leaving. Nobody could stop him, not even his own brother.

Jealousy was a major trend present in all relationships. This supports the literature which cites jealousy as a major component in battering relationships. Campbell (1981 in Walker, 1984:43) cites data to support jealousy as the predominant reason given by men who kill their wives/lovers. The jealousy is usually unfounded and based on the batterer's need to control the women's lives. See Appendix IV for examples of this as well as the following:

I couldn't even go to church then he'd say I'm going to church for men. - Jean

He was always accusing me of affairs but I didn't even go out, and he knew it. - Nisa

I only had one boyfriend before but he'd always bring this up, throw it at me. If I didn't feel like sex he'd say I must be seeing this other boy. Now where - I couldn't even go to the shop without him knowing. - Cheryl

he feels so guilty about himself (and his affairs) it's almost like he's looking for something to put on me. - - When he'd go to Jo'burg then I must be there everynight when he phones. I can't even go to the shop. The one night I went to church...I wasn't allowed to go to church so I told the children tell him I'm at a PTA. Well he made them come call me...said he'd come home now and bugger me up good and proper. - Maria

Three things became clear from the above statements:

- (i) the projection of guilt onto the woman
- (ii) the way in which women have to learn to lie and strategize
- (iii) The resultant isolation of the women which increases the likelihood of battering and risk of a lethal incident (Walker, 1984:43).

Descriptions of the batterer and his violence:

Although specific details of the batterer's violence were not asked for all the women chose to relate at least one incident in detail. Some of these are therefore included here to provide an indication of the level of cruelty and the extreme fear with which the women lived daily. The violence ranged from continuous verbal abuse, hitting, slapping, kicking, stamping on, choking and threatening with weapons.

you can't have a normal conversation like we're having now...anything I say then he jumps down my throat...you can't discuss anything. - Betty

he was like a train with no brakes. - Betty

he never uses his own hands for anything except to hit me. Always ordering me around, shouting and swearing...he won't accept if he's wrong. - Anita

he said he'll chop off my feet so I can't run away...There was an axe kept under the bed...terrible things he'd say like he'll chop out my heart. Or he said he'll cut off my hands or choke me with my own hand and people will say it's suicide. - Maria

he took a bathfull of coldwater and pushed me under...he beat me up in that bath...I was so scared I did everthing in my pants. - Betty

He pushed me in a bath of cold water. He beat me everywhere...with a belt...you know when your body's cold.... - Maria

Soms na hy my geslat het, dan kyk-hy na my blou oog, dan se hy "ek't jou te sag geslaan beter jou nog 'n hou gee" - Nafeesa

I'd be too scared to go to sleep...I'd watch till the TV went off or sit and knit all night. - Joyce

he used to wake me up just to hit me. - Margi

These examples also serve to highlight how often the violence is pre-meditated and therefore not precipitated by the woman's behaviour.

Sexual abuse was a very common theme with forced anal sex being the most commonly cited incident, including by one woman who had undergone anal surgery. In Walker's (1984) study she found sex was often used to dominate and hurt women.

85% of her sample said sex was unpleasant and 59% said they were forced to have sex. In the present study women were almost always forced to have sex after a beating. Sex could be used manipulatively by the woman to calm him down or to prevent a beating. Withholding sex was a rare opportunity to "punish" the batterer. The women's perceptions of sex as an unpleasant or uncaring experience is reflected in their use of words such as "used", "perform", et cetera

He often forced himself on me. If I didn't want sex he'd hit me till I was "pap". - Cheryl

Elke aand, elke aand wil hy my gebruik. Self voor die kind trek hy my panty af. - Nafeeza

He'd perform all night with me...till 5 a.m. when he knows I must get up for work. - Nisa

he always wanted sex till the very last when I was pregnant. - Betty

Injuries:

Two of the women suffered miscarriages as a result of beatings and a third concurred that she was hit far worse during her pregnancies. Gelles (1975) and Walker (1984) both found a high degree of battering during pregnancy. This may be related to increased social stress but is more

likely related to the jealousy and insecurity of the batterer who is threatened by not having possession of his wife. This relates to Horney's thesis that men fear the mystery of women as discussed in Chapter 2.

Injuries ranged from split lips, blue eyes to broken eardrums, fractured ribs and a broken jaw. All women in this sample were threatened by death, sometimes regularly. 75% of Walker's (1984) study felt afraid of being killed while eight of the women in the present study believed him capable of killing them.

Women's use of violence:

Only four of the women ever retaliated violently and always in self-defense. Women soon learn that this does not pay.

I threw an ashtray at him once...but he was a wrestler you know. - Joyce.

I lifted a pot once. "I'll kill you" he screamed. I landed in hospital. - Jean

Ek't hom een keer met 'n ashtray gegooi. Was hy mal! Ek't twee ekstra houe daarvoor gekry. - Nafeesa

The first case of attempted murder he tried to choke me. He had both his hands around my neck, I couldn't breathe, he was on top of me, I couldn't see. I don't know how I did it but I reached for the windowhandle (which had fallen off) and hit him...on his head so it bled. I don't know how I did it but if I didn't I'd be dead. - Betty

The helplessness which women experience in the face of the greater strength of their batterers is apparent. This can clearly lead to fantasies of revenge which would need to be explored within the therapy. (see for example Appendix IV). One woman admitted for the first time during the interview that she had once dropped some pills in his tea. However,

When help was sought it was inevitably by the woman. Even where couple therapy was attempted the woman had to get the man to treatment.

"People assume if a relationship is troubled, it is the wife who should go into therapy, since her major responsibility is considered to be the maintenance of smooth relationships in the home." (Friedman, et al, 1970:15) Women internalize their husband's failure as their own with the result that battered women coming for help are in effect seeking help for their husband's problem.

It may also follow therefore that women's sense of responsibility for their relationships and for their husband may preclude or influence their attempts at seeking help.

a woman has a lot of pride, It's not easy to admit you need help. - Nisa

THEMES RELATED TO HELP-SEEKING

Help-seeking Patterns:

Several studies have investigated the help seeking patterns of battered women. From these it would appear that many women go for years without help. Walker (1984:150) found that 50% of her sample did not seek help at all, but that the probability of seeking help increased over time. This resonates with her finding (1980:356) that violence escalates over time supported in the present study:

eers het by my net in die gesig geklap, maar toe begin hy te skop en trap soos hy met 'n man sou aangaan. - Nafeeza

Roy (1977) found that 75% did not seek counselling due to social, family or economic problems. Of those that did, many did not return to treatment.

Orayson and Smith (1981) found age to be significant with women in the 30's seeking help most and women in their 20's least frequently. Age was not significant in the present study. Less than 5% consulted mental health professionals (in Dutton and Painter, 1981).

Carlson (1977 in Barker, 1984:168) reports that except for their use of the police, battered women relied primarily on informal networks for help. Six times as many women consulted a friend or family member as a social agency.

Absence of Allies:

Scott (1974 cited in *ibid*) believes the absence of informal resources provided by extended family deprives a wife and children of natural allies in marital conflict, leaving them more vulnerable to their husbands. This resonates with Cazenave and Straus' (1979) study which showed violence was higher in families that recently moved into a new neighbourhood. These findings have important implications for the local context where thousands of families have been relocated away from their social support systems. Rapid and sometimes forced urbanisation has also led to the disintegration of traditional forums for conflict resolution. One example of such a new residential area is Mitchell's Plain where Lawrence (1984) found battering to be the second highest reported crime. She linked the high incidence of battering to the recent mobility of the couples, and the lack of family and community support the families now experienced.

The women in the present study support that it is difficult to tell others of the battering; they either feared that everyone would know their business or they lived in streets where neighbours did not share information.

neighbours always gossip; say what kind of woman is this? - Nisa

hull't gese wat maak jy by so 'n man - eendag maak hy jou dood. - Nafeeza

I was too proud...I didn't want the neighbours to know 'cos they could hear him call me a whore...I used to duck to go in the kitchen I was so ashamed...I always kept up a smile, kept well-groomed. When I swept the stoep I swept the stoep at night. - Joyce

Fear of not being believed:

A strong sense of not being believed by others also existed with the man frequently described as a "Jekyll and Hyde" character.

if I have to tell people what exactly he did they would never believe me. Everyone likes him. - Betty

friends saw him alone and think 'shame, she's left him' but they don't know the evil things he did and said to me. - Maria

one minute he's the deacon shaking people's hands then at home the same hand hits me. - Margi

Some also feared hearing advise that they were not ready for. This has obvious important implications for counsellors.

I didn't want people to know...I think they would've encouraged me then to leave him...I always thought he would change...I didn't want to hear them say I must break up my marriage at that time. - Betty

Family responses:

It needs to be noted that extended families are not necessarily supportive. Many do not want to become involved; many blame the women for her own situation especially where the marriage was not sanctioned by them.

his family never believed me. - Anita

I could never go to his people...they always thought why is he hitting me, I must be doing something wrong. - Maria

once you involve family and then you make up then he'll take it out on my family. - Betty

My family tried to intervene but they also thought it's my marriage. - Cheryl

My ma't altyd gese dink aan die kinders...oorweeg dit eers...probeer dit deurbyt. - Nafeeza

My daughter went to "Coloured Affairs" once...but then his whole family turned against her. - Maria

Professional Responses:

The trend in the present study was to seek help after family had been told. Most women turned to numerous sources over the years but repeatedly reported that 'nothing came of anything.' Matters were often not followed up, cases were dropped and investigations by social workers ceased.

In seeing doctors women at times denied the source of their injuries. However, doctors seem to have colluded in denial often seeing the woman over several years before actually suggesting anything. One doctor had referred a patient to Life Line.

I was at Groote Schuur almost every week...they gave me food parcels...I felt so ashamed...I had a husband who should support me. - Anita

Police, when they did come, were not able to prevent the violence from re-occurring.

...they just gave him warnings. There were two attempted murder charges but after a few months he'd just start again. - Betty

...they came eventually and said it's a domestic affair and their was I bleeding...he carried on when they left. - Nisa

he knew I was too proud to go to them (police) They'll think what's she doing here. - Joyce

he was a very cunning man. When my blood spurted on the wall he ran to get something to clean it up, I ran for ice. - Joyce

On the whole batterers seemed to hold little fear for police and women eventually gave up on even calling them.

Similarly, some women whose divorce applications through legal aid were refused years ago did not try again. Nothing seemed to materialize from many of their contacts with social workers either.

the social worker wrote him a letter...of course he never responded. Legal Aid too, nothing ever happened. - Anita

the social worker spoke to my sister-in-law who said he's a good husband, I'm mad - he's not doing anything...so, nothing came of that either. - Maria

Jean (Appendix IV) describes the prevailing feeling of the women:

there was no help for me.

The Development of "Learned Helplessness":

As can clearly be seen from the above many battered women soon discover that help is not readily available. After several unsuccessful attempts they may begin to believe that no-one is capable of helping them which may lead to a state of "learned helplessness" coined by Seligman (1975) but used in relation to battered women by Walker (1984). The model suggests that when a victim "believes her responses have only a 50% chance of working rather than the high probability of success needed to believe in one's own survival, then certain cognitive, motivational, and behavioural distortions occur, eventually leading to a non-responsive mode." (Walker, 1985:209) Friedman (1978:48) also refers to "passivity as a learned response to events." Unfortunately, many people turned to for help are unable to provide what the woman most needs.

I wanted them (counsellors) to help me get away from him...I didn't want to have to go back home again. - Cheryl

I wanted to get right out...I didn't want to speak to someone if I had to go home again. - Maria

Thus, even those who have resources and the desire to seek help often find this help of very little benefit. Victims of violence cite being misunderstood as their most frequent complaint against therapists whom they felt were not helpful. Women reported most helpers refused directly or indirectly to deal specifically with violent incidents. They tended to concentrate on psychological consequences/symptoms that incidents produced or treated women as if they were crazy or exaggerating. (Walker, 1980). Thus, it seems ironic that the very people who should be helping often exacerbate women's situation causing them to remain in violent relationships for years.

Readiness for help:

Working with battered women can be extremely frustrating especially where the worker feels she has "pulled out all stops" for the woman who then returns to the abusive relationship. Workers need to be conscious of counter-transference issues which may lead to cynicism or anger directed toward the client, an issue discussed further in the next chapter.

Hendricks-Matthews (1982) suggests that therapists frequently ignore women's psychological readiness for help/therapy. She suggests a careful assessment of the degree of learned helplessness, the woman's system of causal attribution and her locus of control. Women who may appear to fit the "learned helplessness" picture are often not helpless in other spheres of their life. These areas where

the woman is in control need to be reinforced to help the women regain trust in her own basic responses and capacity for action. All of the women in the present study were entirely responsible for the children; the running of the home; major decisions and held down jobs. Causes to which the women attributes the violence are also significant indicators, for example if she attributes it to a temporary factor like the husband's unemployment, she is more likely to try again. If she blames herself, treatment becomes more difficult and complex. Dougherty (1987:25) states that as women live vicariously through their relations with others they are encouraged to "bend inward" their aggressive drives in order to gain satisfaction of their needs. Just as a child may repeatedly deny the reality of parental hostility by satisfying the parent's symbiotic needs, so women may experience being bad in order to represent the (parent)/partner intrapsychically as good. This winning over of the parent or partner attempts to avoid abandonment.

Self-negation

Many of the women went to great lengths to placate the man thereby negating themselves and their needs.

I thought if I just do this or that. But nothing helped. - Maria

I was always kind...I thought if I just stay nice to him he'll change. - Joyce

Later I saw nothing I did made any difference...but I always tried. - Cheryl

ek't gedink miskien as ek hom elke aand seks gee..

the last child...I had to have an operation to have her...I didn't want another child but he did so I thought OK maybe this will make it better...When she was 3 months old he put us all out. - Betty

The internal locus of control and complex attributional system is also apparent from the above.

The therapist therefore needs to assess the locus of control pointing out with the woman the things she is in control of and making a realistic assessment of alternatives. This could minimize the frustration for workers who are expecting too much too soon from the client.

Workers need to appreciate the complex nature of violent relationships to understand the myriad reasons which make leaving a violent relationship so difficult for so many women.

STAYING IN AN ABUSIVE RELATIONSHIP

The most frequently asked question in relation to battered women is "why do they stay?" While most people probably stay in relationships longer than they intend to and find disengaging from unsatisfactory relationships difficult, few people have sympathy for a woman who remains in an abusive relationship. Walker (in Rosewater and Walker 1985:204) points out that the average length of the battering relationships was 6 years, which is the average length of marriage in the United States. (1980 Census cited in *ibid*). The longer length of relationships in the present study is perhaps to do with the far greater lack of resources and options such as shelters, as well as a different ethos in terms of bearing oppressive conditions. This is however merely speculative. As supported by the present study

battered women clearly do leave violent relationships. With an understanding of the complexity involved in leaving, the question could rather become "how do battered women manage to leave?"

The difficulty of leaving is supported by literature which will now be reviewed and illustrated by case examples.

A study by Gelles (1976) concluded the following; the less severe and less frequent the violence the more likely women were to remain; the more women were hit as children the more likely they were to remain and the fewer resources and less power they had the more likely they were to remain.

He stresses the need to recognize the complex subjective meaning of family violence; the nature of commitment and entrapment to the family as a social group.

Ferraro and Johnson (1983:320) isolate 5 factors which they found impinged on battered women remaining in an abusive relationship.

1. Appeal to the salvation ethic

All the women at some point had a need to feel like a rescuer. They made constant excuses for him and assumed responsibility for solving his problems. It should be noted however that for some women the role of rescuer is one of the more powerful ones they are likely to occupy.

all the years I thought there is something good in him. - Margi

I always thought I'll give him just one more chance...but I mean for 10 years...a person's body can't take it.

He grew up in a violent family...I thought I would be able to make a difference. - Nisa

ek was jammer vir hom...dan kom ek terug, dink ek ek moet maar oopmaak...dis die kinders se pa. - Nafeeza

2. Denial of victimizer

This relates to causal attribution discussed above. and happens where the woman blames external forces like alcohol or unemployment and does not see the batterer as the victimizer.

I took it so...it's because of the drink. - Betty

the drugs you know...he could've killed me without even knowing. - Maria

well he grew up in a violent family. - Anita

3. Denial of being the victim

Women sometimes deny that they are being abused or tend to blame themselves.

ek't gedink dis seker ek. - Nafeeza

4. Denial of injury

Walker (1981) has found it common that women deny occurrence, seriousness or potential for reoccurrence. It may be that the denial of injury protects her from the full impact of fear. The batterer may deny injury too: "the woman may accept his redefinition of reality (for example "you fell wrong"), as it gives her hope that she does have some control." (1981:85). Klingbeil and Boyd (1984:9) refer to this as minimization, that is the process whereby the battered woman knowingly or unknowingly, reduces the intensity or magnitude of events as their frequency increases.

This denial is often supported by the assailants and family members. Thus to comply with the victim's attempts to hide the battering only compounds the problem. Denial and rationalization of the violence is often a practical necessity for instance where a woman has nowhere to go. Public attitudes provide support for women's silence. Women rationalize the reasons for violence to justify it to themselves.

even if he just hit me and someone comes in I'll just change my face...they'll never know. - Jean

I never told them the truth...my doctor said once I don't think a person can fall down stairs so badly. - Betty

5. Denial of options

Due to low self-esteem and feelings of hopelessness possible options may be perceived as impossible. However women in the present sample realistically had very few options.

Strube and Barbour (1983) highlight the importance of psychological commitment and economic dependence (objective or subjective) in preventing women from leaving and stress that the decision process lies in her perception of the relationship. This is supported by Levinson's cross-cultural study on family violence which found economic inequality to be a strong predictor for wife beating (1989:79).

Walker's Cycle theory of violence (1979) illustrates how violent relationships often pass through phases. She delineates three phases:

1. Where the tension builds up.
2. The explosive battering incident.

3. The calm with loving respite. (This phase decreases over time: Walker, 1983)

The intermittent nature of the violence allows for periods where the woman may be reconvinced that she should keep trying. During phase three the woman is most vulnerable and the batterer's behaviour provides reinforcement for her to stay. However, Walker does not mention that a counter situation may arise - where once he apologises she may perceive him as vulnerable thus putting her in a relatively powerful position - this is when the need to rescue him may come to the fore. This theory was not supported by the present sample who were beaten so often that no clear pattern, other than weekends being the most dangerous, emerged.

he never apologised...he was never sorry. - Jean

The intermittance did have an effect:

as he nie gerook is nie, is hy 'n ander mens...dan sal jy nie glo dis dieselfde man wat gisteraand vir my so geskop en trap het nie.

Dutton and Painter (1981) offer a theoretical concept of traumatic bonding as an explanation for women often returning. They see this as similar to the bond that Bettelheim (1943) discussed of captives developing with their captor, or abused children with their parents. It is made possible because of the intermittent nature of the violence alternating with "care". The power imbalance is the common feature.

They draw on Anna Freud's (1942) concept of "identification with the aggressor " which postulates that "in situations of extreme power imbalance where the person of high power is occasionally punitive, the persons in low power will adopt the aggressor's assumed perspective of themselves, internalize the aggression or redirect it to others similar to themselves." (1981:147) As the power imbalance magnifies the powerless one feels more incapable of fending for themselves and therefore more in need of the high power person. A cycle of dependence and lowered self-esteem repeats until eventually a strong affective bond with symbiotic roles exists. Symonds (1979), in discussing battered women's sense of isolation and sense that no help is forthcoming, draws an analogy to brainwashing where the captive is forced to eventually identify with the captor and begins to feel only he can free her. He discusses reactions to battering as to any violent crime where the first phase is the impact phase characterized by shock, disbelief and denial.

I was so very shocked...I became mentally ill
(psychosomatic) and just lay in bed for days. -
Joyce

ek het gevoel of my siel...tot diep in my siel was
ek teleurgesteld. - Nafeeza

This is followed by a stage of traumatic psychic infantilism where appeasing, clinging behaviour occurs. The victim can try so hard to be obedient and co-operative that she feels she has colluded in the violence.

Knowledge of other battered women:

The isolation experienced by many women in general is compounded by the battering relationship which frequently precludes any chance of maintaining or forming friendships. As a result women often believe their situation is unique, increasing their self-blame and decreasing the likelihood of going for help.

daar was nog 'n vrou by die werk. Eers het ek gedink dis net ek toe praat ek met haar. Ek't gevoel daar is dan iemand anders, hoekom is dit dan so het ek gewonder. - Nafeeza

I had one friend but she said you just have to bear it. Through counselling I found out I'm not the only woman suffering...that was a big boost for me...you don't know what happens behind the walls. There are hundreds of other women sitting on buses or trains in the same, or worse, position.
- Joyce

Thus realizing they were not alone also challenged their explanations for why battering occurs.

it's because I've got no power...he's sitting with all the power. - Nisa

they take out on the wife what they feel to others, all their frustrations et cetera 'cos they won't get in trouble. - Cheryl

men want to dominate...he wanted to feel bigger and better and so he thought he'd degrade me. - Joyce

Clearly one of the major functions of a shelter is to provide women with visible proof of each other's experiences and a forum for coming to some understanding of the violence.

While the theories above serve to illuminate aspects of the violent relationships, they fail to account for the most basic reason that keeps women trapped in violent relationships, that is that they have nowhere else to go.

Lack of economic alternatives, especially in the South Africa context, is a very real deterrent to leaving. The severe housing crisis means that even extended family and friends are often unable to assist. It is virtually impossible for women to get their own houses and lack of childcare facilities, social security benefits and employment opportunities makes moving out often impossible. From the present sample it seemed very clear that all the women would have left their relationship years sooner had alternative accommodation been available.

I was always on the run...with the kids, in our pyjamas. - Cheryl

I would lie awake at night thinking who can I talk to, what can I do, where can I go, how can I escape. - Joyce

I was so desperate...where could I go? I asked the police to lock me up once so I'd be safe...I even thought of shoplifting so I'd be safe. - Maria

Everytime I must think of a new place to run. But people don't take you for long with children. - Anita

Children were cited as a major reason for staying and/or returning to the relationship either since there was nowhere to go with children or because the women at that time adhered to the belief that the children need a father.

mens dink altyd aan jou kinders, kinders sonder 'n pa maar aan die upperhand wat soort van pa is dit.
- Nateeza

thinking back now though the children would have been better off without him. - Maria

The children always witnessed the violence and suffered numerous consequences such as becoming introverted, fall-off in school performance, acting out behaviour, et cetera. The present focus does not allow for an adequate discussion of the children but it needs to be noted that they are frequently overlooked by helpers. This is a crucial area for helpers to address and around which to support women.

Personal Resources:

In surviving violence on a daily basis, supporting a family, caring for children and keeping house women's own personal resources become depleted thus affecting their feelings of helplessness. Many of the women constantly strategized and planned to try to avoid beatings; some would have a bag already packed or avoid coming home on weekends. The effects of continued violence on their health and personality were enormous. The respondents were often prescribed tranquilizers, were frequently ill, suffered from headaches and stomach complaints and found sleeping very difficult. They reported feeling increasingly withdrawn and quiet; one woman developed a stutter. There was a strong trend to attempting suicide at least once.

many times I thought of it. One Saturday I heard him in the lounge with friends. When I asked him who was there he said "what's it to you", beat me up and left. I thought I'm getting help from nowhere, I can't take it anymore. I started a fire...the neighbours came and put it out. - Betty

hy't my die hele week eenkeer wakker gehou...ek't gedink ek kannie meer nie dit kos my niks om my nou onder die trein in te gooi nie. Toe dink ek nee, wat wil ek nou vir so man my lewe weggooi. - Nafeeza

Experiences of present counselling:

In coming finally to their present counsellors (all of whom are members of Rape Crisis or the Co-ordinated Action for Battered Women Group which provides training and discussion for members) the women all felt they had benefitted greatly. There was however a tendency for the expectations of counselling to be unclear and women were unsure what it would entail.

Gender of counsellor:

There was a strong tendency to feel that a male counsellor would not be able to fully understand the situation, a fantasy (some cases backed up by reality) that he would take the man's side, and an expectation of discomfort in discussing certain issues. It is therefore suggested that women be given a choice in who they see and that expectations are clarified timeously.

The benefits of counselling centred mainly around having someone of their own who was supportive, encouraging and knowledgeable on what advise to give. Women highlighted the need for counsellors to be advocates in the housing/legal system and to advise them on parenting. All women felt counselling had sustained their sense of hope and provided clarity in decision-making facilitating their disengagement from the relationship. For the women who have separated from their husbands relief was a common theme.

I feel a free woman...I can go in the street without dark glasses. - Joyce

I can go out when I want. I don't have to ask for everything like a child. I had no life whatsoever. - Maria

Nou's ek weg van hom...ek voel soos 'n newborn baby. - Nafeeza

Those that were still living with the man felt stronger and more able to stand up for themselves. Cheryl, who has remarried since leaving a shelter, stated:

if he were to hit me? well, he must get out at once. This time it's my house and I won't take it; I won't go running house to house again for no man.

Joyce's advice to other battered women was to leave the man behind them. Get a job, work, show the man "look, I can make it."

Prognosis for future relationships:

It seems clear that for those women who may enter new relationships they will do so with different requirements. Walker's 1984 study found that battered women were less likely than other divorced women to enter another relationship. Several of the present women said they were afraid of men or that they were unprepared to sacrifice the gains they have made. Some also felt better able to size men up and that they could identify a batterer:
die een wat charming is met almal, maar nie eintlik die vrou raaksien nie. - Nafeeza

Walker found when women did enter another relationship it was very rarely another violent one. (Walker, 1984:148).

This study supports Symonds' (1979:172) assertion that "when women remain in relationships where they are degraded it is because they feel hopelessly trapped and see no feasible way out." It therefore becomes imperative for those in the helping professions to take note of the subordinate position of women in society and the many forces (both internal and external) which can keep women locked in dangerous relationships. Clinicians need to address battering on all levels of intervention to facilitate the physical and mental safety of women.

CHAPTER SIX

ISSUES FOR INTERVENTION

This chapter proposes a feminist framework for intervention, highlighting pertinent issues for acknowledgement by clinicians, recommended to meet the counselling needs of battered women.

THE ROLE OF SOCIAL WORK

As seen in Chapter Two several ideological positions relating to battering exist. These can be summarised as:

- * a focus on privatisation of the problem
- * battering as manifestation of pathology
- * battering as precipitated by the victim
- * battering viewed in the context of any violence between
two people
- * battering as equalized violence in a family systems
theory

It was also shown that all the above serve to deconstruct and redefine the nature of female victimization, effectively invalidating women's accounts of violence. Consequently, far from assisting women, such ideological frameworks and their clinical interpretations may be a further form of social control.

Davis (1987:311) discusses how, as the social work establishment has accepted battering as a problem, the originally strong feminist perspective has been subtly transformed. The issue has been depoliticized, which Davis views as consistent with the political conservatism of the 1980's. By focusing their attention on treatment for individuals and couples social workers may be moving to an unrealistic perspective while minimizing the importance of the socio-political context within which the problem exists.

Social workers are more likely to come across battering than most other professionals with a significant proportion of their cases involving wife battering (Lawrence, 1984). However, social work has been criticised for failing to treat the needs of battered women. The British Association of Social Workers working party findings of 1975 echoes the criticisms of many:

Social services departments have shown insufficient concern about battering. Social workers may feel they have nothing to offer other than counselling and may feel so helpless that they are driven to deny or trivialize the problem and may therefore appear uncaring or even hostile.

Social workers maintain battering is often not the presenting problem. Women may however often come ready to talk about violence. Intake workers may diminish its importance, and the client, believing the worker knows best, follows this lead and does not mention it. There therefore is a need for workers to take an assault history as part of the initial interview.

J. Martin (1979) suggests social work is either ignoring the problems of battered women or offering inappropriate help. The ideology of social work is examined to suggest failure of effective responses.

Social work accords the nuclear family extreme importance, as reflected in ideology and practice. Martin submits that little recognition is given to the potentially destructive role of the "family" as a unit. Social workers continue to feel the family should be kept together "at all costs" failing to acknowledge the actual costs for battered women. The "multi-problem" family is a popular concept in social work which implies that the particular families are beset with problems within their own control. This again has the effect of blaming-the-victim by ignoring the social forces impinging on families. But more significantly there is a failure to see the institution of the family with its inherent unequal power dynamics as the problem.

The second point raised by Martin (1979) as a negative influence is the profession's attitude to the position of women and their role in society. No reluctance exists when it comes to removing children from families yet there is tremendous resistance to assisting wives in moving out of a violent relationship. Martin also points to the theoretical heritage of social work and the reliance on traditional scholars such as Hollis (1949) and others who strongly adhere to beliefs in traditional sex-role behaviours and the

belief in female masochism. Martin's opinion is that

the profession of social work has an ideological bias which serves to discourage social work systems from considering battered women in a sympathetic or uncalledous way (1979:319)

and therefore suggests that

to maintain any credibility as helping, caring people social work systems must struggle in their own work situations to expose the myths of professionalism (ibid:322).

RATIONALE FOR INDIVIDUAL THERAPY

This chapter is based on the assumption that although battering is a social problem requiring social solutions a place for individual intervention does exist. Models of primary, secondary and tertiary intervention are required to address the problem on its different levels. Women need a space of their own in which their story can be told to an individual who is trusted. Many battered women have never had this opportunity to deal with the personal effects of violence on their lives. Nevertheless, where individual work is discussed it is always with the assumption that this cannot be in isolation from efforts to change legislation, attitudes, policy, community resources and responses on a macro level.

TREATMENT MODALITIES

Group-Intervention:

The focus of this research does not allow for a comprehensive discussion of the implementation of group therapy for battered women although much of what will follow

is applicable to group intervention. It is necessary to state that groups are considered the most effective and efficient mode of intervention for battered women; and that these need not necessarily be run by professionals.

Groups provide valuable opportunities for breaking the isolation experienced by many battered women. They provide visible proof that the individual woman's problem is shared by others and thereby go far in making battered women feel less crazy and unique.

Being in a group requires certain social skills. After many years of isolation from friends and pretence in social settings, the group can provide a valuable opportunity for resocialization. Intimacy skills as well as new ways to confront and express angry feelings are more easily acquired in a group setting.

Through hearing other women's stories and making connections between their experiences, consciousness of women's position in society can also be raised. The groups need to be non-hierarchical with each woman recognised as an authority on her own experience. Women can validate each other's strengths, offer valuable support and help each other perceive possibilities for growth. Through the development of a mutual support system, individual women can gain the strength to make changes and take steps previously not possible. The ultimate goal of the group is to help women put the effects of their victimization in the past.

Walker (1980:155) recommends two-stage groups. One is for women still in the situation, working towards making decisions. This is more crisis-orientated, focusing on practical issues and providing information and is valuable for women who are not yet ready to leave. Hearing the stories of other women provides perspective on their own situation. Rape Crisis Cape Town runs such groups with great success.

A major frustration for battered women is the lack of assistance they have received, often over several years, from social resources. The groups offer extremely valuable input in the form of advice from other women as to where to go, who not to speak to et cetera and how best to negotiate the complicated morass of legal and welfare systems to their advantage.

Second stage groups focus on issues common to women in a life-transition stage especially the restructuring of their lives after divorce or separation. New ways of relating, dating, single-parenthood and assertiveness training are some of the facets covered. This stage group also allows for the building of friendships, a chance to develop trust in other women and an opportunity to change faulty behaviour patterns.

Groups are an extremely effective means of empowering battered women. They are also a cost-effective means of intervention for overloaded social workers. Practitioners are urged to encourage the formation of groups or to refer

their individual clients to groups as a valuable adjunct to therapy.

Conjoint/couples Therapy:

Social work ideology upholds the value of neutrality and non-judgementalism. This has often implied that social workers insist on seeing both parties in order to hear "both sides of the story." Davis (1987), in tracing the trends of social workers' approach to battering, indicates that since about 1983 decreasing attention has been given to women with increasing attention devoted to intervention with batterers and to the conjoint model.

Controversy exists as to the efficacy of this model in cases of battering. Many professionals (and battered women themselves) hope conjoint therapy will be a panacea. Many of the women in the present study stated they had hoped the counsellor would just talk to their husbands telling him how wrong his behaviour was. This implies a strong perceived power differential between themselves/husband and counsellor.

This model may require less threat of change to both partners. Geller and Wasserstrom (1984:35) found most women wanted to stay in the marriage, but without abuse.

Walker (1980:172) found a very poor prognosis where the husband had pre-existing violence. Where violence occurs as a last, desperate resort and both partners feel bad, the situation can be improved, but these cases are in the

minority. A major difficulty with intervention including batterers is their tendency to project blame and an inability to accept responsibility for their actions. It is therefore very few men who agree to treatment or come of their own accord. Walker (1985:211) found that violent men mostly sought treatment if they thought this would win their wife back or prevent jail.

If the man can tolerate his behaviour being the focus of treatment then couples therapy can sometimes teach both better skills to postpone violent incidents or avoid being in its path but not to stop the violence permanently.

Emphasis is usually placed on teaching couples how to recognize an imminent violent episode and on healthier ways of dealing with anger. This can however, place subtle pressure on the woman to "cease upsetting him." The woman is often held responsible for bringing the man into therapy as with family therapy where mothers usually have to get the family to come. Some agencies will refuse to see the woman alone if family or couple therapy has been contracted for. Family therapists using a systems framework advocate that violence occurs as a result of family interaction. Walker (1984:118) argues that this is only true after violence has already begun. Once family interactions do become regulated by violence, the potential for destructiveness is obvious.

As Geller and Wasserstrom (1984) point out "when a couple is seen conjointly they are not seen as two separate individuals, but rather as a dynamic unit whose patterns of reactions are interdependent."

It is also obvious that the woman's fear of battering will control her responses in the session. She also knows the therapist is unable to protect her at home in between sessions. These points were confirmed by the women in this study who did not find conjoint therapy at all useful. It is therefore difficult for women to enter the therapeutic alliance, with the result that women cannot gain as much understanding of themselves as in individual or group therapy. The woman's safety must be assured and violence should be the main issue of therapy - not the relationship itself. Sessions can provide the couple with an opportunity to argue in a violence-free atmosphere, an environment with safeguards - however, the therapist must be sure that this will not lead to violence at home. Some therapists make a ground rule that violence is never justified and contract to eliminate violence from the home.

Therapists involved in couples-therapy involving violence need to pay heed to particular factors. Bern and Bern (1984) assert that because spouse abuse is so directly related to sexism, any program aimed at dealing with it must be non-sexist in its structure. If this is not the case the attitudes that result in abuse would be reinforced. (cited in Davis, 1987). The therapist's behaviour is naturally

influenced by cultural conditioning and therefore s/he needs an awareness of her/his own interaction with the batterer, for example subtly paying more attention when the man speaks; giving the man more power; being awed or manipulated by the man or the woman may feel threatened by witnessing another woman understanding her man. The batterer views anyone with any influence over his wife as a threat and may deal with this by using charm. All the women described their men as Jekyll and Hyde characters with a well developed ability to con others. They therefore feared the therapist would not believe them. For this reason Walker (1981;1978) recommends that two therapists always be present. Davis (1987) reports some success using married couples modelling assertive, non-sexist relationships in psycho-educational groups. Here again motivation for change of group members needs to be high.

After extensive research Walker (1985:211) concluded that despite technical skills available there is little hope of changing violent men's behaviour. The reinforcement they receive from society that rewards sexist and violent behaviour is apparent.

It can also be concluded that unless the violence is not that serious, conjoint therapy could increase the danger for women. Couples are probably more likely to engage in conjoint therapy voluntarily early in the violence or when violence is not that severe. However, it needs to be borne in mind that much evidence exists that violence escalates

over time (Walker, 1980:356). Very careful assessment of the duration, pattern and severity of violence is therefore needed. The woman herself is perhaps the best assessor of this and individual therapy should be on hand if couple therapy fails.

Individual Therapy

Gleaned from the literature on feminist psychotherapy, intervention with victims of violence and the suggestion of battered women themselves, the following is a framework which incorporates the counselling needs of battered women.

Since battering centres around issues of power and powerlessness, gender and gender roles, sexual exploitation and oppression a framework that concerns itself with these issues needs to be used. It would thus appear that a feminist approach to intervention is best suited to the area of concern. Walker (1985) maintains that the feelings of the victim are more complicated than were originally theorized. However, in feminist therapy "their complexity can be more easily revealed, accepted and validated and the implications for how such feelings influence cognition and behaviour can be understood better." (ibid:207).

The nature and format of intervention is frequently dictated by the mental health setting and the stage in the violence when the woman comes for help. Although long-term psychotherapy could benefit battered women enormously few have the resources of time or money for this. The majority

of battered women are likely to attend welfare agencies; given the instability and unpredictability of their lives many may be unable to keep regular appointments or attend over a long time. Some women may even need to attend therapy secretly or have to strategize in order to make time available. Planning is therefore difficult hence flexibility and spontaneity on the part of therapists is called for. In the mental health field in general, practitioners frequently face the non-return of their clients, with the result that unplanned or unintended brief treatment is very common. This is supported by Becker's study of 1988. She cites Koss and Butcher (1979) who established that most people seeking therapy in outpatient clinics expect their treatment to last less than three months.

Given the above and that battered women require action-orientated rather than analytical intervention, a model of brief dynamic therapy could appropriately be considered. Clarkin and Frances (1982 in Becker, 1988) suggest the following indicators for the selection of brief therapy:

1. There should be a clearly defined focus or event(s) for intervention
2. The patient's overall motivation must be sufficient to co-operate in treatment.
3. The usual level of functioning is adequate and the patient will be able to cope with termination.

Battered women usually meet the above criteria. In addition the knowledge that the intervention is time-limited provides incentive for change; the fact that it is not open-ended can act against passivity on the part of therapist and client. This also counteracts the danger of dependency, a significant dynamic for battered women. A major difference between battered women and other clients is that the life-problem is another person, not themselves. The implications of this need attention.

Crown, 1988 (in Becker, 1988:58) asserts differences between using either a dynamic or supportive approach. While dynamic therapy attempts to understand how the past has led to present problems, uses transference and aims for insight, supportive therapy has as its emphasis problem-solving and adaptation in the present. Walker (1979:231) found that a combination of behavioural, insight-oriented feminist therapy has proved to be the most effective therapeutic approach. This is in line with brief dynamic therapy where the therapist works with present and past experiences as they relate to the present (Becker, 1988). Walker (ibid) stresses that the focus should be on present behaviour and the future; exploring the past only to help interpret present problems. It would thus appear that combinations of appropriate approaches are needed. As Greenberg, 1986 (in Becker, 1988) concurs, supportive therapy, emphasizing the patient's strengths and searching out previous successful

adaptations, can occur in the midst of insight-giving dynamic therapy.

In the case of battered women an open-door policy after the contracted number of sessions has ended, may be necessary. Environmental support, which should have been boosted during the therapy, may not be adequate to cope with subsequent crises that may arise. This implies that the practitioner also needs knowledge of a crisis intervention model. Some settings such as hospital emergency wards, or emergency shelters and hotlines may rely entirely on this model while others may need to incorporate it into their prevalent model when appropriate.

Differences in goals and the focus of therapy exist between crisis intervention and brief therapy. Brief therapy does not require the problem to be of recent onset nor for there to be an observable precipitating event. The goal of brief therapy is to remove specific symptoms and to promote change in specific areas of functioning. The goal of crisis intervention is the resolution of the immediate crisis and the restoration of the client to the previous level of functioning and equilibrium (cf. Parad, 1971).

The positive aspects of crises need to be recognised in that they can be a turning point in the person's life alerting them to discovering strengths toward improved functioning. Parad (1971) points out that the crisis is not the situation itself but the person's perception and response to the

event. In the case of battering, the precipitant may be a newly perceived threat to the children; a sudden escalation in the violence; or a particular injury. In the subsequent state of disequilibrium the person is most amenable to change. This may also be the time where the batterer's motivation for change increases.

In the crisis phase the woman is likely to be in a state of shock with reactions similar to the aftermath of any traumatic event. (Symonds, 1979). Crisis intervention techniques such as active listening, supportive empathy and anticipatory guidance can help victims of abuse to progress through the sequential phases of active reaction, onward adjustment and final resolution. While these phases can occur on a certain level within several sessions in the case of battering it is more likely that the crisis phase forms part of the overall duration of therapy. Since much time is needed for battered women to effect changes the crisis phase is usually only a beginning in the psychotherapeutic process.

THE THERAPEUTIC PROCESS

The Beginning Phase:

In admitting to needing help, the client brings with her needs, hopes and apprehensions. She may have internalised much of the cultural stigma attached to therapy and may fear the response of the batterer who has probably told her many times that she is mad and in need of a psychiatrist. In the light of having been refused adequate help before, the step

may be particularly brave and needs acknowledgement with the therapist being careful to convey helpfulness and a sense of hope. Reinforcement and praise for breaking the silence around battering should also be given. A respondent confirms this:

(the counsellor) told me I was very brave to come forward; that many women didn't - that made me feel very good.

In the presence of a willing listener, women are likely to want to tell their whole story. It is important to provide time for this as it may be the first time she has told anyone. Walker (1984) suggests allowing at least two hours for the first interview where a thorough history of the abuse can be taken.

Rapport is established through the therapist conveying empathy and most importantly, a belief in her story thereby validating her experience. The therapist learns the history of the relationship, the frequency and severity of violence, attempts at leaving and gains a picture of the woman's coping mechanisms and survival strategies. Why help is being sought now can also be explored. Ventilation is extremely significant for the woman who has often been carrying all this information alone for years. Having someone who listens and believes her story and an opportunity for catharsis and tension release is frequently the major component of the healing process, such examples from the case study include:

(when I came for counselling)...I felt like a bottle about to burst... - Joyce.

it's not something I could ever tell someone before. - Nisa.

Within short-term therapy, transference material is dealt with as it emerges; the client's feelings are not allowed to develop into a transference neurosis. The therapist may need to check whether the woman feared burdening her with all the details of violence or whether she perceives the therapist as contaminated by it and what implications this may bear for the relationship.

Contracting

Once the therapist and client agree to work together congruence between the therapist's and woman's expectations of therapy need to be found. Clarifying the client's expectations of therapy is regarded as essential in view of the fact that differences in expectations are seen as factors contributing to drop out. (Hoffman, 1985 in Becker, 1988:71). The therapist provides some shaping and explains that the purpose of therapy is to help her grow and regain emotional strength to make the right decisions for her. The point of therapy is not to make her terminate her relationship and anxieties about this may need dispelling. Some would argue that from an ethical point she should be warned that at some point she may decide the only way to grow is to leave the relationship.

Contracting defines the focus of work, the number of sessions envisaged and thereby provides structure, a form of containment and a sense of predictability. The decision to work together should be mutual; a sense of partnership

should be fostered with the woman setting her own goals for treatment thereby learning to trust herself as a knowledgeable person. At all times the woman should be helped to feel in control of the process since she comes from a situation where she is constantly under the control of someone else. The therapeutic process and what treatment will entail should be explained and the therapist's "magical power" demystified. It is essential for the woman to achieve a sense of her own power in the therapy. This cuts into fantasies the client may have of being rescued. Since the power lies within herself she must be her own rescuer. As in brief therapy, the clinician actively disconfirms the client's transference view of her by explicitly disclaiming a position given her by the client. (Becker, 1988).

By the end of a session the therapist and client need to make a careful assessment of the level of danger, ensuring the woman's safety. The therapist needs to make clear that this is important to her and that her perception of the danger will be shared with the woman.

Walker (1985) suggests rehearsing an escape plan (like a fire drill) with the woman helping her recognize the cues and making the plan an automatic and familiar response in a crisis. Thus, even if the woman does not return to treatment, her safety has been increased. If the woman is already separated, her safety should also be ensured.

Walker (1984:112) states the separation period is reported as one of the most dangerous times; the data indicate that there are no over precautions during this period. A reality check at this stage is important - immediate available resources need to be assessed. People in crisis can forget what resources are realistically available to them. The therapist helps the woman make informed choices regarding her safety or any legal action she wishes to take. Injuries should be carefully documented for any future action to be taken.

At this point the therapist needs awareness of her own needs to rescue and care needs to be taken not to press the woman for things she is not yet ready for. It is extremely important not to pressure battered women to leave the relationship. Initially they are often in a state of terror and lack trust in themselves and the outside community. They must therefore come to this decision in their own time. Good therapy always starts where the woman is and keeps pace with her progress, moving to where she wants to go. Building on her strengths is the most useful way to develop a therapeutic relationship without encouraging dependency.

Thus, the first few sessions allow for catharsis and a careful assessment of all aspects of the situation. A further requirement of the beginning phase is an assessment of suicide and homicide risks as well as a mental state examination to rule out emotional disorders requiring specialized attention.

Issues pertaining to diagnosis:

Several typologies of battered women exist (cf. Starr, 1978) suggesting that battered women fit a generalized picture. After extensive research, Walker (1984:112) concluded that "there are no significant differences between battered and non-battered women." Nevertheless, battered women can exhibit certain psychological sequelae such as passivity, lack of self esteem, loss of body integration, as a result of the violence.

Walker (1980) and others (Greenspan, 1983; Lerman, 1976) stress that symptoms are often the result of living with violence, not the cause since there are often dramatic changes in behaviour once women are in a safe place. Symptoms may be seen as the woman's only possible response to the alternatives as seen by her - as such, symptoms are often socially produced. They are also ways of coping with the double-bind of constructing a feminine identity in a male world. Greenspan (1983:185) claims that as a manifestation of this double-bind and as a desperate attempt to retrieve oneself from its grasp the symptoms may be an unconscious rebellion "against the condition of female powerlessness known as femininity."

Because of battered women's experiences some may develop particular defences and symptoms. These are often viewed as evidence of an intrapsychic personality problem. For example, some women may be diagnosed paranoid schizophrenics because of a realistic suspiciousness and lack of trust in

others. Relatively few battered women end up in clinical and psychiatric settings but for those who do, misdiagnosis is a common event.

Rosewater, 1985 points to the similarity between behavioural descriptors indicative of a schizophrenic disorder and those of battered woman. These include:

- delusions with persecutory or jealous content (battered women are often reporting things about which no-one else is aware);
- deterioration from a previous level of functioning in areas such as work, self-care, social relations;
- duration for more than six months.

Residual symptoms include:

- social isolation or withdrawal;
- marked impairment in role functioning;
- blunted or inappropriate affect (can be a means of avoiding potential conflict);
- digressive, vague, over-elaborate or circumstantial speech (may be an attempt to keep volatile situations from exploding as direct communication has often triggered active battering episodes);
- ideas of reference (paranoid ideation).

She concludes from the above that

given the general lack of awareness of clinicians about battered women, it is possible that some women previously diagnosed as schizophrenics may have in fact been battered (1985:220).

She also found that battered women are perhaps more prevalently misdiagnosed as borderline personality disordered. "The transference issues generally attributed to borderline patients - defensiveness, primary rage, dependency (Campbell, 1982) - need to be seen with battered women as understandable behaviours, given the violent realities of their lives." (ibid:222).

Characteristics such as inner turmoil, confusion, pessimism, fear and a sense of not being intact are common to schizophrenic, borderline and battered woman. Schizophrenic and borderline patients are often raised in homes where what is said and what happens are not the same. Battered women also live daily with these mixed messages. Their perceptions are denied by the batterer and by others; eventually they feel crazy and mistrust their own ability to perceive accurately. Battered women are also led to believe that the law or others will protect them and yet in reality this rarely happens. Thus difficulty with trust and a fear of being unsafe anywhere is common.

The basic difference in treatment is the validation by the therapist that the battered women's fears are real and justified, whereas the schizophrenics are imagined. Of course there are some women who are both battered and borderline or schizophrenic, however clinicians need

sensitivity to the possibility of confusion between symptoms of emotional disturbance and battered women. A thorough probe for a history of battering is therefore essential in a clinical setting especially where the above diagnoses are considered.

Walker, 1985 has promulgated a clinical category she calls the Battered Woman Syndrome. This is a collection of specific characteristics and effects of abuse of battered women. She suggests it be used to recognize and label the devastating impact women experience from battering. The indicators are divided into three components viz.: the traumatic effects of victimization (which are subsumed under Post Traumatic Stress Disorder); learned helplessness; and a resulting self-destructive or impaired coping response to violence.

The DSM-III (R)'s multi-axial system allows for the recognition of Battered Women's Syndrome which can be subsumed within the diagnostic criteria for Post Traumatic Stress Disorder. Nightmares, flashbacks, persistent fear of reoccurrence, other anxiety reactions, and extreme lability are common features.

Post Traumatic Stress Disorder has significant applicability to victims of torture and has been used in South Africa for political prisoners and detainees. Walker (1984) uses the

Amnesty-International definition of psychological torture as a measurement standard in clinical assessment cases. The eight areas of abuse are: (1) isolation of the victim; (2) induced debility producing exhaustion such as interrupted sleep; (3) monopolization of perception including obsessiveness and possessiveness; (4) threats of injury or death to self or family and friends; (5) degradation, humiliation, verbal name calling, denial of victim's powers; (6) drug or alcohol administration; (7) altered states of consciousness produced through hypnotic states; and (8) occasional indulgences that keep hope alive. In Walker's study of 400 women all reported being subjected to all eight forms (1984:28). Although not specifically tested in the present study, all women had experienced all forms except for (6) and (7).

Axis II diagnoses, unless very obvious such as long-standing bipolar disorder, are best reserved until a reasonable observation period has passed. This is since many features can be a reaction to the battering, going into remission after a time of safety. The same applies to Axis III diagnoses of physical disorders. Remission would then support a differential diagnosis of Post Traumatic Stress Disorder, Battered Woman Syndrome.

Axis IV and V allow for quantitative ratings of life stresses and recent functioning. A rapid improvement on Axis V would also support a reactive state rather than a more intrapsychic disorder.

Klingbeil and Boyd (1984:31) recommend that Battered Woman Syndrome be made the primary diagnosis which then leads to appropriate treatment regimens and recommendations.

With the introduction of a specific syndrome a risk of clinicalizing battered women, designating them once again as pathological, exists. It should therefore be stressed that only a very small minority of battered women require diagnoses or clinical treatment. Most find that living in a violence-free atmosphere with adequate supports is sufficient for healing. Several women in the present study suggested that it was not the actual counselling that helped as much as the practical advice and assistance which provided tangible results such as housing and employment. The psychological benefits of a woman having a place of her own cannot be stressed enough.

Defences:

As a result of the extreme situations in which battered women live, many have developed particular defences (against anxiety) which should be noted in a history-taking but understood within the context of the woman's life situation.

A particularly difficult characteristic for clinicians is the need many battered women have to **manipulate** their environment, including the people in it. Manipulative behaviour and lack of trust/honesty can evoke anger and frustration in the therapist who needs to reframe this positively as a survival tactic and an attempt to achieve

the goal of control and influence under the given constraints. Battered women constantly have to manipulate other's behaviour not to upset the batterer. This requires constant vigilance as the woman assumes responsibility for keeping the environment free from events that might cause violence. The distortion is in thinking that this is possible. The therapist needs to point out with the woman what is realistically possible; that she is not in control of preventing battering, and to find less emotionally costly means of keeping safe. These attempts are made clear in some of the subjects' responses:

I tried everything, everything to keep the peace. I would prepare the food the day before, make everything nice... but it never helped. - Cheryl

I'd watch for him through the window...I could see to the road then I'd see now what is his attitude like, does he look in a mood? Then I quickly send all the kids inside - he likes them to be inside when he gets home - everything would be clean and shining but he'd still come in and wipe his finger across the table looking for dust... - Jean

There was no harmony, no love...I must keep up a pretense...lay him a nice table just to keep the peace. Yes, keep the peace, I would say I was always doing that. - Joyce

Minimization is another defense, already mentioned in Chapter 5. As therapy is primarily a verbal mode it can be very difficult to accurately describe something like violence. Battered women fear upsetting the therapist or the therapist's own fear or personal experiences of violence may subtly convey that she is not comfortable hearing all the details. While the woman is still in the violent situation a realistic assessment of danger is required - accurate descriptions of violence are therefore needed. The

reality of the violence can also help the therapist to reinforce both to herself and the woman what resources she has had in surviving till this point. The therapist's task is to provide a more stable view of reality, including potential for harm.

Some women make use of **dissociation** as a survival tactic. At times it may become necessary to separate the mind from experiencing pain in the body. Through "fogging" (Walker, 1979) or entering a mild hypnotic trance these women develop a way to protect their minds and souls from being as abused as their bodies. Betty explains:

When he'd start with me my whole spine would go lame - almost like I'm paralysed. I'd just lay there. Then someone told me it's my nerves. When he screams at me - I know the hitting's coming then I just go lame.

Battered women may also display **passive-aggressive** behaviour which they have acquired out of the need to acquiesce and please others openly while actually feeling hostility. Battered women have had to use their power indirectly therefore hostility remains unconscious. Victim psychology is characterized by hidden protest and indirect communication (Martin, 1981). The therapist needs to help to restructure the woman's beliefs about herself as a woman and as a victim. Cognitive restructuring enables the woman to avoid engaging in a process of blaming herself for being a victim. It is important to recognize that there is some power in the victim-role and that giving it up implies loss. By accepting blame the woman at least retains some power and feels some control over his actions. This self-deception

however stands in the way of mourning the actual loss of control.

Anger:

One of the therapist's main tasks throughout the beginning and middle phases of therapy is to work with the woman's anger. This is initially likely to be hidden and both therapist and woman may have fantasies of the anger overwhelming them. As a woman, the therapist herself may find anger a particularly difficult emotion. In our culture there is a prevailing proscription against female anger.

Adrienne Rich in "Of Woman Born" (1976:28) writes of the indoctrination girls receive about anger:

My 'temper' was a dark, wicked blotch in me, not a response to events in the outer world. My childhood anger was often alluded to as a 'tantrum', by which I understood the adult world to mean some kind of possession, as by a devil.

She relates how mothers feel guilty at letting children see their anger since mother-love is supposed to be continuous, unconditional. "Love and anger cannot co-exist. Female anger threatens the institution of motherhood." (ibid:29)

The proscription against female anger needs to be understood within the broader context of woman's subordinate role in society. Woman's economic and emotional survival depends on the support of dominants therefore women have to develop in ways that do not threaten this support. As discussed in Chapters Three and Five, women's development occurs in a relational matrix - women's selves are formed in relation to

others. (Miller, 1976). Traditional views have regarded women as having "loose ego boundaries". Greenspan (1983:231) reframes this as positive and maintains that a recognition of the strength of this relatedness and affiliation can "be the basis for a new approach to working with women in therapy and to what is valuable about women in our society."

Because of women's need for relatedness and their subsequent concern with others they fear that their anger will hurt others and find their own anger ugly or shameful. Controversy can thus be experienced as a sort of "annihilating differentiation" (Eichenbaum and Orbach in Ernst and Maguire, 1987:55). Therapists therefore need to be aware of dealing with their own anger and how this may be perceived by the client. The fear of anger is also a fear of subsequent power which results in fear of social isolation and lack of men's protection (Dougherty, 1987:32).

Greenspan (1983:195) makes an equation which expands on this: feeling good = feeling powerful = feeling not womanly (threat to identity) and therefore = feeling bad.

Since power is associated with abuse the fear is also of the other's anger returned. Women learn the message that self-expression, including the expression of anger, may be attempted only at risk to the self. They may have witnessed violent punishment from their father to mother or from the batterer. It is often objectively dangerous to battered women to show their anger openly.

Since to be angry risks driving off the loved and needed object, Dougherty (1983:32) explains that the self is a safer target. Women's inability to get angry directly characterizes their depression, a common thread in working with battered women. Weissman (1980:107) found that marital difficulties were the most commonly presented event six months prior to the onset of depression and the most frequent problem presented by depressed women. Many practitioners perceive battered women as depressed and passive. Walker (1985) suggests this is more likely learned helplessness, as defined in Chapter Five, than depression.

Nevertheless, it is essential that the therapist work with the anger which can be used to propel the woman out of her battering situation. Frequently battered women's justified and perhaps motivating anger has been diluted by indiscriminate administration of tranquilizers and other drugs. A careful assessment of medication is therefore also imperative in the beginning phase.

Eichenbaum and Orbach, 1983 posit that women experience an internal split between their "little girl inside" and the adult woman facing the world and that depression comes from not being seen as whole. The contradictions of existing in a male-defined world have already been discussed.

Greenspan, 1983 urges therapists to help women redefine and internalize a woman-identified, rather than male identified sense of femininity.

In the beginning phases of therapy the therapist needs to identify the socio-political and interpersonal forces that may impact differentially on men and women to enable the woman to recognize the social aetiology of her problems (that is, the personal is political). In making these links in therapy individual women may get in touch with extreme rage realizing the exploitation and oppression of all women. Dougherty (1987) mentions that here anger can be a defence against even more powerful feelings of despair and disappointment. The therapist needs to validate the woman's experience of rage as she becomes aware of her position as a woman. Kronsky (1971 in Cox, 1976) asserts that women frequently suffer from free-floating guilt resulting from inconsistent super-ego prohibitions and double-binds. She urges therapists to avoid interpretation or mirroring while the client is venting her rage, competitiveness or envy of men lest these techniques result in re-repression with the feelings becoming egodystonic. With battered women, Walker (1984) warns against unleashing the anger before the women feel the ability to be in control of it.

The therapist needs to help the woman see the power she already possesses both individually and collectively and to develop more overt ways of using and exerting power on women's behalf. Women's groups or membership of a women's organization may be a useful adjunct to therapy.

Learning how to accurately attribute angry feelings and express them directly without fear of abuse is a very important therapeutic goal. Walker, (1981:86) states that: "Then the passivity that hides women's legitimate anger can disappear". The therapist must support the direct expression of legitimate anger especially if directed at the therapist. The therapist should work with the transference fantasies of the therapist as all-powerful rescuer and deal with the client's frustration and anger when this fantasy is not fulfilled. Many women may deny feeling any anger and may simply appear passive-aggressive or hurt. The therapist needs an awareness of her own counter-transference feelings of anger, despair and frustration both at the client and at men and/or the system. At all times the therapist should make explicit the indirect anger that underlies victim's strategies and help clients minimize ways in which women internalize and comply with oppression. By accepting and respecting the woman's anger without rejecting or hurting her a powerful opportunity for emotional relearning is presented.

The middle phase:

Although much of the work from the first phase will continue, the middle phase focuses on decision-making, the woman's self-esteem and debunking the myths around battering, which the woman herself may believe. During this stage aspects of female development that become distorted such as power, dependency and responsibility are also focussed on. By disclaiming the traditional position that

therapists are experts about their clients, the woman is encouraged to take greater control over her own life thereby reducing dependency on the therapist. The woman is encouraged to explore and recognize conflicts between dependency and autonomy as she grew up. Dependency issues are central to the therapeutic relationship. Through exploring these women can come to understand what it is they are searching for in relationships.

The therapeutic relationship can itself serve as an important model for relationships of greater equality. The therapist aims to empower the client through sharing her power and control by constantly demystifying the therapeutic process so that it becomes a partnership over which the client has equal control. Through redefining the woman's use of power and modelling an egalitarian relationship the woman is introduced to her own strength thereby shifting her self-perception from victim to survivor. For this process to be successful the woman's feelings of self-blame must be dealt with. Many of the myths about battering will need to be dealt with. The therapist needs to be knowledgeable and to gently point out the facts. Conveying to the client that violence in a love relationship is never justified is important, even if she is not yet ready to hear or internalize this.

Times when I blamed myself she kept on reminding me I'm not to blame and reminded me I'm important and I must think of myself. - Maria

Sy ken haar storie, dis wat tel, anders kan sy nie behulpsaam wees nie. - Nafeeza

It was important to me I could speak to someone who knew about battering and who was against it. The most important thing was that she was clearly against it. - Maria

Counselling made me feel good. She said "you don't deserve this". - Joyce

The false assumption that if she changes her behaviour he will learn to control his, leads to guilt when unsuccessful. The therapist can help to redefine her behaviour as the best possible solution within the perceived environment, thereby reducing her guilt. While so doing, the therapist needs to show understanding of her feelings of self-blame so as not to invalidate her experience at that time. Self-blame arises out of feelings of worthlessness which Greenspan (1983) asserts is often an essential part of the feminine self. She explains the progression of thought: "I feel bad because I am bad, I am bad because I am a woman". Until these issues are addressed, self-blame is likely to remain. Through the therapy the woman needs to be encouraged to demand respect for herself and goals around this can be set for herself. In surviving, battered women have negated themselves and experienced a submission to the will of the other, often for many years. The batterer, children, extended family and the opinions of others may all have been put before her own needs and safety. The therapist should help the woman overcome ways in which she tends to lose herself to and for others. Self-nurturance, which many women experience guilt around, needs to be actively encouraged. For instance, the client could set herself tasks or do homework around this issue.

The therapist's care and capacity for holding should ideally be converted or internalized by the client as the capacity to nurture and hold herself. Eichenbaum and Orbach (1982:58) point out that at this point of being able to take in the therapist's caring the woman may worry and fantasize about the needs of the therapist. Some of the women in this sample feared they were burdening the therapist. The therapist would need to guard against being taken care of by the client (which may well be what she needs at this point!) and to make appropriate use of supervision. Women may feel they need to take care of the therapist in order to keep her there - something girls often do with mothers (ibid). However, self-nurturance is particularly difficult for battered women who often are no longer in touch with their own feelings since all the focus has been on the batterer for so long. The therapist needs to constantly shift the focus back to the woman to reawaken her sensitivity to her own needs and wishes and to "relieve the guilt that imprisons these feelings" (ibid:54). This emotional emptiness is expanded on by Greenspan (1983) who suggests that the problem of feminine identity necessitates an understanding of "woman as body". Emptiness arises out of women's over-exposure and physical visibility as a body combined with the impoverishment of any genuine recognition of them as persons. She argues that women are defined by their bodies, yet their bodies are appropriated by men and that this then results in feelings of extreme emptiness.

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Martin (1976) and Moore (1979) stress that the major treatment focus is to negate years of negative feedback incorporated into the self system. The client needs to regain a sense of her own intelligence, abilities and skills. The women illustrate this denigration:

He would tell me over and over, you're so stupid. You'll never make it without me. You're dumb, you're stupid.

He'd yell at me that I was illiterate, a pig. Meanwhile he was.

He said "What do you need to stay in school for?" (in Std 7).

Eventually I did believe him, that I couldn't really do anything.

Walker (1984:127) concludes that self-esteem issues are more complex than originally viewed. Many battered women do have low self-esteem yet they are aware of having survived life-threatening experiences. Many have also successfully supported their families for years.

I paid for everything. He did maybe work two or three times a year.

Supporting the woman's own strengths by using specific incidents to remind her will help re-evaluate her own self-worth. Once she is in touch with her own core of strength she will be better able to work on changing other areas.

Decision-making is an important emphasis within this phase. Defining the situation as an opportunity for choice restructures it as one in which she has personal power in which the choice is hers: "The most important message to communicate to battered women is their right to make decisions that affect their life" (Walker 1984:34).

Gelles (1976) and Walker (1979) suggest looking at the costs and benefits of staying or leaving in the relationship. While rejecting responsibility for the violence it should be stressed that personal responsibility for her safety be accepted. A woman considering ending her relationship will have many important decisions to make about housing, children, schooling, maintenance et cetera. The therapist is an important sounding board during this stage and can help with prioritizing, partializing and information giving. Since many women have spent years unsuccessfully going from one agency to another the clinician should have a thorough knowledge of resources and where to refer the woman. Here too, a group of other battered women can be extremely beneficial. For all the women in this study it was the concrete advice and information which was perceived as most helpful:

(The counsellor) saved me lots of time. She told me the best way to do things, where to go.

The counsellor must know what advice to give you, to go here and not there, this is a good idea, this is not.

The counsellor needs to ensure that the woman at all times makes her own decisions as this is a necessary component of the empowering process:

They must help you make decisions for yourself, not tell you what you must do, but help you decide for yourself.

Sy het nooit vir my laat voel ek moet na haar pype dans nie.

When I came I wasn't sure but she helped me make up my own mind (about the divorce).

The choice was always mine, she just told me what there was.

By implication the therapist must be able to deal with her own reactions to the woman making decisions which the therapist would not readily agree with. For example, sometimes women must try leaving the relationship several times before they are convinced they cannot control the batterer's violence. The therapist needs to convey an acceptance of the woman's own choices and to examine her own power issues and rescuer fantasies if anger comes up in the counter-transference. This acceptance and faith in the woman's choice is important if the woman is to feel the therapeutic alliance can continue even after going back to the batterer. One reason that women return to violent relationships as discussed in Chapter Five is that they have not resolved the end of the relationship. Too few counselling relationships perhaps allow space for dealing with the loss of the relationship including its good parts. The woman understandably has made the batterer into an "all bad object" by the time she considers leaving. Through



relating her experiences in therapy, the therapist may collude in this portrayal of him and unconsciously not allow for positive discussion of him, or mourning. Just as the original primary object could only be healthily incorporated by accepting both the good and bad parts, so this relationship can only truly be let go of if both the good and bad parts are acknowledged. The therapist needs to employ good timing and be alert to the woman's cues to facilitate an integration of this split and to allow mourning for the losses incurred. As previously discussed in Chapter Five, women's identity is often centred around the role of being wife and mother. She believes her presence is required for her partner's well-being, but also believes his accusations and sees herself as a failure. The therapist needs to encourage the incorporation of other satisfying roles and to reinforce the woman's proven ability to care for and parent her children without his presence. Dominelli and McLeod (1989) explain that feminist analyses of marital roles see over-involvement in the role of wife as preventing women from developing their capacity and from acquiring a sense of autonomy and self-worth. Therapists must understand these role expectations and their power. Maracek and Ballou (1981:43) stress the therapist's need to be aware of the degree to which guilt can be externally engendered so they do not further damage clients' self-worth by pursuing intra-psychic explanations that may not be accurate.

The loss of the relationship is therefore a severe role and status loss with implications for the woman's sense of self. The dissolution of the marriage leads not only to the loss of the partner but to rapid forced role transitions, for example entering the labour force, adjustment to single parenthood, adjustment to the role of single woman et cetera (ibid:41). The woman may face lack of accommodation, severe economic stress, poorly paid work, lack of childcare, lack of maintenance and other problems. Kübler-Ross' (1974) stages of grief may be useful to incorporate as the woman passes through shock, disorganisation and reorganization. Bohannan (1970) in McMahon (1980:368) promulgates six dimensions of divorce and areas in which loss occur. These may overlap or come in different order. They are as follows:

1. Emotional divorce
2. Legal divorce
3. Economic divorce
4. Co-parental divorce
5. Community divorce
6. Psychic divorce

Other literature on divorce counselling would be relevant to incorporate here.

After many years of trying, battered women can experience a tremendous sense of personal failure at ultimately not having been able to save the relationship:

A woman has a lot pride you know. I didn't want to admit it was over.

Since most women would like the relationship to continue without the violence, present divorce, or separation, is seldom their first choice. Several women in this study expressed the wish for the counsellor to make their husband "see the light". They were however aware that this was a fantasy and unlikely to help:

I'd have liked the counsellor to speak to him alone so she can see for herself what he's like.

I thought they'd help me to get him to talk, speak the whole thing out but if I even give him a letter from a counsellor he would hit me.

I thought maybe they can tell him what he's doing isn't right, but he'd have just laughed at that.

Even if the legal relationship does die the husband is still alive and often has to be contended with. Many battered women remain unsafe, even if they are divorced:

Even now if he sees me on the street, he'll kill me.

He knows where I stay now, I have to be very careful he don't get me.

His brother said he's still looking for me.

Other losses that need to be acknowledged in the therapy are the loss of dignity, pride, sense of self-esteem, bodily integrity and sexuality. Because of the confusion between sex and intimacy, sex and violence also become conflated. All battered women experience sexual abuse and often are required to have sex straight after a beating. Much confusion, guilt and ambivalence therefore exists around sex. Some women have also learned to use sex manipulatively as a survival tactic. Many women's body

image and sense of bodily integrity is severely distorted as a result of the physical and emotional abuse. Through the biological demands of child-bearing and the sexual demands of the batterer some women may no longer know their own bodies at all. They may also feel their bodies have let them down in not being able to defend themselves. Therefore bodywork, massage, dancing, karate et cetera, are valuable adjunctives to verbal therapy. Through these women can regain a sense of ownership of their own bodies and get in touch with the strength in them.

The End Phase:

The end phase concerns itself largely with re-structuring and helping the woman to face her future. She is encouraged to develop more adaptive responses to stress including violence if it re-occurs. The woman has hopefully gained new skills and learned to develop trust in herself and others. Developing friendships with men and women is an important goal as is the goal of self-efficacy and competence. Hopefully by this stage the therapist has facilitated an increase in her social support and has fostered a belief in her individual rights. Techniques from assertiveness training are very valuable for battered women and can be incorporated into therapy or clients can join assertiveness training groups.

The woman should be supported and encouraged as she experiments with new, more effective ways of relating in her personal and work environment. The risks and

of violence on the children, lack of childcare facilities, the problem of living in an unsafe environment, political violence et cetera. Much support for remaining away from the relationship may also be needed:

Counselling was boosting me, giving me courage to stay away.

Given the lack of legal protection women here enjoy, the very real threat of continued violence from the batterer also needs to be contended with. Relinquishing fear, which would have been a primary focus of therapy, may never be entirely accomplished. It is therefore important that the therapist's support remain an available option for the woman:

I'd like to let her know how things go for me. Say if I start a new relationship I want to tell her.

Issues for Therapists:

Working with victims of violence requires particular knowledge and skills. Some of the main areas that need to be addressed have been covered in the above discussion and some of the qualities required by therapists have been elucidated.

The intersubjectivity between women as discussed in relation to the research relationship in Chapter 4 also pertains to the therapeutic relationship. As a woman the therapist has shared the same socialization process as her client and has shared some experiences of violation and exploitation.

Admittedly then, there will be many points of identification:

to scrutinize our emotional responses to our clients requires a particular sensitivity on the part of feminist psycho-therapists who must distinguish between counter-transference issues, identification and empathy. Eichenbaum and Orbach (1982:66)

It is strongly advisable for counsellors of battered women to be in therapy themselves or to receive adequate supervision to alleviate the likelihood of over-identification and burnout. Therapists need to deal with their own anger at men and society to prevent depression and burnout. Feminist therapists recognize that the antidote to female social powerlessness is female power, not only a psychological state of mind but a social fact. As it is social conditions that undermine the therapist's ultimate effectiveness and make her task so overwhelming, these need to be addressed. As strongly supported by the women in the study the (therapist's) role of advocate should be far more stressed and amplified.

CHAPTER SEVEN

FURTHER RECOMMENDATIONS
AND CONCLUSIONS

It is hoped that this study has accomplished its aims as set out in Chapter 1. It can confidently be assumed that given the increasing level of violence in our society violence will increasingly impinge on the family, as history shows, and women in particular. It is with this awareness that battering needs to be urgently addressed on all levels.

The experiences of battered women related in this study, supported by literature, have pointed to many factors for consideration by clinicians. Recommendations for appropriate intervention have been made. The traditional and largely ineffectual approach of the social work/helping profession has been highlighted, particularly in relation to the myriad complex factors which may exacerbate and extend women's experiences of violent relationships. It is also hoped that this study sufficiently and accurately reflected both the extreme horror of battered women's lives and their extreme courage. The stories conflict directly with stereotypes of battered women as a passive, helpless ineffectual.

The interviews served to highlight the extent to which social and practical forces act as constraints on women's lives. While a relevant place for individual intervention was argued the emphasis of clinicians' efforts clearly needs to be directed towards the social and legal institutions keeping women trapped in violent relationships. Shelters and refuges are a major need of battered women. The existence of those significantly increase women's chances of survival and change while offering a model of co-operative and communal living. Housing and accommodation are the major priority for battered women as well as the creation of employment opportunities to afford women economic independence. The legal system needs to change into one which protects women rather than upholding an ideology whereby men's victimization of women is sanctioned. The systems within which maintenance benefits, court hearings, divorce cases et cetera operate need streamlining and increased efficiency to counteract the extreme frustration women attempting to negotiate them have to experience. The clinician's roles of social change agent and advocate on behalf of women need to be stressed and expanded. Advances made within childcare, health, housing, and legal systems will be of benefit to all women, not only those who are battered. Advocates for women's rights need to ensure that these issues are accorded priority within any new policy formulations that may be made.

Perhaps the most difficult level from which to approach prevention and change is that of societal attitudes. Here again clinicians have an imperative role as psycho-educators and change agents. This study highlighted how women have internalized many of the sex-roles attributed them by the dominant culture, to the extent that they themselves may adhere to and uphold the myths around battering. For instance, many believed battering was caused by alcohol or drug abuse (a problem of staggering proportions). They held totally unrealistic expectations of marriage, accepted submissive roles ascribed to them, and accepted the notion of ownership in relationships. It was shown that battering is a logical extension of the dominance-submission continuum. Public education and awareness as well as the conscientization of clients is therefore an essential requirement. Both clients and clinicians should be encouraged to participate actively in groups, organizations and forums which address the oppression of women.

Attitudes detrimental to women need to be challenged in all settings and on all levels. For instance, childcare settings could operate as models for encouraging less rigid sex-roles and behaviours. Although effects of violence on children were not covered in this study they are numerous and varied requiring innovative and creative modes of intervention. Women emphasized the need for clinicians to offer support and guidance around childrearing issues thus parenting programmes are a recommendation in this regard.

The issues surrounding children of battered women provides valuable openings for further research particularly if the cycle theory of violence is taken into account.

A further major area requiring attention is that of training of clinicians. This study alludes to the extent and depth of knowledge ideally required by clinicians working with battered women. Curriculae seldom offer courses raising the particular needs of women, still less on how to deal with violence against women. The lack of preparation results in many clinicians avoiding or denying the extent of battering because of their own helplessness and fears. Fear of violence is a real issue which can colour the therapeutic relationship through the counter-transference. Counter-transference issues and the vicissitudes of the therapeutic relationship is another area for future research in the field of battering.

Training should equip clinicians with a thorough knowledge of resources pertinent to battered women, knowledge and awareness of psychological sequelae of violence and most importantly should allow for opportunities to work through issues of sexism and violence on a personal as well as academic level. Given this both male and female practitioners should be in a position to operate as sensitive and aware clinicians.

Traditional analyses of female psychology were shown to serve as an important underpinning of male dominated society. Hence, clinicians should continue to develop relevant theory and appropriate theory of women's development. Such theory should have clinical usefulness, be easily translatable into practice and have immediate applicability to women's lives. As argued through the methodology utilized within this study such theory must arise from women's own experience and needs to view women centrally and positively to heal the wounds inflicted by the dominant ideology's tendency to blame and denigrate women. Women's experiences provide ample scope for further research.

This study has also illustrated the link and parallels between feminist methodology and feminist therapy. Feminist therapy has been advocated as the most applicable to intervention with women. However, within the present context it can be argued that it is also the most applicable for a culturally-relevant practice. Since it encourages such factors as egalitarianism, democratic relating, dialogue, client choice, and aims for empowerment it is appropriate for use with any disempowered people. It is sensitive to class, race and gender issues and sees the liberation of women as central to the liberation of all people. Feminism offers models for healthier social relations based on mutuality and equal power sharing - a

basic requirement for a cessation in violence. The tenets of feminism should therefore be incorporated into all models of practice allowing clinicians and clients increased awareness of themselves and others. As Jean Baker-Miller (1985:9) claims, in seeking to understand ourselves as women, we "illuminate not only ourselves but the forces for growth that patriarchal society has kept undeveloped and hidden from all."

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APPENDIX I

GLOSSARY OF TERMS:

1. Assertiveness: behaviour that allows a person to express honest feelings comfortably, to be direct and straightforward, and to exercise personal rights without denying the rights of others and without experiencing undue anxiety and guilt. (Phelps and Austin, 1975).
2. Battering: "assault that ranges from hitting or slapping at one end of the continuum to homicide at the other (Pagelow, 1981) "a woman who is seriously psychologically or physically battered at least twice by a man with whom she has an intimate marital or marital-like relationship" (Battered Women Research Center in Denver: Walker, 1980:341).
3. Empowerment: a process of "strengthening the awareness in people of their own abilities and resources" (Hall, B. in Reason and Rowan, 1981:8) "a process of helping the powerless to gain necessary skills, knowledge or influence to acquire control over their own lives." (Smith and Siegel in Rosewater and Walker, 1985:13).
4. Gender: the culturally and socially shaped clusters of expectations, attributes, and behaviours assigned to that category of biological human being, by the society into which the child is born. (Eisenstein, H., 1984:7)
femininity and masculinity: "psychological entities within a social context...A cultural construction whereby certain attributes are associated with men by virtue of their being men and to women by virtue of being women. (Eichenbaum and Orbach, 1983).
5. Paradigm: "a theoretically derived world view which provides the categories and concepts through and by which we construct and understand the world." (Stanley and Wise, 1983:154).

Figure 1.1 Mythologies and Resultant Clinical Errors in Domestic Violence

MYTH	EMERGENCY ROOM TREATMENT EXPERIENCED	CLINICAL FINDINGS (BEHAVIORAL OBSERVATIONS)
The Battered Woman Syndrome does not occur in middle and upper socioeconomic classes. It is an isolated class problem.	The Battered Woman Syndrome is seldom diagnosed in middle and upper socioeconomic class families.	The Battered Woman Syndrome is found in all walks of life, on all socioeconomic levels, in all educational, racial and age groups.
Batterment is the victim's fault; she is responsible for the batterer's assaultive behavior. "She asked for it."	Battered Women are counseled to improve their coping skills with partner. "Don't upset him." They are frequently asked what they did to contribute to the battering.	Batterment occurs regardless of the behavioral activities of family members, particularly the spouse. Furthermore, provocation does not excuse injury.
The Battered Woman Syndrome is not a legitimate emergency without discrete physical findings.	Battered Women are triaged to lowest level of emergency room care.	Battered Women are legitimate emergencies and respond exceedingly well to treatment.
Batterment is a result of poor performance as a wife and mother ("her fault").	Health care providers convey an attitude that battered women must have performed poorly, thus invoking batterment.	Performance has little to do with battering. Frequently, battered women are successful executives and employees and caring, sensitive wives and mothers.
Batterment is a one time occurrence.	"One time" occurrences are dismissed and the battered woman becomes a "non-emergent" case.	Batterment is highly subject to repetition.
The Battered Woman Syndrome is a secret affair. "Do not intervene in the sanctity of the family," is a common theme.	Health care providers conspire to perpetuate the silence of family batterment. Battered women are seldom referred to treatment resources or for legal advice.	With appropriate training, intervention skills and diagnosis, Battered women follow through with treatment regimens and reporting.

Figure 1.1 (continued)

MYTH	EMERGENCY ROOM TREATMENT EXPERIENCED	CLINICAL FINDINGS (BEHAVIORAL OBSERVATIONS)
Batterment is a result of excessive alcohol or drug consumption.	Most treatment attempts are aimed at alcohol or drug usage as a primary diagnosis. Batterment phenomena are often ignored.	Batterment occurs with and without chemical involvement. Only in those cases where batterment occurs exclusively with alcohol or drug abuse should initial treatment focus primarily on the chemical problem.
The Battered Woman Syndrome is a result of masochism; women enjoy batterment.	In the Battered Woman Syndrome, helplessness and recidivism reduce sensitivity of emergency room staff. Staff tend to be disgusted and ignore, minimize or deny the victim's complaints.	There are no known correlations between masochism and the occurrence of family violence.
The Battered Woman Syndrome is a result of psychiatric problems.	The Battered woman is frequently diagnosed as hysterical, depressed, and/or suicidal and treated with major and minor tranquilizing agents; at times, hospitalized unnecessarily.	Most case studies do not reveal psychiatric diagnoses; the primary diagnosis is violence.
If a Battered woman wanted to leave the relationship, she would and could at any time.	Health care providers recommend that she get out of the relationship, with little or no understanding of the process by which the Battered woman is contained either psychologically or physically.	She leaves when she is able, based on resolution of emotional and economic dependence, availability of resources and support.

APPENDIX III

Questions to be asked	Rationale for questions
<p>A. <u>Introduction and rapport-building</u></p> <p>explain purpose of interviews and research; thank interviewee for agreeing to interview</p>	<p>setting the interviewee at ease establishing some rapport for interview - make interviewee feel part of research process</p>
<p>B. <u>Identifying Data:</u></p> <p>Name (ensure confidentiality)</p> <p>age, present marital status, present accommodation, present employment status, number of children</p>	<p>reassure interviewee of safety of information that she will not be recognized as many still live in fear</p> <p>to build up more comprehensive picture of each interviewee. Data will not be used comparatively or deductively because of small sample size.</p>
<p>C. <u>Relationship History</u></p> <p>Could you describe to me how you and your husband/partner met; your courting <i>et cetera</i>.</p> <p>What was your family's response to him?</p> <p>What were your fantasies/expectations of marriage?</p> <p>Could you remember and describe to me the very first time he was violent with you? How did you experience this?</p>	<p>experience of intimacy</p> <p>any indications of coercion; power; pregnant when married? (33% are: Walker, 1984)</p> <p>families sometimes warn against him. Any significant differences in status, religion <i>et cetera</i>, as this is an indicator for violence (Straus, 1980)</p> <p>does she adhere to traditional sex-role stereotypes; adhere to notions of romantic love. Realistic idea of marriage?</p> <p>Rounsaville (1978) 80% violence occurs in first year.</p>

Was this your first ever experience of violence or was there violence in your childhood?

to test the 'culture of violence' theory. (Gelles, 1983).

After that first incident - how did you feel and who did you tell? How did you explain the incident to yourself? What was your husband's response? What would you say you needed from others?

women frequently experience shame

rationalizations

test Walker Cycle of Violence Theory

Can you describe the subsequent pattern of violence - frequency, et cetera, reconciliations.

often occurs around specific events, threats and different forms of violence.

will serve to show intermittance which increases difficulty of leaving.

Did you ever fear for your life?

will increase fear of leaving if believes true. 75% of Walker, 1984, felt afraid of being killed

What strategies did you employ to protect yourself?

to show resourcefulness and "non-helplessness" of many women. May also be useful to other battered women.

Did you ever retaliate? Have you ever felt/been violent towards anyone?

query projected violence

Did you ever think violence was justified? How have you explained the violence to yourself?

internalisation of myths and guilt.

D. Help-seeking History

When did you first go for help?

readiness for help

List all help sought and their responses.

to show usefulness or not of outside sources. for example police frequently do not respond. Influence on "learned helplessness"

What was helpful/what wasn't?

Did you know of any other battered women?
What did you think of them?

What role did friends play?

Did you ever leave home? Where did you go? What were your fantasies of leaving?

Were you accused of affairs? Do you think he ever had affairs?

Did he ever force you to have sex?
- to perform sexual acts you were not comfortable with?

E. Your Children

Did they ever witness the violence?

How did you explain it to them?

Were you ever battered while pregnant?

What was his reaction to your pregnancies?

Have your children ever needed any intervention? (school/psychological/medical)

F. Health

Have you ever needed hospitalization for your injuries?
What was most serious injury?

Sense of isolation can lead women to blame themselves; feel unique.

battered women have difficulty maintaining friendships because of batterer's extreme jealousy. Friends often also hold myths.

lack of resources frequently force women to stay in abusive situations. May help explain why some women return.

jealousy very common. Often a projection of his infidelity.

59% sexually abused by batterer (Walker, 1983)
Complicates the nature of violence

often cited as reason for staying. 53% abused as well (Walker, 1983)
Rationalizations/denial.

violence often escalates during pregnancies. (Straus, 1978)

effects on children are varied.

severity of injury. Tendency to deny severity (Walker, 1979).

Have you ever had treatment for "your nerves", ever been on medication?
 Ever had eczema, asthma, hypertension or others?
 Any effect on the situation?
 What was your health like prior to violence?
 Have you ever considered/attempted suicide?

psychological sequelae of physical assault
 Doctors sometimes medicate rather than deal with battering

33% attempted (Walker, 1983). Suicide may be when problem is noticed by professionals.

What was your eating and sleeping like?

depression very common.

G. Present Attitudes:

How do you understand what happened now?
 What are your present feelings about relationships - would you like to be with someone again; if not why not?

consciousness/internalization of myths "personal is political"
 prognosis for intimacy and future relationships following violence, gains made from experience (crisis theory).

Has battering affected your patterns of intimacy; sexuality?
 Do you still experience much fear/nightmares?

lasting effects of violence influences present functioning.

H. Counselling Experiences:

(i) Contracting

What made you choose this particular agency?
 What did you hope for by coming here?
 Did you have any fears/doubts about seeing a "therapist"?

woman's experience and perception of agency.
 Stigma attached to getting help

Was the process explained to you?
 Did you have any choice in who you saw?

is process of therapy demystified?
 is woman included in goals?

Did they want to see your husband/would you have like this/how was this for you?

debate re: effectiveness of conjoint therapy.

(ii) Counsellor

Who was your counsellor and how did you find them?

If not a woman how was this?

If young/not married/white et cetera, how was this?

What would you have thought if she was also battered?

Did you feel believed?

Did you ever feel blamed or pressurized?

Was there opportunity to deal with anger?

Could you say if you changed your mind?

Was there space to mourn the relationship?

Was any linkage made to other battered women?

Did you feel you "were speaking the same language"?

What helped you most?

How did you feel differently after counselling?

What services do you think should be available for battered women?

What else could counsellor have done/done differently?

What suggestions do you have for counsellors of battered women?

benefits of woman therapist
debate re benefits of peer counselling

factors needing to be addressed by counsellors

"personal is political"

jargon often mystifies and disempowers client

Feel able to make a difference to counselling of other women.

I. Closure

Thank for interview. Ask if woman has any questions for me. Ensure there is support available for dealing with any material that may have been elicited.

APPENDIX IV

THEMES

Introduction	Introductions, explanation of purpose, ensure confidentiality excetera.
Age	Interviewer: So, you said you'd be 42 next week? Response: Yes
Marital Status	Interviewer: And are you legally divorced? Response: Yes I am legally divorced, It's been about 2 years Interviewee: And you are working...So how many years were you married? Response: 18 years.
Duration of Relationship	Interviewer: 18 years! Can you still remember how you met your husband? Response: I think that day when I met him we went out on a picnic it was to Langebaan and I was with friends of mine, that's how I met him. He was younger than me; I was 20 and he was about 17 and from there on our relationship started. Before that I had a boyfriend that I really loved and well his mother didn't approve of me because I was dark of complexion and so. Well, then I met E and from thereon we went out together. He was a very possessive and jealous chap at first and the time when I got pregnant and so he said yes, we must get married and I didn't want to get married to him. And then I had my second child and his parents said that we <u>must</u> get married, so I got married to him. And within the first few months while Michelle was still a baby he was having an affair with some woman and OK I didn't want to believe it but eventually it came out, some people showed me and I, then OK then I wanted to divorce him when I just had the two kids.
Age difference	
Early signs of control Pregnant when married	
Family pressure	

Interviewer: That was early on?

Family pressure

Attempts at
Independence

Loss of love

Internalization of
social norms
Religious pressure

Violence during
pregnancy

Hospitalization

Denial of injury

Response: Ja, it was very early on in the time when we were married. I think we were married about a year and then I wanted to divorce him because he was having an affair, but there was so many people against this divorce. OK, my mother was understanding about a divorce, but not his parents. They said ja, we just got married and there's children involved and that. And I said well I'll go and work for my kids, I don't need anyone to work for me. And then eventually it happened so that he chucked this girl out and he started with the marriage again. So it went on, he's been having affairs on and off with this woman and that woman. I think it was when Michael was born he was just about a few months; he has to have lots of women in the time that we have been married and through the years it happened so that through the years I became more closer to the children as to him everything wore off along the way - I mean he is my husband but it wasn't like it was, just something very different. And then I just work for the sake of the children there because I took it so: I'm married to this man, he is their father, that is our marriage vows for better and for worse, in sickness and in health, I believed in that. And then after Michael was born he met this girl right, it was years ago that he also knew her. She fell pregnant, I was also pregnant with my fifth child after Michael, I heard that she was also pregnant, this girl that he went out with. So the two of us had a fight and he hit Riccardo that night and then I stood in front of him and he tramped me in my stomach and that's how I lost the baby and er, so after that, yes after that I landed in hospital and I was very sick. I was in hospital for about six months yes, I had an abscess that burst inside my womb after I lost the baby, 'cos I didn't want to go the hospital that time and then after the Doctor said I won't be able to have any more kids after that and so I went off from contraceptives because he said I couldn't have move and then in 1980 I became pregnant with Rene. And then I believe this girl was also pregnant with

her second child and he told me that the child was not his and well I believed him. I just believed him. I just thought to myself I'll accept anything you say because where my life is concerned, its just cut off, I'm just living here for these children here and just to be your wife and clean this place and get everything ready for you. And then after I had Rene and then I only realised am I going to put my children through this kind of life or what and then Rene was only two or three months and I took Michael and then I started running away from there. I'd stay with Aunties and he would come and fetch me and bring me back home and then make such a scene I'd have to leave with him again. Then I took Rene with because that time Michael went to school and I went to a friend of mine and I stayed with her for quite some time say six, or seven months, and then he came to fetch me again and I went back home again for the sake of the children... but I didn't leave them with him they stayed with my mother that time, I just leave them with my mother. Then from there on I stayed with him again for a few years until I just couldn't stand the way he went on with the children and whatever and I told the doctor about him and the doctor says "Jean, there is only one thing I can say to you, you either continue this life or you do something." "He said he wants me to just bear in mind that he will always stand behind me no matter what decision I make.

Interviewer: Where was this doctor?

Response: He is in our area. I mean he has been my doctor since 1975 and he has been my doctor all the time. He knows my problem because he was always the one... I used to be on tranquilizers all the time and then he sent me to a psychiatrist to tell the psychiatrist because he said he's got to send me to get another doctor's meaning about my case. So I went to the psychiatrist and I came back and the psychiatrist said that the problem is by the husband because that time he hit Michelle and then I took Michelle with me to the psychiatrist to explain to him. And so he said no, they must get the father to

Alcohol as excuse

come, but he didn't want to go to the psychiatrist. And then I think in 1985 I was back home then because my mother fell ill. I looked after her for seven months and he was drinking, going on, all of his life he'd been drinking and then this one day I, I always used to bump myself and it becomes blue and red, so this one day I went to the doctor and I told him about it and he said that the moment I bump myself again then I must just come to him. So that morning I went, it was just, I think, after, the day after, his birthday. I was supposed to go to work but I went to the doctor and er, so I went to the doctor and he said there can be possibility that I'd got leukaemia. The doctor took some blood, and when I came home he was laying on the couch, he was supposed to be at work but I thought to myself that day if I got leukaemia this is all because of you. It's all this problems, the tablets and stuff I've been taking, it's all because of you. I took him upstairs and I told him, you've got to decide now either I'm going to divorce you or you're going to the AA. So he said I'm going to go to the AA. Then I phoned his boss and I told his boss and his boss sent a car around to pick him up. And then he went in, I think it was 8 August, they admitted him for a month. Just after a week home it started again.

Responsibility

Interviewer: Where was it that he went?

Attempts at seeking help

Response: At the AA in A. Tashia was my Social Worker there and Mrs she was the sister-in-charge. Because I always used to go and complain by them about him, and they said well, there is nothing we can do about it I must just try and solve the problem. But after he came out of there and so we attended for six months with Tashia. OK, the first meeting we had was with him and Tashia, myself and the children and there was some people sitting on the other side of the glass there, they watch your reaction, so they asked him questions about the other (illegitimate) children and how would my children feel if he should bring them back home and whatever, I mean that's the sort of questions they asked. And after that so

Family therapy

Conjoint therapy

it was just the two of us. Now the children couldn't speak openly because they were scared of their father, they couldn't say exactly how they felt. And then after that the two of us had these meetings all the time with Tashia, until the last meeting. We had a hell of a argument there that day, but Tashia told me not to tell her, I've got to tell it to him, because they want to watch my reaction towards this. I started telling him because it was money I asked him from the bank and he told me that I must get fucked he doesn't want to give it to me, its not my business to receive money. So Tashia asked me to ask him again about the money that's when everything just came out. Then the meeting was finished and I swore at him because I just couldn't take it. And then when Tashia was finished, because she said this was the last meeting because she was leaving, like the main point she stressed was that between the two of us its a hell of a big gap and that's the gap that the two of us have to sort out. I tried in my best possible way to stand by him and to help him in his problem, but it just didn't work. And then in 1987, it was in that year I got sick with the kidneys, I had kidney problems. I went for an x-ray and scan so I had to have the stones removed from my kidneys and then I felt very ill that time and tired and that Saturday, the Saturday evening he was drinking and he came in the house and wanted to hit me and then OK my brother stopped him from hitting me. And then the Sunday night I just waited for him to go and sleep, and so I took my children and my clothes and that was the last, I left the house just like that. I made up my mind if the children want to go with me they can go, if they don't want to I'm not going back to this man, this is the last straw I'm leaving him for good. And then I went to go and stay again with another friend of mine in Sherwood Park, and then I stayed with her for about 3 months, it was 18 October when I left there. I stayed with her, let me see, till New Year. In that time I got sick again with the same problem with the kidneys and I told the doctor it was OK I would treat it but the doctor did tell me I have to go for

Attempts to save

Attempts at
leaving

the operation and I got sick again and I went for the op and I came out. Then I started getting well again. At New Year I was with my brother. I was by his place from Christmas till that day. And then he (E) came in and he forced the children, he grabbed Rene first and then wanted to hit me and I ran into the people's house and I told him to go and fetch Rene again out of the car and then the man told him to go because it was his premises. So then he threatened me and threatened me by killing me; he's going to ride me over in the street. He said if the people don't bring me home he's going to kill me. And then I think it was in December that I went to the Social Worker in Athlone to tell her, to explain my situation to her. So she said yes, that we must have a meeting together. So I said well, now I'm very sorry, I don't want to be seen with that man, he is already threatening my life and I don't want to see him. There's been a lot of things that I went through the years with him: going to Social Workers, trying to do all the things that I can, still I stood by him but it didn't help. I still tried to save my marriage but there was no help for me. And so she gave me Rape Crisis' number. I said, what must I do if he threatens me or my children, what must I do. So she gave me the number. And then I went to another friend of mine in Charlesville and I stayed with her for the four days then I phoned Rape Crisis. They said OK. The Thursday they phoned me back and said OK if I could come for an appointment. Meantime P (counsellor) was determined for my divorce; it was quite a hassle getting it because that was I think in 1982, that I had gone for a divorce, and then when I was in court the lawyer just didn't arrive so actually P it brought up all the facts and got the papers back again, it was a bit difficult. Apparently this lawyer was running my case and there were forgeries and that's how P came to pick my case up and that's how I got a free divorce and then I just stayed by that and it came time when I left the shelter and I think April 20, that was the time when I was divorced. And from there on I have been staying all over. / From the

Threats of death

Attempts at seeking help

Conjoint therapy

Hopelessness

Attempts to divorce

Problems with accommodation

shelter I went to go stay again with my friend again in Charlesville and from there I stayed with a friend in Mitchells Plain and from there I stayed with my brother in Kasselsvlei. From there I moved back, no, it was the time before that, when I was staying in Mitchells Plain and I had to move again.

So I was staying in Observatory for a month and he found out where I was staying and he came to break down the door there and so I went back to the shelter for another three months and from the shelter I moved to my other brother's house and I stayed with him for about 8 months. And then I left there last year in August, then I moved to my youngest brother. [Pause] And I've got nothing else to say, just that he is still pestering me with threats and begging. It's just that no matter what he says to me now or if he begs me to come back it won't work.

Interviewer: That was 18 years of hardship and trying to make it work

Response: I mean if I must still explain to you what happened, how he treated me. Do you want me to explain all that?

Interviewer: No, we needn't go into all those details.

Response: Because I mean...

First Incident

Interviewer: No, if it's ok I'll ask you just about the first time that he was violent to you, do you remember the first time?

Response: Ja, the very first time. That was the time when we went out.

Interviewer: Oh, so it was before you were married?

Response: Yes before my marriage. It was really very terrible. He's a very jealous type of man. If we get in a bus I mustn't look up I must look down and if I did look up or greeted somebody he gets out and hits me. The first time he hit me I think I was about 20, just the very first time. I had lots of friends

Jealousy and control

they were just boys. I used to not be friends with girls, it was just boys because I myself was like a boy. I just wanted to play marbles and so on and I grew up with these guys and this day I took him to this friend of mine and I was playing on with the boys, not in that sense or way that he must think they are my boyfriends, they were my friends. And then when we came back he and his friends were walking to the shop and they were still busy building that shop in the centre, it was still new, there was no shops open and I took him to the bus and he...then he started smacking me and then his friends said why, he said 'cos she go on with boys. That was the first time, and then I ran home and my mother told me "now the man that hits you before the time is not good," but OK..

Interviewer: Is that why you didn't want to marry him?

Control and possessiveness

Response: Ja, look he hit me on several occasions, even when I was pregnant with Natasha. He used to take me by the dockside, I used to work in Waterkant Street. He used to see me in the morning, in the afternoon at lunch time, in the afternoon, evening and late evening. I must see him at all times, he wants to see me. And that night I didn't go to his parents' place because I took it so, I didn't feel well and going to his parents' place if I come there then he may be out then I go for nothing. I must lie to my mother to go out. And then the next morning he got me and he took me there by the dockside and he kicked my legs under me and I fell onto my back. And before that there was lots of incidents that he hurt me, I mean and that made me realise that I don't want this man even if I am carrying his child. I don't want to get married to him. He perhaps did it on purpose ? the second child was a mistake because Natasha was only four months old, so it was four months and I was pregnant again. And then ok, he only did this to spite my mother because my mother didn't like him especially when the second child came his parents said

Pressure to marry we must marry. I said no but I don't want to get married. I didn't want to get married to him.

Interviewer: So there was a lot of pressure on you?

Response: There was yes.

Interviewer: So would you say you were ever "in love" with him?

Response: I wouldn't say that I was. I was perhaps infatuated because the boyfriend that I had before him I loved that guy very much and then I thought he was just there to fill in the gap. He could fill the gap in. But he didn't. OK he met the guy and that, he always used to accuse me with that boy even if I didn't bother with him. We were mates together, we were children and we grew up like that. I always said I wanted him for a husband. And then I met E, he was just perhaps there to fill in the gap. I think that's what it was. I was perhaps infatuated by him because he was so handsome. Talking about real love, I don't know. I often ask myself that question, I got married to this man, I've got five children of this man, did I really love that man or what was it? Lots of people ask me why did you have five children with him, so I say well it just happened. I took it so, I'm married to him, this is our vows because I'm a Catholic, you musn't go on the, what you say, the pills and stuff like that. So I think that's why I had such a lot of children. Only later in my years that I came to realise listen here this children's story is not going to work out, I've got to go against my church's wishes and just do it.

Hope Interviewer: And did you think maybe that having, you know, each child, it maybe would get better 'cos this is something women sometimes hope.

Changed attitudes Response: Yes, It'll be better, you understand. I think by having another baby it will make it better. But OK, I only realised it now, the same thing I stress to my children. Like Natasha, she was living with this guy, I gave her advice, I mean it was wrong of me as a

mother to tell her to live with a guy. I said OK listen, one day if you want to get married to him you live with him now and see what it's like. OK, they had their arguments too, but then I stressed the point to him. I said right. I don't expect you to treat Natasha in that way, she comes from a broken home and it is for you two to decide if you want to live together. If you can't cope with one another just snap it now. Don't get married or think another child will make it better, it won't, it will just make it worse. Just leave it as it is. Don't go building, getting married, having children, staying in a house and then a year or two think you don't want her. That's why she moved out, she said "no Mummy I don't think it's right. I want to go on my own. I've got to study to go further for three years and I don't want to get married." Right, she made a decision from me because they wanted to get married and she said no. She will be 21 this year and she don't want to get involved.

Interviewer: Going back to you and E, would you say you were very frightened of him even before you got married?

Fear

Response: Oh Yes, you can say that. I, was mostly fearful of him. Very scared because I know he lifts up his hands very quickly. He was a violent person at home too. I only came to learn this after I got married to him, then it's not actually his own parents, this was his foster parents. They brought him up and his foster mother, she spoiled him. Then only afterwards when I got married to him then she used to tell me how he used to go on in the house, hit the other little ones. She must put his food down on the table beforehand, before he comes in the house, and she moves out because he fights and he goes on in the house and hit the children and she can't do anything to defend herself. He was very violent at that stage already, and only afterwards when I realised. And I was mostly fearful of him. It's not to say that I loved him. He wishes to take me against my wishes. I think it was mostly fear.

Batterer's child-hood violence

Interviewer: And in your family was there violence?

Violence in family of origin Response: Oh no. My father, no. My family they are not drunkards or fight or whatever.

Interviewer: Ok, so in the beginning when he hit you did you tell anybody? Did you tell your Mom?

Response: No, I didn't tell her, but when I came in, I was crying, so she asked me why I was crying. So, she told me did E hit you? I didn't answer. She could have seen perhaps he did, that's why she told me, a guy that hits a person before they are married is not a good person.

Interviewer: So your family weren't for the marriage?

Response: No, my mother wasn't for it at all.

Interviewer: And was he Catholic?

Response: No he is English. His mother is a Catholic.

Interviewer: And how did you explain it to yourself, when you tried to understand why he hit you, how did you explain it?

Explanation for violence Response: [Pause] That's now a difficult question. Like I say he is a jealous person, he watches everything about me. Every move I make: I think that this was when he started hitting me.

Interviewer: Then you thought it was because he was a jealous person, or maybe because he had always been violent?

Response: Yes, that's it.

Myths: alcohol Interviewer: And the drinking? Did you by chance think.....

Response: Now, that time, that time, he didn't drink

Interviewer: So you knew it wasn't because of the drink. Because it seems some women explain it away through the drink.

Response: No, I think he was till very young. He was nineteen when he was having this affair and from there it went from one woman to the other woman and I just accepted it - I didn't go fight over him or anything. I think that is the reason why he was like that towards me, I didn't go fight with the next person. You understand?, he wanted me to be jealous of them, and I wasn't jealous of them. I think that's why he used to hit me, because he used to watch me like a hawk: I couldn't speak to no man nor my parents. he didn't allow me to. Even if I did and then I come home and then it's always an argument, from the argument then it's a fight.

Walker cycle of
violence theory

Interviewer: And after he would hit you, would he be sorry?

Sexual abuse

Response: No, he's never sorry. No. He won't apologise and say I'm sorry for what I did. He never does. He just expect me now to get into bed and he just wants to use me whatever, its his thing now. He also always tell me if I'm a cold person. I mean that happened later on. I became very cold towards him when he was having these affairs, because I took it so, you can't mess with me and mess with other women, just leave me alone. We always had a fight over sex as well, because I didn't want to give myself to him. He always has to force his self.

Decline in
intimacy

Interviewer: And was it often after hitting you?

Response: Yes, yes.

Interviewer: I suppose he also wanted to do things that you weren't comfortable with?

Response: Ja, Oh ja.

Interviewer: He never said sorry. Because you know some men have this thing, they will hit their wives and then for about a week later it's like

honeymoon again, they're so sorry and they buy presents and make the women feel that she must forgive them again. He didn't do that?

Self-negation

Response: No no, he didn't do that. It's just that I let go of it and I overcome it out of my own. He'll try and make up, it's not to say that I won't give in to him or whatever, just that he knew me, I was such a person, no matter what my problem was, anybody comes in there I just kind of switch my face and then, as if there is nothing wrong, like that. Even if he hit me now and somebody comes in I just change my attitude towards whoever comes in I would never show what happened now between the two of us. So he's also that type of person, he also changes very quickly, when somebody comes in he is a different person; when somebody leaves, he is again a different person.

Jekyll + Hyde character

Interviewer: So you weren't ever sure who he was going to be. You know this is very common, like a Jekyll + Hyde

Response: Ja, that's it.

Pattern in violence

Interviewer: And could you see any pattern in the violence, did you know when it was coming?

Vigilance

Response: Actually, it was actually right through the week. If he comes home, there's a certain time he comes home. Now I stand and wait by the window. I just check that all the children is in the house, because that's what he wants all his children in the house and then I see from my window, I can see in the Main Road when he comes in; I can tell his attitude, the way he comes, if he's now drunk or what. And when he's drunk he comes in by the gate and then he starts. Calls the children downstairs and then he starts with the children. He always start, he don't first start with me he come out by the kids. Now he knows when he's going to pester my children then I'm going to get involved. When I now say something, now it's my turn. You understand? Then he leaves the children and he takes it out on me. He always start an argument himself. He comes in, when he's sober

too, he comes in and watch the garden if there's no papers, he comes and he touch the furniture and check for dust, like that. He starts the fights himself. If the children got nothing to do that night he somma looks at the walls and makes them wash the walls like that. He always used to look for an argument. It was always him that started it. I tried to keep the peace and then he makes it worse. I clean the house, I do everything I can so everything is in a perspective place where he was concerned because I know what kind of man he is, but it didn't work. No thank you, it didn't help.

Interviewer: So did you sometimes think it was something your were doing wrong?

Response: Well if it's something I did wrong then he had to tell me. He had to tell me what he likes and what he dislikes. I don't think that I did anything wrong because I was faithful to him, I wasn't a deceiving woman, I didn't do anything wrong, I can say that. Even look, even if I go to church on a Sunday, he says I go to church for men. I was too scared even to go to church. And I don't think that I did wrong. I doubt that I did wrong. Because even if he had his affairs and that I always used to think twice, I've got children; a woman can't do what a man does, that's what always in my mind and I don't think that I did something wrong, I mean, that time, while he was going out with that one girl that he's got the children by I told him if you want her E, take her now, because I'll divorce you tomorrow if you want her you can have her. That was about 16 years ago when I told him that, he can have her, because I don't want him, I don't love him, so I don't want to live with him. You can take this woman if you want her. That's what I told him and I think that's what he didn't like about me I wasn't jealous of him, I didn't fight for him but if he was a man worthwhile fighting for I would have done so, but he wasn't worth fighting for, he wasn't a father enough.

Control

Internalized
sex-roles

Interviewer: So you say that you had to sort of look out and check how he was

Strategies

and what his mood was and do all the right things, keep everything clean and so forth, were there any other things that you did to protect yourself, that you tried to avoid violence; or did you ever hit him back?

Retaliation

Response: There was once when I tried to hit him back, I think that was the time when Michelle and Natasha were sitting upstairs and Michelle was laying on the bed. He started the trouble from upstairs and then he hit Natasha and Michelle got up and Michelle hit him and she ran out of the door and then he came down and started with me and then my hand went to the pottery, I had a pottery thing there, with a little hole, it was a stand and then my hand went through there to hit him, and then he got mad at me because, so he was mad because he said yes, I want to put up my hand to him; he said I'll kill you, I'll kill you. Because I told the doctor about it. There's many a time that I felt that I want to kill this man and that's why doctor sent me to a psychiatrist because he think I was going to go off of my head. So I told him that day, if I'm going to hit you, I'll hit you for the last thing that you did in my life and you'll be dead by the time that I'm finished, then I will land up in the psychiatric home after I did this. That was the only time and once again I was busy with this fork and he was drunk that night and he wanted to hit me but then I protected myself. I pushed myself and I pushed him back and I grabbed the fork and I threw it out by the door. That's the only time, after that I never, but I just want my satisfaction, this is what I still want to do. My satisfaction in going to his house and just giving him a lekker hiding out of my own. Because I told him so over the phone. There's going to come a day when I am going to come to that house and I'm going to fuck you up good and solid. I will have my satisfaction of hitting you, that's what I want. I still want my satisfaction of hitting him, feel what it's like. [Laughter]

Threats of death

Interviewer: So you say he often threatened to kill you?

Response: Ja, he often threatened, all the time

Interviewer: When you said you wanted to leave, did he threaten to kill you then?

Interviewer: Yes there was many times when I ran out of the door to run away then and he runs after me to fetch me back home again.

Interviewer: And the first time you went to anybody for help, can you remember when that was?

Response: Let me think.

Interviewer: It sounds like you tried a lot of people

Attempts at
getting help

Response: Yes, I think that was in 84 and then I went to Elsie's River to the Social Workers there. Yes I went there and then I explained my story to them. They said well they would try and talk to him and whatever, I mean there came nothing of that case.

Interviewer: So they said they would call him in and then they didn't?

Response: They did, they perhaps did but he didn't respond, you understand. And then it was the incident when I was working at , I think it was '83 this happened, I went to the Union and the Social Worker there was Du Preez, I think. Let me just think, Du Preez I think she was and then she had my case because I was going to divorce him then too. And so he went to her and he had meetings by her and then he also threatened me and then I didn't want to come out of the building and that. That was also a time when I left him in '82 I think and then she spoke to me and asked me to give him another chance because he begged her and so I did give him another chance at that time and I went back home again.

Interviewer: He charmed her?

Response: Thats it... and its not also that because I took it so for the sake of my children, because every time just

for the sake of the children. Because then my mother says she can't cope with them and why didn't I come home just for the sake of them it's because of them I went back. Then I left '87 and I just accept this is my last time I'm leaving for good.

Interviewer: So would you say it is a good idea for Social Workers to see both people together?

Jekyll + Hyde

Response: Well, look I'll put it in this manner: if a woman knows what kind of a man that is, for instance, my husband, my ex-husband, he was the type of man if he was in front of people he was a different person. But the moment we leave together then he start getting violent because he thinks he is the head of you and you musn't speak. So that day when we had this meeting at Rape Crisis P was sitting between the two of us. I wasn't feeling sorry for him because he was crying and he was all softened up, but if I had to now walk out with him and go my way then he would have become violent, you understand? If I had to tell him yes, no I don't want to do this, he would all of a sudden get violent. So as I say I don't mind meeting with him, but then I've got to have somebody with me because while I am walking home, you understand, because the fear that is still in me about him, is not that bad anymore like it used to be but, he will make it so that it will come back into me, if I should go outside with him.

Interviewer: So the woman has to know that she is safe.

Response: That's it, that's important. Like. I walk around with a knife in my bag. I said why I walk because if he is going to distract me or so I will stab him. He must just leave me alone. I am a divorced woman, I've got nothing to do with him.

Interviewer: So, those were all Social Workers that you went to, did you also tell your priest?

Priest

Response: Well, I did go to the priest once, I think twice I went to him and

Police response

then I told him about the situation. Look they are catholics they don't believe we must get divorced they first sent it over here and then we get separated, nothing became of it, nothing, it just seemed that nobody wanted to take, even if they did go and see him then he'd see him ja whose the father who tell me what kind of life I must live, like that. If the police was to come, it was lots of incidents after the baby I lost and then the day when I came out of hospital, it was two days I was lying in bed and then I asked him he doesn't care about the children so he hit me that night, I just came out of hospital and I had to go that very night back to hospital because he hit my nose, it was bleeding and my chest he tramped on. Anyway, the police came and the police just said it was house business, but I was all broken up.

Police response

Interviewer: And nothing came of that?

Response: Nothing, No, nothing it was always nothing.

Interviewer: Of all those people that you saw, the priest, social workers and so, were there ever times when you thought that you must be doing something wrong, maybe you nag too much or?

Response: Ja, I often think that because Taschia used to have sessions with us and then she used to for ever ask him if there was anything that I do wrong so he said no. There is perhaps little things I do that he dislikes, but he couldn't stress out the points, he couldn't tell me what is it he dislike about me. OK, I said, if I did anything wrong he had to tell me, but as far as I know I was a good housewife, I worked with him, came home at night, do whatever had to be done, take part of the children's work out of their hands and do it so that it can be in perspective for him now to see that the place is clean, his children did help or whatever. Sometimes they didn't help, but OK I say they did help, just to prevent him from making trouble.

Self-negation

Interviewer: Do you think, though, that there are any circumstances when it is

justified for a man to treat his wife violently, like he did to you. Would it ever be OK?

Response: I don't think so

Interviewer: Even if, say even if you were like a bad housewife?

Response: Well then, yes, then I'll agree if I was now a bad woman, I mean, a bad housewife, he comes home and I'm drunk, then yes he could have told me, I mean he could have hit me or whatever, I didn't perhaps do what I had to.

Interviewer: Do you think it would be right for him to hit your then?

Response: No, I don't think it's right. It is just for him to talk to me. Look I believe if, I mean I'm now much older and that, but I believe in a marriage there must be love and understanding, even if you poor it doesn't matter but that understanding must be there in a marriage.

Expectations of
marriage

Interviewer: What I am asking you is if you think that it's ever right for a man to hit a woman, his wife?

Response: No, I don't think so.

Interviewer: No matter what she does?

Response: No matter what she does. He's got to stress where she's right or wrong and she must better that without a beating.

Isolation

Interviewer: In those early years did you know any other battered woman? Did you think you were the only person it was happening to?

Response: Well, I didn't think I was the only person, there was lots of people telling me about their problems and that. I was just thinking, gosh, I always think my problem is worse. I did have a friend Sarah, her husband was also hitting her she also left him and walked out and go back again. But after a time I lost contact with her

Interviewer: Now, the children: you say they were often hit as well? And given a hard time?

Response: Yes.

Interviewer: OK, you said you often went to hospital for injury?

Response: Ja, to the doctor I went.

Interviewer: And then you did get treatment for your nerves, you were on tranquilizers?

Use of medication Response: Ja, on tranquilizers yes.

Interviewer: Can you just tell me a bit about the psychiatrist, how was that and was it a man?

Response: Yes, it was a man.

Interviewer: **How did he make you feel?**
Was it helpful:

Suppression of
anger

Response: Yes it was helpful. he understood my situation because I explained to him, I felt like killing the man, and he told me to stress all the points why am I feeling like that. He also gave me a tranquilizer, much stronger than the one that I got, it kind of put my nerves at ease. And that also the last, I didn't see him again after that because he said I don't need psychiatric treatment, it's the man who needs the psychiatric treatment. That's all.

Interviewer: So, he didn't make you feel more crazy?

Response: No he didn't. Because I don't feel that I was crazy it was just that it was too much. Because that was. I think it happened so the incident when he hit Michelle so that day. My sister had to take me to the doctor because I was just on a nervous break or whatever and the doctor just told Michelle to stand aside, let me first see to your mother or else she is going to collapse and he gave me injection to bring my nerves down. And it was about two or three weeks after that he sent me to the psychiatrist.

Interviewer: So did you only go once?

Response: Yes. He just sent me once because I said I don't need psychiatric treatment, I don't think that I am mad.

Interviewer: And your health, was it also affected?

Health

Response: Ja, my health was affected a lot because of the tablets and stuff I'd been taking through the years and the tension and the worry and I think it took me on a lot because I was much thinner then and by the time when it came out of my kidney I weighed about 30 kg so thin I became. And then I left him completely. It affected my health quite a lot.

Interviewer: And do you ever get so bad, you said you often felt like killing him, did you ever think of killing yourself?

Suicide

Response: It never occurred to me about killing myself, because there's always the children, if I kill myself who was going to look after them. That was always on my mind even the time when I was laying sick, I didn't want to go to hospital because I know how this man is going to treat these children when I'm in hospital. I am not going to get well laying there knowing that he is ill treating the children.

Interviewer: Now you know people say, like your Mom said to you, think of the children and you thought of it yourself also, I can't leave this man because of the children, but yet he wasn't good to the children?

Response: Yes, he wasn't. That why I said, I only came to realize it now shortly, when the doctor told me, Jean you got to decide for your life, you are getting older you are not getting younger, you must decide whatever you are going to do; leave him or you're going for or divorce or what you are going to do. You've got to do that because if you want to live this life. I think I waited too long, I mean for them but I think it's also OK now at

this they are suffering a lot, that I know, I can see that; they say the children come off worse than the parent itself, but I took them away from him so that they could have their freedom too, I mean to be free - to play music whenever they want to, don't be scared of doing something. I think if I had to do it in their early years of their years it would've perhaps have been a different case but I think I did it much too late. Like today Rene, she's ten now, she goes to her father but she's not like she must be with him, it's almost as if she decide to chuck him off anytime that's the way she feels towards him. Now I don't make his children up towards him, I'll never do that, because he's their father.

Interviewer: Now this is a very difficult question, but if you think back now what do you think would have made it easier for you to leave, sooner?

Response: Even if I had to leave sooner, I would have had to leave the children behind. It was difficult, it's very difficult to get a place, it's hard if people don't take you with children. Anything I did decide to go, then I had to go without them, just leave them, but as a mother I couldn't do it, I just couldn't.

Motherhood

Interviewer: So it was a question of housing?

Accommodation

Response: Ja, accommodation.

Interviewer: And within yourself. Would you have also have had to have had less fear of him?

Response: Ja, for myself yes, it's the same, even if I am away from him then I have less fear that I know, even if I'm gone away from him, then I know this man is not coming home to me then, the fear has moved down, I mean for these past years I haven't been on tranquilizers.

Interviewer: And you've picked up weight.

Response: I have picked up lots of weight.

Interviewer: So you 'sound like generally you had fairly good experiences with counselling, other than the ones where nothing came of it. They did understand your story, they didn't blame you.

Response: No they did understand me, they didn't blame me for anything. Just at the clinic, at the A, they were mostly on E side because he was their patient.

Interviewer: So, like what?

Response: They were more concerned about how he felt about the whole situation because I wasn't in the picture like he was because he was the patient. They would just listen to what he had to say, but the last meeting was just the last straw, I just gave it to him and then they only saw what happened. Because I couldn't pretend every time, because he told me if they ask you questions be nice and whatever. I couldn't, I just let go that day.

Conjoint and
family sessions

Interviewer: And so it didn't really help, counselling together?

Response: I don't think the counselling together helped. It just became worse and worse. And then I went again to sister then the two of us went together one day and then I explained to the sister and I told her that I don't seem to get finished with this man, I want a divorce, because he is going now from bad to worse.

Interviewer: Did he used to blame you, did he say like "it's your fault that I hit you"?

Response: No, he never used to. The first time I took him to the AA the sister asked him a question, "but E why are you drinking again", so she asked him "is it your wife" so he said "no, it's not my wife".

Interviewer: If someone had to say to him "why do you hit your wife" what would he have said?

Explanation for
violence

Response: I wouldn't have known what was his reaction. Because when he was young he used to hit his step-sisters and brothers like that now, I think it is in him to hit a woman, it comes from his own family I believe, his own father was like that.

Interviewer: Did he tell you things like, did he say to you "You're stupid" or "You'll never make it without him"?

Self-esteem

Response: Ja, he always used to press me down, he never used to uplift me, I always used to be lower, in a lower standard than him, I could not do this or do that I was always the lowest.

Interviewer: Did you start to believe that?

Internalization of
batterer's
projections

Response: Ja, I started believing it that I couldn't achieve anything because I was lower than him. Always when I want to ask him for money to start a little business: "No you can't because you'll make a failure", like that he always pressed me down.

Interviewer: I'm just going to ask you generally about counselling. Did anyone ever explain to you what would happen in the counselling, what it was about, or ask you what your expectations were?

Response: No.

Interviewer: And some of them wanted to see your husband and some didn't?

Response: Well, most did see him. P brought the two of us together but we had to be protected that day too, because of his violence. But together I don't want to be seen with him.

Interviewer: Did your counsellor explain to you what her role with you would be. What the counselling would be about?

Response: Well, mostly it was - OK I had to stress my problem to her and we'll take about how I felt about the whole situation. I think that's about it is. How I felt every week when she

used to come, whatever, that's all we spoke about.

Interviewer: And was that helpful or were you needing something else?

Response: No, I think it was very helpful the way I expressed my point and told her about how I feel about him and how I feel about myself... I think it was very helpful, they helped me a helluva lot the first time I came there... which gave me some confidence, at least I had some confidence.

Interviewer: How do you think you gained confidence?

Experience of
a refuge

Response: I mean by staying there, knowing that I was safe... The safety was important, knowing that he didn't know exactly where I was and then afterwards only found out that I was there... It did work a bit on my nerves knowing that he is around but I overcame that.

Interviewer: So, through the counselling did you also gain confidence?

Response: Ja, oh yes I did.

Interviewer: So did they sort of make you make your own choices?

Response: Yes, my own decisions and whatever.

Interviewer: So, you could feel stronger. And the fact that V wasn't married...

Response: She was divorced, ja.

Similarities
between counsellor
and client

Interviewer: So she was divorced. Did you feel, Oh she'll understand me better because she's also been divorced.

Response: No, it's not to say that she'll understand me better, OK she's also been through a crisis I believe, I just felt confident in myself, I just thought to myself OK, she was speaking about her husband, she didn't give all the details, just shortly.

Interviewer: Did it help you to know that she'd also had problems:

Response: Yes, it did help me a little but I mean it was mostly my problem.

Interviewer: Do you think you felt more confident with her or less confident, knowing that she'd also had a crisis?

Response: I'd say that I had more confidence in her knowing that she went through that. I am still going to go through that. I had confidence in her.

Interviewer: So if you thought about the counselling overall, what do you think helped you the most?

Ventilation and
clarification
advice

Response: Oh, mostly it helped through the counsellors listening to me and asking me questions. I think the most it helped me was when I spoke it all out because there was always times when I used to keep it to myself and there was and I used to just speak it out, I felt good about it, just sharing it with her.

Interviewer: So you'd kept it to yourself so long.

Response: So when it came out I felt good about it.

Interviewer: So that was important, just getting it out. Also being supported for all those things you had to go through that someone was supporting you through that. And did you feel more hopeful, having a counsellor?

Response: Ja, I did feel hopeful knowing there is someone that's going to listen to me, that I can stress my point and tell them how I feel.

Interviewer: Is there anything you think any of the counsellors could have done differently? Anything they didn't do that you think they should have done.

Response: No, I don't think so. I mean the counsellors that I knew that time they all did ???

Interviewer: So they did a lot of practical things:

Response: They did a lot of practical things, yes.

Interviewer: Practical and then dealing with the emotions.

Response: Mmm

Interviewer: Do you have any suggestions for counsellors of battered women

Response: Suggestions -

Interviewer: Do you think they should go with you to places more, or do you think it was good for you, good for your confidence to do things alone:

Response: No, I think it's best if they let us do things on our own to see if we are confident enough to do that. If you are strong enough, if you are going to be that person, to stand on you own two feet. OK, if you tumble and if you go to them they will always listen to you. Like I tumbled and I went back. I spoke to P again and it gave me some confidence again to carry on.

Interviewer: But you did it yourself.

Response: I did it myself, yes.

Interviewer: And Jean, how do you see the future now?

Response: At the moment, all I'm battling for is just to get a house. Perhaps then I'll settle down into a house. The most important thing is just to get a home of my own. So that if he should come around, this is my house, just get out, don't bother me, whatever, this is my home. That's all I need. That's not to say that I don't want the house that he is living in.

But they musn't put me back in the house because if that man's going to pester me they are going to have a murder on their hands. I'm sorry to say it, I've told the police as well, if you want me to go down there to remove that man myself I'm going to kill him and then you will have a murder on your hands. I dunno

why I feel strong about it I still want to give him a good hiding. I just want to beat him to get my own satisfaction. I just want to do it

Need for revenge

Interviewer: Oh, I can understand that urge, after all things that have happened to you.

Response: He asked me about my brother, I said that doesn't concern you. I don't pry in your life, so don't pry in mine.

Interviewer: But now, with the divorce, didn't they make a settlement?

Response: Yes, they did make a settlement but...

Interviewer: So what happened to the house in the settlement?

Response: No, that wasn't settled in the divorce, I don't think so, it was just stated that the house is his.

Interviewer: Oh

Response: It's not actually his, but I mean he had to stay because the house is in his name, it wasn't in my name. So that's what Mr McKenzie told me that you are a divorced woman, tell the people to put him out of the house and you go stay in the house. So he asked me was the house bought and I said yes, so he said how are we married, so I said in Community of Property. So he said, right if you don't want to stay in the house tell the people in town to let him get out, sell the house, and let him pay your share of the house money. so it's going to cost me a lot of money to see the lawyer again and get this settled.

Interviewer: And you said that you, now, at this stage, you feel if you were to meet the right kind of man you would be able to...

New relationships and intimacy

Response: Well, I do have a friend, he's very understanding, so he's about my age, but where myself is concerned, I can't give myself, I feel differently about men. It's not to say that I can't communicate with him it's just that I

told him this is my... OK he knows part of my situation because he's a friend of when I was younger also and I always speak to him now with this problem with the children and that, so he understands like I said I need someone who understands. And that someone has got to understand me a hundred per cent because like the doctors have told me, Jean, it's going cost a man to bring you back where you were. It's going to take a man to bring you back because you are like a piece of stone. He tells me I'm a piece of stone, he tells me if you got a man just tell me I will marry you in the surgery here, we'll close the surgery up I'll fetch the father, I'll marry you right here and I'll know you're married. Ek se, no please, not so fast I don't want to get married yet.

Interviewer: Do you feel like a stone?

Response: No I don't actually feel like a stone, but it's just that I am that hard inside. I said well it will take time, it will take a helluva lot of time before I eventually come right.

Interviewer: And has it taken you some time to when you can be friends with a man again?

Response: Ja, it took me quite some time but OK this person he understands me say 60 to 70%. Like I said if any man takes me now he's got to take me with children and all because my children didn't have the satisfaction of having a father I know they're big its for them to understand, I'll try to explain the situation as much as I can, but I said I am not going to let no children stand in my way of my happiness one day if I should, not one of them because I take it so they are big now and they want to all go their own way and then one of these days then I am just sitting I haven't got a companion. But if I should one day get a companion I'm not going to let my children stand in my way.