

Marriage matters : a consultative document / by the Working Party on Marriage Guidance set up by the Home Office in consultation with the Department of Health and Social Security.

Contributors

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MARRIAGE

A CONSULTATIVE DOCUMENT BY THE WORKING PARTY ON MARRIAGE GUIDANCE

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Home Office

MARRIAGE MATTERS

A consultative document by the Working Party on marriage guidance set up by the Home Office in consultation with the Department of Health and Social Security

HEALTH VISITORS' ASSOCIATION
58, ECCLESTON SQUARE,
LONDON, S.W.1

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Introduction

1 The Working Party was set up early in 1975 by the Home Office in consultation with the Department of Health and Social Security with the following terms of reference:—

To assemble information relating to marital problems and the provision of helping services as regards:

- a. the existing range of relevant activities and liaison between the individuals and bodies concerned;
- b. the use being made of marriage counselling;
- c. co-ordination of knowledge and treatment methods;
- d. training;
- e. research

and to produce a consultative document containing suggestions for any improvement in relation to these matters.

A list of members is in Appendix A.

2 The initiative in proposing that the Working Party be established was taken in 1973 by the National Marriage Guidance Council, the Catholic Marriage Advisory Council, and the Institute of Marital Studies, which are all grant-aided by the Home Office. They urged the Home Office that it was appropriate to initiate a study because of the reorganisation of so many of the personal, social and health services in recent years and of changes in the relevant law. The existing arrangements for marital work have not been reviewed since the Final Report of the Committee on Procedure in Matrimonial Causes (the Denning Report, 1947) and the Report of the Departmental Committee on Grants for the Development of Marriage Guidance (the Harris Report, 1948) and the evidence suggested the need for an overall review of the whole range of services concerned with marital and related family problems for a comprehensive approach to be achieved. The three organisations had in mind a review aimed at evolving a strategy to ensure the maximum use of existing resources. After discussion between the Home Office and these organisations, and between the Home Office and the Department of Health and Social Security, it was decided that this review could best be carried out by a Working Party serviced by the Home Office and comprising government officials, administrative and professional, experienced practitioners in some of the agencies involved, and other people with relevant experience.

3 We decided to interpret the word 'marital' as including any cohabiting relationship between a man and a woman, and the evidence showed that almost all organisations offering a counselling service interpreted the word similarly.

4 The title of the Working Party was chosen for brevity and ease of reference; but at the outset, when we began to ask organisations whether they wished to submit evidence, we found that a few assumed that we were interested only in those organisations specifically concerned with marriage guidance, such as the National Marriage Guidance Council. However, when the full terms of reference were explained to them it

was soon appreciated that we were interested in any agency, whatever its primary function, which helps or has a potential to help with marital problems. In consequence we have received written or oral evidence from nearly one hundred organisations and individuals. A list of those with whom we have been in touch in one way or another is in Appendix B.

5 We were greatly encouraged and informed by the number and variety of witnesses. We received evidence (oral or written or both) from agencies, from independent organisations established to represent points of view regarding various matters of social concern, and from individuals with expert knowledge of matters which were relevant to our task. The procedure which we adopted was more informal than that which is normally adopted by government committees. This has been dictated by the nature of our task. If we had sought formal evidence from the very large numbers of organisations which we approached, the work would have taken much longer than it has. Further, it would not have been practicable to seek evidence of the official policy of some of the organisations because they had none. Therefore, we indicated that we were anxious that organisations should not spend a long time in the preparation of formal evidence, but should either send us a written unpolished statement or nominate a few individuals to meet members of the Working Party. A few organisations sent us written views which had been approved by their governing bodies. Most, however, nominated a few members to meet with us so that the views expressed were sometimes those of these persons rather than of the organisation as a whole. The process of discussion which we hope will flow from our document will enable others to express views. One consequence has been that we have thought it right to give assurance to those members of organisations and persons who expressed views to us that particular suggestions would not be attributed by name except with the consent of the organisation or person concerned.

6 Some of the agencies with which we have been in touch provide a service for special categories of people either because they have a specially selected clientele, or are limited geographically, or help people with special problems. If this document is to serve its intention of being a consultative document, it must be reasonably brief; so we decided to confine ourselves to ideas of a general nature and to caring agencies which aim to provide a national coverage in the sense of offering a service to everybody throughout the country. A list of these agencies, which we shall refer to as the general agencies, is in Appendix C. Many organisations and individuals gave evidence to us besides the general agencies and individuals concerned with them. We should like them to understand that all this evidence has been of value in building up a general picture out of a collection of fragments.

7 We have provided in Appendix D a summary of the evidence given to us by and about the general agencies and by some experienced advice columnists. On some topics, we received evidence from several organisations and individuals of which some overlapped and some represented different views. The summaries of such evidence are written mostly in a consolidated form without distinguishing what was said by each particular organisation. Evidence given by other organisations and individuals has been included in this way in the sections dealing with the agencies to which that evidence is

relevant, or is reflected in various other places within the document. One or two organisations which submitted written evidence have expressed disappointment that we have not reproduced their evidence in full. We have summarised their evidence solely in the interest of having a concise document. An exception has been made of the evidence from the Royal College of General Practitioners which, with their permission, we have reproduced in Appendix E because we think it of particular interest.

8 Our terms of reference require us to produce a 'consultative document' rather than a 'report'. It may be asked what is the difference, since a 'report' contains only recommendations and does not bind anyone. We think, however, that this distinction was an appropriate one to have been made by the two departments which established us and drew up our terms of reference, and has proved in the event to be suited to the purpose and nature of our task. Most government committees are set up to make recommendations of a precise and detailed kind which are capable of being adopted by government action, whether by legislation or otherwise. Our document, however, concerns the practice and training of practitioners in a variety of agencies. Practice in a professional agency is developed by practitioners through experiment, innovation and discussion; the nature and content of training is the responsibility of training bodies established within the agencies. Our purpose has therefore been, not to make detailed proposals, but rather to indicate a new direction which, if they will, the agencies can follow through in detail. We have provided a sketch-plan rather than a blue-print.

9 Our enquiry has uncovered a great deal of perplexity and anxiety in many of the health and social services. Before the establishment of the Working Party, this concern could be expressed only within the separate agencies and services in a fragmentary and unco-ordinated manner. We have provided a focal point for the expression of this anxiety, and have found much common ground between these many organisations and individuals. Our hope is that the document will be read and discussed widely by practitioners. Development of practice, and its implications for training, can occur only if the argument commands conviction, rather than mere acquiescence among practitioners. The process which we hope will follow the publication of this document, of discussion and action to improve effectiveness, will take several years to work through. But we doubt whether such action, involving many services, would occur without some stimulus from the centre and we have devoted the last chapter of this document to machinery for providing this.

10 We have come to the view, which we think is shared by many informed people in the educational and caring services, that the part which marital disharmony plays in the creation of social problems is a frequently neglected cause of personal and social distress. Similarly we consider that, in marital relationships, the potential for the development of the couple and their children is too often overlooked in the current climate. We hope that this document will enable these views to be more widely investigated.

11 Members of the Working Party have taken part in the detailed work of drafting this document; it is the product of many hands. All members have signed it in a personal capacity and not as representatives of the organisations of which they are members: in

particular, the signatures of those members who are civil servants in no way imply acceptance by the government of the views expressed in it.

12 The quality of the work of a committee, and, indeed, its *esprit de corps*, is very much determined by the quality of its secretarial assistance. To Mrs C V McMillan the Working Party is indebted for her work as Secretary throughout our first two years, particularly in her conduct of our communications with our witnesses and for her summaries of their submissions and of our conversations with them. Mr D Laubach took her place in the second stage of our work and helped us during the preparation of this document. Mrs L Baldock of the Department of Health and Social Security assisted us at meetings in the interregnum. To all of these our appreciation is due.

HW Stedman (Chairman)

G. R. Dunstan.

Sheila M. Poyard.

Jean Medawar

J. K. Curran.

G. B. Cotton

Pauline Crabbe

Simon Cohen.

Nicholas Pyman.

Dr Patricia Hammet.

Douglas Woodhouse

Faith Spicer

Elizabeth Shaw

Rudeneo Thunander

D. Laubach (Secretary)

19 July 1978

I From marital disharmony to marital breakdown: From marriage-mending to marital counselling

Marital Disharmony

1.1 “We see . . . how few matrimones there be without chidings, brawlings, tauntings, repentings, bitter cursings, and fightings”. This quotation is from ‘On the State of Matrimony’, included in the *Book of Homilies* published in 1571 by command of Queen Elizabeth I to be read in churches; it could be matched in substance in English literature at any time since *The Canterbury Tales*. It reminds us that, although marital breakdown followed by divorce is, for most people, a comparatively new phenomenon, marital disharmony is not.

1.2 From the middle ages to the early part of the twentieth century, marital disharmony occurred in a social context strongly supportive of the institution of Christian marriage. The few remedies offered ranged from the Church’s admonition to formal discipline in rebuke or penance, or pastoral counsel supporting the members of the family, and neighbourly intervention. For the deserted wife and children, there might be support from the extended family or friends, or from the operation of the poor law, or from charitable funds.

1.3 There has always been tension between the personal and the institutional aspects of marriage. For a long period in England (and in most societies) the institutional commanded the greater support when the two came into conflict. Marriage then existed to promote the interests of the respective families, to provide for children, to afford a degree of security in canalised sexual relationships. There was common ground between Church and State in the preservation of the institution.

1.4 Today’s response to marital disharmony and breakdown differs because of changes in the legal, social and economic structure of post-Victorian society, and because society and the law have become less concerned with marriage as an institution than as a source of personal well-being and happiness.

Divorce

1.5 The history of law relating to divorce and separation is summarised in the *Finer Report*¹. Up to the mid-nineteenth century, matrimonial jurisdiction was still exercised by the ecclesiastical courts administering a law based on the principle of the indissolubility of marriage. They granted decrees of nullity (on strictly limited grounds) when required to; but, apart from this, the only remedy available through the courts was separation. Resort to the High Court of Parliament, however, which began in the late seventeenth century, could procure a full divorce by private Act, carrying with it the right to re-marry. There were 317 such Acts between 1697 and 1855. Thus began the erosion of the theory and practice of indissolubility; and it began because of the precedence given to one of the extraneous ends of marriage, the need for a male heir to

¹ The Report of the Committee on One-Parent Families (1974) Cmnd 5629 HMSO, Section 2 of Part 4.

inherit titles and estates, over the mutual interest of the spouses themselves. This resort was very expensive, and open therefore only to the very rich.

1.6 When the industrial and commercial revolution of the nineteenth century created new wealth and distributed it more widely, an inescapable logic took over. The process by private Act of Parliament forged for one purpose could be used for others. So divorce with the right to re-marriage, once given to the very rich by a private Act of Parliament, could not be denied to the moderately rich, in whose interest jurisdiction in matrimonial causes was transferred from the ecclesiastical courts to the secular court in 1857. Relief for the poor, and that a limited one, had to wait until 1878, when magistrates' courts were empowered in cases of aggravated assault by a husband upon his wife to make a separation order with maintenance, but without liberty to re-marry. The distinction between rich and poor could then no longer prevail: the divorce process itself had to be cheapened, first by arrangements for assisted legal service (eventually taken over by the legal aid scheme); and later, following the 1947 Denning Report² by arrangements whereby the divorce court could sit locally. Neither could different standards and practice for men and women persist. Widened opportunities for women to support themselves by work set them free to divorce husbands. Economic independence gave them an access to the court (once the law had been amended in 1923) which hitherto had been too costly, and might have left them, after divorce, financially unsupported.

1.7 Logic extended not only to the process of dissolution but also to the grounds for it. Adultery had been a ground for *separation* under the old ecclesiastical law for the protection of the innocent spouse from moral wrong. Adultery became the principal ground for civil *divorce* in the 1857 legislation. But once adultery was seen not only as a moral wrong but as a personal wound, how could it remain as the only 'offence' against the marriage? Cruelty, desertion, even insanity or long terms of imprisonment could inflict equal or greater unhappiness within a marriage. Throughout the twentieth century there was continuous pressure for the extension of the grounds of divorce, involving two Royal Commissions and many failed Parliamentary Bills. The Matrimonial Causes Act 1937, inspired by Alan Herbert, eventually introduced these specific grounds, but controversy persisted, and led to the second of the Royal Commissions, the Morton Commission on Marriage and Divorce, whose Report was published in 1956.³ The division of views expressed by various members of this Commission reflected the still divided state of the public mind. All but one of the members concluded that the doctrine of the matrimonial offence ought to be retained as the basis of the divorce law. The one dissident, Lord Walker, appended a statement of his views. He agreed with those who thought that to permit divorce by consent would be to destroy the concept of marriage as a life-long union, but he did not believe that the danger of parties ending their marriage by consent would be greater than under the then existing law. He accepted as a general principle that the true significance of marriage is life-long cohabitation in the home for the support of the family. But, when the prospect of continuing cohabitation had ceased, the true view as to the significance of marriage seemed to him to require that the legal tie should be dissolved.

2 The Final Report of the Committee on Procedure in Matrimonial Causes, (1947) Cmd 7024 HMSO.

3 Cmd 9678 HMSO.

1.8 In 1966, a group set up by the Archbishop of Canterbury (following a further attempt at legislation) issued a report under the title *Putting Asunder*⁴ which said:

We are far from being convinced that the present provisions of the law witness to the sanctity of marriage, or uphold its public repute in any observable way, or that they are irreplaceable as buttresses of morality, either in the narrow field of matrimonial and sexual relationships, or in the wider field which includes considerations of truth, the sacredness of oaths, and the integrity of professional practice. As a piece of social mechanism, the present system has not only cut loose from its moral and juridical foundations: it is, quite simply, inept.

The group recommended that the principle of breakdown of marriage should be substituted for the matrimonial offence as a basis for the divorce law. The Finer Report comments:

This abrupt reversal of the Church's historic position was one major factor in releasing the log-jam obstructing reform.⁵

1.9 This recommendation was implemented in the Divorce Reform Act 1969. Thus a period of no more than 13 years ensued between the first unequivocal statement of the new principle of divorce in Lord Walker's dissenting statement and its enactment. It was the inevitable logic of the development of divorce law, once happiness in marriage had become the object of social concern. But it would not be surprising if the full implications of the change, so rapidly made and so rapidly accepted by the generality of public opinion,⁶ needed time to be explored and understood; or if the relevant law services and caring professions still require to adapt themselves to the new provision.

An era of new concern about marriage

1.10 In parallel with the gradual increase in the breakdown of marriages and of the growth of more readily available legal facilities for their termination, there developed a new social concern for the provision of services designed in the first place to keep marriages together and later to help couples to resolve their problems, whether by reconciliation or by separation or dissolution. Already in the later years of the nineteenth century, the magistrates sitting in the courts of summary jurisdiction, who were using the new police court missionaries (the voluntary forerunners of the modern probation service) to deal with offenders, began to look to them also for help in the field of matrimonial conciliation. From these beginnings developed the substantial involvement of the probation service in marital conciliation, not only with the marriages of offenders, or of parents of offenders, for whom they have statutory responsibility, but also of those people who voluntarily seek their help.

1.11 The year 1937 saw the foundation of the Marriage Guidance Council (later the National Marriage Guidance Council). This was followed in 1946 by the establishment of the Catholic Marriage Advisory Council and in 1948 by the Family Discussion Bureau (now the Institute of Marital Studies).

4 *Putting Asunder: A Divorce Law for Contemporary Society* (1966) SPCK.

5 Paragraph 4.36.

6 See the Finer Report, paragraph 4.43.

1.12 The pioneers of the marriage councils⁷ were as clear in their avowed aims as they were prudent, able and persuasive in the pursuit of them, and in their first selection and training of counsellors. They were out to save marriages – to ‘mend’ them, not to ‘end’ them. The aim appealed to intelligent and compassionate people everywhere, particularly among those with an educated understanding of the problem, and sufficient leisure to offer their services for its remedy. It appealed to the churches because it was wholly consistent with their theological understanding of marriage as a lifelong and exclusive relationship. It appealed to the growing profession of social work, particularly those branches of it concerned with children whose welfare was jeopardized by broken homes. It appealed to the State, because the aiding of divorce litigation was expensive, as was the social and material care of children and others disadvantaged by divorce. People unhappy in their marriages were to be helped, then, towards reconciliation, to live again within the institution of marriage.

A Landmark – The Denning Report

1.13 The terms of reference of the Denning Committee required it to examine “. . . in particular whether any (and if so, what) machinery should be made available for the purpose of attempting a reconciliation between the parties, either before or after proceedings had been commenced”. In their Report made in 1947, they said:

We have throughout our enquiry had in mind the principle that the marriage tie is of the highest importance in the interests of society. The unity of the family is so important that, when parties are estranged, reconciliation should be attempted in every case where there is a prospect of success.

They recommended that:

It should be recognised as a function of the State to give every encouragement and, where appropriate, financial assistance to marriage guidance as a form of Social Service.

1.14 The consideration of this recommendation fell to the Home Office who were concerned with services for marital reconciliation by virtue of their responsibility for the probation service. They established a Committee the following year under the chairmanship of Sir Sidney Harris, a senior Home Office official, to consider on what lines marriage guidance as a form of social service could be best developed in England and Wales, if assisted by Exchequer grants. The Committee examined three specific agencies – the probation service, the marriage guidance councils and the Family Welfare Association. Its main conclusion of principle was that:

. . . this is work which we believe is better left as far as possible to the initiative of voluntary organisations and which cannot like other forms of social work be undertaken – at any rate at the present time and without further knowledge and

⁷ We use the expression ‘marriage councils’ throughout this document to mean the local marriage guidance councils affiliated to the National Marriage Guidance Council and the local centres of the Catholic Advisory Marriage Council; in Chapter V, the context makes it clear when we are referring to one or the other or both. We use the abbreviation ‘marriage counsellor’ to mean a marriage guidance counsellor working within one of these organisations.

experience – by official bodies. These organisations (ie the marriage guidance councils and the Family Welfare Association) are working in an area much of which is uncharted and for this reason their work must be largely experimental. In view of the manifest failure of so many marriages there can be no difference of opinion as to the value of work which brings help to those who need it, especially in the earliest stages.⁸

This conclusion led to the Home Office grants to the National Marriage Guidance Council, the Catholic Marriage Advisory Council, the Family Welfare Association (of which the forerunner of the present Institute of Marital Studies was then a part), and the Jewish Marriage Education Council. These grants continue.

A gradual change of objective

1.15 The avowed objective of ‘marriage guidance’ work, to mend marriages, changed under the influence of a number of factors. There were changes in the public attitude towards marriage and divorce, and in the divorce law itself. Legal aid, social and economic factors, including a wider liberty for women to support themselves by working outside the home, contributed to a growing resort to divorce – though not necessarily to a growing incidence of marital breakdown. These and other changes reduced the pressure to ‘keep couples together’. The practise of marital counselling itself was a powerful contributor to change. The training of counsellors, specialist and lay, disseminated to a wider public some of the insights into the dynamics of human behaviour, including marital behaviour, derived from psycho-analysis. Methods of ‘case-work’ were developed: for a generation they were the staple of practice and training in social work. They were designed to enable the client to understand more of himself and his problems, and, in understanding, to help himself. Out of this grew ‘marital counselling’ rather than ‘marriage guidance’ – a change of name denoting a sensitive shift of method and intent.

1.16 Labels can limit and distort concepts and skills to which they are attached. Even worse, they can become slogans, heraldic emblems around which warriors rally for fight. We shall avoid, therefore, the temptation to simplify our present task by labelling these methods and passing on. It is relevant to our task, however, to observe that, in a long-established moral and pastoral tradition, the noun ‘counsel’ has denoted some fairly clearly directed course of action,⁹ stronger than ‘advice’, which the recipient was told to pursue for his good. Early social work, and perhaps early marriage guidance work, stood in, or in the penumbra of, this tradition. Some persons may still need it and profit from it; and some ready helpers are willing to give it. But the giver seldom knows the meaning of the advice to the receiver or how he will distort it; and the very giving of advice may entrench the giver in an unhelpful relationship. So it is only the most skilled and sensitive counsellor who may safely offer it. By and large, ‘counselling’ is now by another way: the counsellor offers the client a relationship in which he may discover

⁸ Report of the Departmental Committee on Grants for the Development of Marriage Guidance (1948) Cmd 7566 HMSO.

⁹ For example, in the ecclesiastical term ‘ghostly counsel and advice’.

himself and find resources within himself – and within his marriage – by which to help himself and find his own way; in short, to enlarge his area of freedom and to move within it. The outcome may be in a marriage mended – renewed ability and will to continue and improve the matrimonial life; or it may be a marriage ended, though with less hurt, perhaps less insult to the emotional and spiritual relationship, than otherwise there might have been.

1.17 This approach has a firm place in the tradition of Christian spiritual direction, shown for example in a prayer of St Ailred, abbot of the Cistercian monastery of Rievaulx in Yorkshire from 1147 to 1157:

So teach me, gracious Lord, to admonish the unruly, to strengthen the faint-hearted, to support the weak; and to adapt myself to each one according to his nature, his way of life, disposition, capacity or simpleness, and according to place and time, as would seem to thee good. . .

For the modern counsellor, as for the medieval pastor, the critical point lies in the phrase “to adapt *myself* to each one”. Wise counsellors know how wide is the spectrum of possible relationships, and how dangerous it is to invest any method with some ideological or absolute authority which does not belong to it. The test is practically how people are helped best.

The main agencies for marital work

1.18 This account of movement of thought and law must be completed by an account of the history of the main agencies working nationally in the field of marital counselling in the years following the Denning Report.

The Probation and After-Care Service

1.19 We have already mentioned¹⁰ that in the nineteenth century magistrates’ courts dealing with matrimonial cases began to ask probation officers to see whether they could effect reconciliation. This practice grew and spread so that the Departmental Committee on the Social Services in Courts of Summary Jurisdiction were able to say in their 1936 Report¹¹:

. . . the general practice of courts throughout the country is to employ the probation officer as a conciliator. . .

The Committee’s approval of the practice gave a stimulus to it. This was manifested not only in the use which the courts made of probation officers for this purpose when they had matrimonial cases before them. The officers became known in their districts as people to whom matrimonial troubles might be taken, and an increasing number of men and women brought these troubles straight to the probation office. Other agencies – for example, the police – tended to advise disputing spouses to see the probation officer.¹²

¹⁰ Paragraph 1.10.

¹¹ Command 5122.

¹² See the Report of the Departmental Committee on the Probation Service (the Morison Committee, 1962), Cmnd 1650, paragraph 123.

1.20 Following a recommendation of the 1936 Committee, statutory authority was given in the Summary Procedure (Domestic Proceedings) Act, 1973 for the furnishing of a report to a court by a probation officer who had attempted to effect reconciliation. The same Act made provision for a probation officer to report, at the direction of the court, on inquiries he had made into the means of the parties in cases involving maintenance order proceedings. In 1950, the Home Office experimentally assigned a London probation officer to act as welfare officer in the Divorce Division of the High Court, primarily to assist the court by making inquiries in circumstances in which the custody, maintenance or education of a child was disputed. On the recommendation of the Royal Commission on Marriage and Divorce, this arrangement was in 1957 extended to each town where matrimonial cases were heard. The arrangement was applied to magistrates' courts in 1960 by the Matrimonial Proceedings (Magistrates' Courts) Act.

The Local Authority Social Services

1.21 Between 1948 and 1970, children's committees of local authorities were responsible for the care of children deprived of a normal home life. Marital stress, marriage breakdown, and intermittent marriage patterns were recognised as frequent precipitating circumstances leading to the need for care for children outside their own homes. Desertion of children was one of the categories listed in the annual statistics of children received into care, and one of the reasons for the abandonment of children was marital disharmony and violence. Children's committees had no statutory obligation to undertake marriage guidance, but they were given responsibility to undertake preventive work with families by the Children and Young Persons Act, 1963. In the case of children in long-stay care, where child care officers were in regular contact with families and the aim was rehabilitation, family case work was practised; this tended to be more common than focus on the marital relationship in isolation. In the case of children in short-stay care, the practice tended to be more often to make a referral to the probation service, to moral welfare associations, to rescue societies or, though less often, to marriage councils. Psychiatric social workers gave help with marital problems as part of their ordinary functions, and especially those in child guidance and psychiatric clinics.

1.22 The 1968 Seebohm Report¹³ recommended "a new local authority department, providing a community based and family oriented service, which will be available to all".¹⁴ One of the Report's recommendations was that the service should include a comprehensive service for children and their parents which "could also form the basis of counselling on particularly difficult marital problems".¹⁵ In 1971, social services departments were created under the Local Authority Social Services Act, 1970 to carry out most of the functions formerly carried by children's, health and welfare departments. It is a matter for debate as to how far these new departments have been able to provide the comprehensive service recommended by the Seebohm Committee.

13 Report of the Committee on Local Authority and Allied Personal Social Services Cmnd 3703 HMSO.

14 Paragraph 2.

15 Paragraph 288.

The National Marriage Guidance Council

1.23 The Marriage Guidance Council was inaugurated in 1937 by a small group of doctors, social workers, clergy and magistrates who were concerned that family life was threatened by the rising divorce rate. In the previous year the Herbert Act had become law, introducing divorce on such grounds as adultery, cruelty and desertion, and a leap in the number of divorces had resulted. The Council sought to raise public awareness of this threat by organising lectures and conferences. Very soon people in matrimonial difficulty made personal requests for help to the Council, and individual interviews were arranged for them, mostly with doctors.

1.24 By 1946, in the aftermath of the war, meeting these personal requests became a main activity, and counsellors were chosen for this task. A strict selection system was devised, relying on methods used in the army and employing psychiatrists and lay people. The early training consisted of a 6-month series of weekly evening lectures. The Denning Report described the work of these counsellors as "to recognise . . . the nature of the marital disharmony and to diagnose it, then to deal with the case in the most appropriate way, sometimes themselves endeavouring to effect reconciliation, but often referring the parties to consultants, who fall into five categories – 1. Medical 2. Psychological 3. Ethical and Spiritual 4. Social and 5. Legal". The Marriage Guidance Council reported, with a surge of early optimism, "it is possible for the skilled helper to resolve (conflicts) in the large majority of cases". The role of counsellor has steadily changed from being primarily diagnoser and referrer to being himself the main agent of help for clients. Now relatively few clients are referred by counsellors to other specialists.

1.25 Principles have changed in line with practice. At its inauguration the Council asserted 5 aims and 5 principles. These advocated "unselfish love and self-discipline", considered "children are the natural fulfilment of marriage . . . nevertheless scientific contraception . . . can contribute to the health and happiness of the whole family" and asserted that "sexual intercourse should take place only within marriage". The statement on contraception became a stumbling-block in relationships with the Roman Catholic Church, and led to the foundation of the Catholic Marriage Advisory Council in 1946. Controversy about the other principles gathered momentum within NMGC in the 1950s, particularly over the acceptability of sexual intercourse before marriage. After many years of debate, a corporate profession of certain moral principles ceased to be required in 1967 though a general statement of belief still remains that "the well-being of society is dependent on the stability of marriage".

1.26 The Council's training and counselling became the object of scrutiny when the first grant was given by the Home Office in 1949. The Marriage Guidance Training Board, established by the Home Secretary, met quarterly, and included representatives from the Ministries of Health and Education in addition to those from the Home Office. Initially, the Board's function was supervisory. Gradually, as the counsellors built up a body of experience, it became more advisory. Early in the 1960s the Board ceased to meet. This was a mark of recognition that the grant-aided bodies were responsibly and competently managing their own services; it was also perhaps an indication that

government departments felt uneasy about active involvement in personal services concerned with marriage and family life.

1.27 There are now over 140 marriage councils spread all over England, Wales, Northern Ireland and the off-shore islands. Though each council manages its own affairs, the NMGC sets standards of work and provides a country-wide network of tutors responsible for the training and supervision of counsellors, as well as a small group of full-time staff.

The Catholic Marriage Advisory Council

1.28 The Catholic Marriage Advisory Council was founded in 1946 when a group of Roman Catholic laymen, concerned by the post-war increase in marriage breakdown, approached the Archbishop of Westminster and gained his agreement to set up an organisation to help married couples in difficulties. There was no doubt in the minds of these founders that there was a need for a separate organisation for Roman Catholics. It would have been difficult for any practising Catholic at that time to be convinced that his belief in the indissolubility of the Sacrament of Matrimony could be fully shared by a counsellor who was not a Roman Catholic. The main reason why a separate council had been formed was because of the views of the Roman Catholics on the use of contraceptives; they also found that assistance could be given more effectively by persons of the same faith.¹⁶

1.29 From the beginning, the CMAC offered a threefold service; a marriage counselling service, a service for education for marriage, and a medical advisory service. While there has been a steady improvement in the training and supervision of marriage counsellors, the changes within the organisation are perhaps better seen in the development of the education and medical services.

1.30 Initially the education service provided courses for engaged couples. These were a series of talks by specialists on various aspects of marriage. The specialist on the vocation of marriage was generally a priest who was taken to know about vocation even though he had no first hand experience of marriage. This anomaly gradually became evident and this subject was taken over by counsellors (all of whom were married). It took longer for it to be so evident that it was not necessary to be a doctor in order to talk about sex and birth regulation. As the counsellors took over more of the sessions so the form of the sessions altered – from the advice-giving model of the lecture to the counselling model of group discussion.

1.31 From the 1950s there were increasing calls on the organisation to provide courses and discussion groups for a wide variety of people of different age groups. The Roman Catholic population from which the organisation draws its counsellors and doctors and most of its clients is a clearly defined community with a network of schools and parishes throughout the country. The local centres were therefore well placed to undertake

¹⁶ Denning Report, paragraph 20.

educational work in schools with pupils, parents and teachers, and in the parishes with engaged and married couples, as well as working in teacher training colleges, seminaries and a variety of other settings.

1.32 The demand for counsellors in the education service – which was so much greater than the demand for marriage counselling – led for a time to the selection of counsellors specifically for this work. This was eventually found to be unsatisfactory because it became evident that, without marriage counselling experience, some of these counsellors tended to present an over-idealistic view of marriage and to be out of touch with the realities of everyday life. All counsellors now are expected to have counselling experience, though some may later specialise in education work.

1.33 At the time the medical advisory service was started the rhythm method of birth regulation was used by Roman Catholics only if they had a grave cause for avoiding pregnancy, and such causes were considered by the doctors before giving advice. The setting up of the Papal Commission on Birth Regulation opened up discussion within the Church about the morality of contraception. The Papal Encyclical *Humanae Vitae* and the subsequent statements by various hierarchies far from closing the matter served as a further impetus to this discussion. Sides were taken and there was great pressure on the CMAC to ally itself with one or other faction. This gave the organisation the opportunity to clarify its position and to state clearly that the basis of its work, whether marriage counselling, educational or medical, was counselling and not advice giving. While this drew the rebuke that the CMAC was ‘sitting on the fence’ or ‘facing both ways’ it was clear within the organisation that, whatever the personal views of counsellors or doctors might be, it would be wholly unhelpful to clients if, as an organisation, it were seen to be campaigning for one viewpoint or the other.

1.34 In the aftermath of *Humanae Vitae* the number of couples seeking advice on natural methods of family planning has diminished though the demand remains not only within the Catholic community but also from those of other persuasions who prefer natural methods, or for whom other methods are unacceptable. An increasing proportion of time of medical advisers is now being spent with couples with psychosexual problems and with those who have been advised to have an abortion or sterilisation and are troubled in conscience about it. The medical advisers’ approach to these problems remains firmly based in counselling rather than advice.

1.35 Thus, the educators’ urge to ‘get it across to them’ and the doctors’ need to ‘tell the patient what to do’ was restrained by the influence of the marriage counselling service which firmly followed the non-directive method described in paragraph 1.16

1.36 The organisation has not been without administrative problems. Starting from a single centre in London it grew at first only slowly. The 1960s saw a rapid expansion of the number of centres in England and Wales as well as the selection and training of counsellors for the first centres in Scotland and Ireland.¹⁷ In addition to this there were

¹⁷ CMAC in Ireland has been an independent organisation since 1975. The CMAC in Scotland has some autonomy but it retains close links with the parent body in England and Wales.

increasing calls on the central organisation to give help to Roman Catholic communities overseas in the setting up of similar organisations.

1.37 The organisation was hard pressed and at times scarcely able to keep pace with this expansion. A major re-organisation has recently taken place to remedy this. This has included an increase in the numbers of headquarters staff and the appointment of regional organisers for 4 out of the 8 regions in England and Wales. As soon as finances permit it is intended to appoint organisers for the remaining regions.

The Institute of Marital Studies

1.38 The Institute of Marital Studies, originally the Family Discussion Bureau, was established in September 1948 and grew out of a pilot experiment under the auspices of the Family Welfare Association. Experience gained by the FWA during World War II had shown that, real and urgent as the material problems brought to its workers were, many people also needed other, less tangible and concrete preoccupations to be acknowledged. It seemed that such acknowledgement was important in determining whether or not the practical advice which was sought and needed could be put to effective use. It had also been noted how frequently the surmounting of a crisis did not lead to a lasting improvement. In the climate of the time, many of the problems presented stemmed from the wartime disruption of family life and from the need of couples and families to cope with re-uniting and with working out a new life together. It became obvious that the knowledge and skills available to the workers were often inadequate to the task of enabling clients to mobilise their own resources. What seemed missing was an understanding of the underlying dynamics of family relationships and, as gradually became apparent, of the unconscious processes at work within and between people in families. The workers also lacked the skills with which to help the clients struggle with the problems of change and readjustment. Those concerned¹⁸ had links with the then newly formed Tavistock Institute of Human Relations and, through it, with the Tavistock Clinic. Many of the staff of both these two bodies, psychiatrists, psychoanalysts, and social scientists, had acquired analogous and highly relevant experience through their work in Army psychiatry or in its civil resettlement organisation set up to help returned prisoners of war to reintegrate themselves into civilian life. The liaison with the Tavistock afforded training in a psycho-dynamic approach to casework with family problems for the small, newly formed group of workers, and to consultation, especially with regard to the development of the pilot experiment. A critical aspect of the latter was a series of group discussions with a wide variety of community groups involving more than a thousand people, to discover their views about the kind of help and advice they felt was needed and, in the light of their own experience would be likely to be used.

1.39 These developments also took place at the time of the growing public concern about the rising divorce rate. The discussions with representatives of the public, while they confirmed the prevalence of marital stress, also demonstrated the problem of

18 See Dicks H V *Fifty years of the Tavistock*, London, Routledge & Kegan Paul, 1970.

gaining access to difficulties which were specifically marital and the fact that much stress in marriage and the family was experienced indirectly. They also high-lighted a general lack of confidence that anything could be done to help if and when help was sought.

1.40 The emphasis of the project was increasingly on marital problems, but experience at that time suggested an indirect approach, hence the unit's original name. There was an urgent need for the workers to acquire new skills¹⁹, and the evidence was that, once they had gained sufficient competence, the new group should try to work with and through those professionals to whom most marital problems were presented. Relationships, through training with workers in other settings was to be based on case conference type events and the group's own casework experience rather than didactic teaching methods.

1.41 When financial support from government was first made available through the Home Office, and the Marriage Guidance Training Board had been set up by that Department to oversee the award of grants, the Family Discussion Bureau, as part of the Family Welfare Association, was established in its approach to work with marital problems and was among the first group of agencies to receive grant aid. The links between the Family Discussion Bureau and the Tavistock continued and it became increasingly apparent to both organisations that the work would be best advanced if the unit moved from the Family Welfare Association to the Tavistock Institute of Human Relations. The transfer was formally completed in 1956, and enabled the FDB to benefit from the Tavistock Institute's policy of fostering pilot services for which it had been supported in the post-war era by American funds, notably from the Rockefeller and Old Dominion Foundations.

1.42 Meanwhile, though training work with social workers and other professionals including probation officers and doctors, continued to develop, that with the marriage guidance movement did not. Early contacts between the two organisations concerned with training, first of FDB staff by the NMGC and then of marriage counsellors by FDB staff, foundered because of the different orientations, aspirations and needs of the two bodies. It was not until 1969 that collaboration proved possible and the unit began to contribute to the work of the NMGC. By this time the climate within the two organisations, and in the field generally had changed sufficiently to make a working relationship practicable and mutually helpful.

1.43 By the time of the move to the Tavistock Institute, three inter-related aims for the FDB which had been evolving from the beginning had been explicitly formalised. These were the provision of a therapeutic service to those experiencing marital difficulties, the evolution of training methods and models relevant to workers in other settings, and the development of research. In 1968, it was decided to adopt the new title, Institute of Marital Studies, as being more appropriate to the work of the unit and the role that had been developed over the previous 20 years.

¹⁹ Balint E Development of Family Discussion Bureau work, *Social Casework*, January 1951.
Bannister K *et al*, *Social Casework in marital problems: the development of a psychodynamic approach*. London, Tavistock Publications, 1955.

Thirty years on

1.44 In the 30 years which have passed since the Denning Report, there have been great changes in the law, in public outlook, in the outlook of the agencies, and in knowledge. We are in a very different world from that in which the Denning and Harris Reports were written.

1.45 There have been considerable changes in the general caring services and agencies. The personal social services are developing under the control of local authorities and primary health care service has been formed, largely linked with family doctors. But this has not resulted in any diminution in the role of independent²⁰ agencies. Rather they have increased in number and variety and there is no clear-cut distinction between the quality of performance of statutory and most independent agencies.

1.46 One of the positive and impressive factors in these 30 years has been the complementary development of statutory and independent agencies, which has produced a variety of services, some staffed by professionals, some by volunteers. This differentiation of 'professional' and 'non-professional' has not been without its difficulties, often arising from ignorance of each other's role and competence. A profession carries the notion of a standard of performance as well as a common interest in the economic and social rewards of the occupation. But in the social work field there are voluntary as well as paid workers who display a high quality of performance. Competence in performance is dependent upon standards of selection and training, and it would be preferable to avoid any apparent dichotomy and to speak of 'working in a professional way'.

1.47 In this situation, the distinction made in the section of the Harris Report quoted in paragraph 1.14 between official and voluntary bodies is no longer apposite and, although much needs to be learned, it can no longer be said, in the sense it was then, that "the work is experimental". The development of new approaches and work of considerable variety are now undertaken by statutory as well as by independent agencies.

1.48 It was these considerations which led the three main independent organisations which are grant-aided by the Home Office for marital work to approach that department with the suggestion that this Working Party should be established. But other general agencies besides the ones described in paragraph 1.18 to 1.40 had begun to play a part in helping with marital problems and had potential for playing a bigger part. Many of these agencies have as their parent department the Department of Health and Social Security. It was because of this that the Home Office acted in consultation with the DHSS in establishing the Working Party.

²⁰ Throughout, we use the words 'independent' to distinguish an organisation which is set up and maintained by independent initiative from a statutory organisation; and 'voluntary' to distinguish an unpaid from a paid practitioner.

II Marriage and the family today

Introduction

2.1 The writer of the 1571 Homily with which Chapter I opened spoke as if he knew the facts. His assertion is supported by contemporary material and may be well founded. Today it is more difficult to discover the facts and hazardous to make generalisations. Data and research on marriage and the family are piecemeal and fragmented. No one place or institution has responsibility for the collection of coherent data, for the review of research findings or for the building up of an overall picture. Considering the important and dominant place which marriage and the family play in the social and socio-economic administration of our society, this omission is remarkable.

2.2 The main statistical information available is that on marriage and divorces recorded by the Registrar General. In addition to this basic data, many of the gaps about contemporary family life were illuminated by the painstaking research undertaken by the Finer Committee during its study of one parent families. We have been greatly helped by the Finer Report, and have felt it unnecessary for us to cover the same ground. Like the Finer Committee we deplore the lack of a central source of information and are glad that the Home Office Research Unit has commissioned a survey of the literature on marriage and the family¹.

Some statistics

2.3 An article in the *London Times* of 17 August 1976 commented:

‘Marriage – never more popular, never more risky’

One of the great upheavals of the age is the changed and still changing status of women in society, leading to changed relationships between the sexes. It is inconceivable that the institution of marriage will not be drastically transformed in the process.

There is no evidence that it is dying out. It is no longer fashionable to predict that marriage, in any recognisable form, is about to give way to radically new forms of sexual relationships. Marriage has never been more popular, even if it has never been more risky.

2.4 The high percentage of people marrying was a matter of concern to the Finer Committee. They commented that, given what is known about such factors as the distribution of homosexuality and chronic ill-health, psychological as well as physical, among the population at large, it is obvious that the present popularity of marriage must be drawing into the institution large numbers who lack any evident vocation for it.² It is

1 We refer to this survey again later in paragraph 8.20.

2 Paragraph 3.9.

equally true, however, that marriage holds out the hope of a close personal relationship which many find sustaining and healing, and provides the possibility of individual change and development.

2.5 While the number of marriages has varied little during the last fifteen years, the number of divorces has risen dramatically³. This increase was caused by several factors, notably the introduction of the Divorce Reform Act 1969, readier availability of legal aid and changes in practice on financial settlements by the divorce courts. It is impossible to say how far these increased figures represent a higher incidence of marital stress or breakdown.

2.6 Section 3 of Part 3 of the Finer Report draws attention to some confusion about the meaning in the various terms commonly used without precise definition, such as 'marriage breakdown', 'broken home', 'marital disharmony'. A marriage may for example be 'broken' by divorce but also by the death of one of the partners. We shall use the expression 'marital disharmony' in the sense to which that Section appears to be tending and in which it is used in recent research reports. Conflict is to be expected as a normal part of the growth of a marital relationship. The expression 'marital disharmony' should not properly be used to describe brief or more extended periods of conflict which may be part and parcel of a predominantly affectionate and supportive relationship between the partners. We use it to describe acute or chronic states of discord however experienced by the partners ranging from those which are inhibiting their development to those in which they are, to put it crudely, destroying one another and their children. We emphasise that a potential for change is often inherent in marital disharmony as we have defined it. Facile optimism about the potency of counselling and therapy is unwarranted, but even seemingly intractable situations may change or be ameliorated, given adequate help in a containing setting.

2.7 Marital disharmony may occur within an intact partnership; or within a partnership which is moving towards break-up by separation or divorce; or between the former members of a partnership which has already broken up. More than one witness described how the bitterness and anger of a marriage could persist beyond divorce, and how arrangements for access to children involved the use of children as 'pawns' in a continuing 'war'. Partners divided by divorce can remain tied to each other by hostility.

Marital disharmony – A major social problem

2.8 However complex the reasons and inexact the terminology we consider that there is a major cause for question and, we believe, concern. In sheer numbers alone the present

3

Divorces

(figures in thousands)	<i>Marriages</i>	<i>Petitions filed</i>	<i>Absolute decrees</i>
1961	346.7	31.9	25.4
1966	384.5	46.6	39.1
1971	404.7	110.9	74.4
1975	380.6	140.1	120.5

rate of divorce each year affects an alarming number of people. For instance, the 120,522 couples in England and Wales granted a decree absolute in 1975 had 202,475 children (of whom 145,096 were under 16). The total number thus directly affected by divorce in 1975 was 443,519 almost equivalent to the total population of Bristol. Of the 380,620 marriages in 1975, nearly one third involved the remarriage of one or both partners. For all of these people – adults and children – a new set of relationships and adjustments were necessary. That represents a massive level of domestic change.

2.9 One consequence of this change is the growth in one parent families, so comprehensively commented on in the Finer Report. The Report estimated that in 1971 there were 620,000 one parent families; of the 520,000 fatherless ones, 60% were caused by separation or divorce. In *Growing up in a One Parent Family*,⁴ Elsa Ferri analysed the handicaps of single parent families and how they related to children's development. One of her findings was that the loss of a father through divorce or separation appeared to have lasting effects, and that it was 'distortion' rather than 'disruption' of family relationships which was detrimental to children's development. The period of stress and conflict which was likely to have preceded the final breakdown in the family may well have been the key factor in the rather poorer development shown among fatherless children even after other disadvantaging factors had been taken into account.

2.10 These conclusions accord with those of Appendix 12 to the Finer Report which reviewed research on the complex factors affecting the performance of one-parent children:

From all of the views and conclusions noted in this paper, one very common feature appears in the background of one-parent family children who demonstrate relatively poor standards of attainment or behaviour namely, the poor socio-economic standards of the families . . .

Two other major factors stand out from the materials noted. The major work of Dr Douglas on the national cohort of 1946, of Dr Banks on youths sentenced to penal detention, and of the Cambridge study in depth of a whole local age group of boys as they moved through school, in particular support the conclusion that among children of broken homes, those in homes broken by separation or divorce are at greater risk of disturbances expressed through poor performance at school or in maladjusted or delinquent behaviour than are children who have lost a parent by death . . .

The second of these factors has to do with the causation of the first: many of those who came to the first conclusion see the extra risk for children that are involved in separations as arising through the disturbance of family life that is experienced when parents are moving towards separation or divorce, rather than from the actual separation, or where a long illness precedes the death of the father.

2.11 In the present state of knowledge it is not possible to compare accurately the relative effects on children of growing up in broken homes or in intact homes which suffer from family insecurity and emotional deprivation. But the views of practitioners from many different fields whose work brings them into contact with children – such as

⁴ National Foundation for Educational Research, 1976.

the workers in child guidance clinics who gave evidence to us and teachers – is that a wide variety of disturbed behaviour in children has its roots in parental disharmony. Children are often the helpless victims of marital strife. A recent study has shown that over half of them lose contact with one of their parents within a few months of their parents' separation.⁵

2.12 It is not only the children who suffer. Robert Chester in an article 'Health and Marriage Breakdown: Experience of a Sample of Divorced Women'⁶ stated that an analysis of the reports made by a sample of female petitioners for divorce about their own states of health showed that a majority experienced a deterioration of health, with an emphasis on symptoms that seemed to be related to stress. The timing of the health troubles suggested that the maximum disturbance tended to occur just before or after separation rather than at the time of the divorce action.

The role of the state

2.13 The foregoing paragraphs speak of the effects of marital disharmony on individuals and families, and there is also a wider influence on the well-being of the community. Thirty years ago the Denning Report took it for granted that the preservation of marriage was a proper function of the State, and was to be expected at that time.⁷ Public opinion has changed greatly since 1947, and the State is no longer expected to preserve marriages as such. But in a humane society the State is justified in being concerned for the well-being of its members, and the effects of marital disharmony threaten that well-being on a large scale. The Morton Commission in 1951 was charged with:

inquiring into the law . . . concerning divorce . . . bearing in mind the need to promote healthy and happy married life and to safeguard the interest and well-being of children.

That need is today still a valid reason for State intervention. The State should accept a responsibility – shared with caring individuals and independent initiatives – for relieving private misery and exercising social concern by the provision of services through statutory and other public agencies to help with marital problems.

2.14 But that is not the whole of the argument. The cost of marital disharmony is felt not only in terms of human suffering but in the economy. The cost of dealing with marital disharmony is enormous. Much of it is unseen. Nowhere is it added together. But it is a massive drain on the public purse, affecting many local and central government departments – social service departments which have to make provision for children from broken families, health services which have to provide medical and psychiatric care for victims of family stress, housing authorities which have to provide accommodation for deserted families, the legal services which furnish legal aid for divorcing couples, court welfare services which make arrangements for custody and

⁵ *Custody After Divorce*: John Eckelaar, Eric Clive, Karen Clarke and Susan Raikes: Centre for Socio-Legal Studies, Wolfson College, Oxford 1977.

⁶ *Brit. J. prev. soc. Med.* (1971) 25, 231–235.

⁷ See the quotations in paragraph 1.13 above.

access of children in marital breakdown, National Insurance which provides support for those off work through sickness and stress, and the Supplementary Benefits Commission which provides around £5 million per week for about a quarter of a million families unsupported after separation and divorce. It is impossible to estimate the impact which an improvement in the services for helping people with marital problems might make on the cost of this provision for social support. But the financial cost of such improvement should be seen in this wider context.

Two theories of the causes of social problems – Rival or complementary?

2.15 The title and terms of reference of our Working Party make it clear that we are concerned with the improvement of services for helping with problems of personal relationships in marriage. We are aware that, by contrast, there have been strongly asserted views in recent years that marital and family disharmony are largely the result of environmental deprivation, especially in the physical environment.

2.16 Poverty and other material and cultural deprivations do indeed impose great stresses on marriages and families just as they are an important factor in the causing of other social problems such as violence, vandalism and delinquency. It is essential that they should be remedied – and that social workers should expose the needs of impoverished sections of the community.

2.17 But in controversies about the causes of social problems there has been a tendency to over-simplify issues and to set out a polarity between two theories: on the one hand, that these problems are solely or mainly due to emotional factors within individuals associated with their genetic structure, upbringing, and personal relationships; or, on the other, that the root cause lies in the physical and wider social environment. A more likely explanation is that the origins of these social manifestations are highly complex, in which factors internal and external to the individual are intertwined. Similar problems are experienced all over the world in a great variety of cultural and political systems. So far as can be seen, the incidence of marital and family disharmony is little different amongst the various social classes in this and in other countries. Moreover, it is as prevalent in more affluent countries which do not suffer the deprivations held by some to be responsible for our ills. Though the physical and social environment is often one factor in the causing or exacerbation of marital disharmony, the influence of underlying problems of personal relationships requires equal attention.

2.18 The services for helping people with problems of relationship must keep pace with our increasingly complex society in which an expanding variety of options and greater freedom of choice are likely to increase the stress on the individual. Economic recovery may facilitate the improvement of services, but it is unlikely to lessen the emotional problems of those who use them. Indeed, material progress by itself often creates as many human problems as it solves.

2.19 This document focusses mainly upon the psychological and emotional aspects of marriage. The members of the Working Party are agreed that marriage continues to

have a potential for developing the individuals who enter it. The following paragraphs sketch a conceptual picture of marriage, with the expectations attending it and a future foreseen for it, on which we base our arguments and suggestions.

Expectations of marriage

2.20 Valid generalisations about expectations of marriage are difficult to make because expectations cannot be measured, and are not necessarily reflected in what people do. Those people who work with couples experiencing marital difficulties report the perplexity of very many who find their efforts to give reality to hopes and expectations bedevilled, not only by circumstance, but also by conflict within themselves and with each other. Different generations and different sectors of society have different expectations, but all are strongly influenced by changing cultural values. Understandably these expectations and what the outside world expects of them vary as marriages and families move through their life cycle.

2.21 It is almost impossible to assess what is happening now with anything like the assurance of earlier times. Sophisticated techniques of sampling have revealed variables which previously went unnoticed or were ignored. Nor is the dilemma solely a reflection of the increased complexity of present day society. Our difficulty is more deeply rooted and lies in the fact that we are in a period of transition – one in which the shift is as great as when society moved from an agricultural to an industrial form of organisation. This transition has given rise to an unprecedented and still increasing rate of social and technological change. The movement is away from a society which was, in the main, governed by the interplay of established and developing interests – the land, trade, Church, Crown, Parliament – towards one in which there is an attempt to control social processes (even to the detriment sometimes of pure economic efficiency) by new concepts of social justice and community participation. Inter-dependence rather than independence has become increasingly important; more and more, adaptation depends on ecological regulation. These factors affect marriage and the family directly and profoundly. Radical change in the relations between men and women, the bewildering choice of occupations and life-styles, and increased life span in which the care and protection of children occupy either a relatively short time or none at all. All these other changes have been experienced in a very short time and give rise to an increasingly indeterminate world. Conditions have arisen which have led sociologists to describe our present environment as ‘turbulent’.⁸ Contradictions are inherent in a turbulent field and in it areas of uncertainty widen for organisations and individuals alike.

2.22 Although there is evidence that marriage is repudiated by some, the simple figure for the marriage rate shows that marriage has never been more common. While behaviour and attitudes regarded by an older generation as unconventional are now more in evidence and tolerated, a recent large-scale study of Britain’s 16-year olds revealed them to be remarkably conventional about marriage; only 3% said they did not wish to marry.⁹

8 Emery F E and Trist E L: *Towards a social ecology*; London, Plenum Press, 1972.

9 Fogelman K: *Britain’s 16-year olds!* National Children’s Bureau, 1976.

2.23 Again, while there is ample evidence that marital stress and the increased incidence of divorce arouse anxiety and are treated extensively in the media, the advice columnists¹⁰ who gave evidence to us observed that many of their correspondents entered marriage with the unreal expectation that it would turn out well without much effort on their part.

2.24 Another paradox is observable in that, while living standards and the quality of life have risen and inequalities in this regard have shown some reduction, the difference between the 'haves' and 'havenots' are made much more of, and are still as controversial.

2.25 The gap between expectations and aspirations in marriage and actual experience is a critical factor in causing stress. People vary in their ability to tolerate frustration of hopes and expectations in marriage, but the wider the gap between expectation and experience the more likely is conflict to occur. We have therefore tried to identify the tendencies which lie behind the inconsistencies in the evidence before us and to find a dominant theme which provides a workable context for consideration of marital problems and services relevant to them.

2.26 The task of forming a person's concept of himself in his relationships with other people increasingly devolves upon himself. His position is less defined by his role, status, occupation or economic circumstances than ever before. The development of the individual has emerged as an increasingly important objective – of social policy as well as individuals, who translate it into a wide variety of aspirations and claims. Man's development and maturity become more necessary as technology advances; human qualities of adaptability, curiosity and imagination become vital resources with which to cope with social and technical change. The more elementary economic and material needs are satisfied, the more central does personal growth become.¹¹ At the same time, the provision of welfare services and the promotion of personal development are progressively recognised as interdependent.¹²

2.27 These trends reveal *primary* personal relationships to be of central importance – and the family and its nucleus marriage among them. In so far as marriage affords a supportive environment within which the emotional development and growth of the individual is fostered, it can contribute to adaptation and help to compensate for the loss of a more communally defined identity.

2.28 The creation and maintenance of such an environment demands much of the two individuals and the marriage relationship; a marriage can only be supportive if it is strong enough to contain the conflicts inherent in all close relationships. These conflicts are inevitably sharpened when the individual or the couple have to carry the burden of decision, especially in terms of moral choice.¹³ The burden of choice is the price of relief

10 By this expression, we mean those people who give advice on personal problems by letters published in journals or to individuals or by broadcasting.

11 Maslow A H: *Motivation and personality*; Harper, 1954.

12 Emery F E and Trist E L op cit.

13 Lyons A: unpublished manuscripts and personal communications.

from constraint. The Divorce Reform Act of 1969, for example, reflects a growing tendency to increase demands on the individual for self-determination and personal responsibility. Major decisions involving grave moral conflicts for the individual were formerly taken within the framework of collective responsibility exercised by Church and State, enshrined in the Law. For the individual, the Act removed the issues of innocence and guilt as triable issues, but it does not remove them as felt experience. Rather the individual now has to carry the burden of making decisions about the future of his marriage in the light of his subjective assessment of what is tolerable. Many people feel the need for help with such a task, and, as the evidence put before us shows, the appeal for help is expressed in many ways and to many agencies (as we shall describe in the next Chapter). Failure to get help when it is needed often leads to unnecessary break-up and/or chronic unhappiness.

2.29 The trend which can be identified is that marriage is increasingly required to serve the partners' own personal development, thereby throwing into relief the level of their capacity for close and intimate personal relationships. What constitutes need and sustains development varies from marriage to marriage, age-group to age-group and social class to social class.

2.30 Our evidence and experience confirm the thesis that personal development and satisfaction are core values underlying contemporary expectations of marriage. An example comes from the work of Gorer, a social anthropologist, who repeated his 1950 study¹⁴ 20 years later.¹⁵ From a careful survey, he found that in the earlier study the emphasis was upon the partners being efficient executants of their roles as bread-winner and housewife; in 1970 the emphasis had shifted – the important thing was that husbands and wives should like one another. The fear that the two spouses might find themselves with conflicting personalities and no common interests had gained in importance in the 20-year period and there had been a marked increase in the concern expressed about communication between husband and wife. This movement towards 'symmetrical marriage' (others¹⁶ have called it 'companionate marriage') is in marked contrast to the earlier notion of 'complementary' or 'differentiated' marriage. Though class differences remained, the qualities looked for in each other by contemporary married couples were those that had to do with their maintenance and development as persons; in the 1950 study what was looked for by couples was complementarity of roles which would sustain the family and help it to hold its own economically and socially.

2.31 Studies of families in which both spouses pursued their careers¹⁷ highlight the importance now attached to the achievement of potential by each partner, along with the organisational and personal issues which such couples face. The achievement of personal potential in marriage is by no means an ambition exclusive to the articulate

14 Gorer G: *Exploring English Character*: Cresset Press and Criterion Books, 1955.

15 Gorer G: *Sex and marriage in England today*: Nelson, 1971.

16 Goldthorpe J H, Lockwood D, Bechhofer F and Platt J: *The affluent worker in the class structure*: Cambridge University Press, 1960.

17 Rapoport Rhona and Rapoport R N: *Dual career families*: Penguin, 1971.

and the intelligent. A study of the marriage of a group of mentally handicapped people¹⁸ led to the conclusion that:

Singly, they once showed themselves to be defective in social living; paired, with renewed motivation to succeed, and more often than not reinforcing each other's strengths, many of them established marriages which were by no means defective.

From the point of view of community mental health, the increasing interdependence of individuals (as also of organisations) has been noted:

. . . this vastly increased inter-relatedness is leading to situations that inevitably challenge existing beliefs and values . . . The emphasis on the 'self' in these emergent values is noteworthy. The 'self' is the term we use for that core of the personality that preserves continuity in change, and its integrity is what makes change acceptable. If the integrity of the self is threatened, change is resisted – even violently, as befits the defence of our most precious possession¹⁹.

2.32 The movement away from values which involve personal restriction, tension and stress towards those which imply self-expression and a fuller and freer capacity for enjoyment raises strong feelings and accounts for some of the vehement and divergent pronouncements made about marriage. However, the experience of those who work with marital problems strongly suggests that it is not happiness or its frustration in the simple hedonistic sense that is at issue, but rather what is conceived of as an actual or potential threat to the 'self'. If disillusion and conflict cannot be encompassed without such a threat, or if the anxiety it raises cannot be managed, then an individual risks disturbance in close personal relationships and emotional life.

Prospects for the future of marriage

2.33 The social, economic and legal changes of the last few decades, including the invention of relatively safe artificial methods of contraception and the increased availability of labour-saving domestic devices, have created a situation in which men and women can challenge established patterns of partner relationships in home-making and parenting. There is persistent speculation about the future of marriage. There are experiments in alternative life-styles which affect relationships between the sexes and between parents and children. However, the limited experience so far of communes and other experimental forms of living suggest that it will be several generations before a judgement can be made whether any of these alternative arrangements is capable of becoming established in a stable manner on any substantial scale.

2.34 On the other hand, there is no lack of theoretical writing supporting the survival of marriage and the nuclear family in the new situation. The churches remain firm in their attachment to a doctrine of marriage in which the intention of permanence is a theological and moral essential. But, without notable exception, they have withdrawn

¹⁸ Mattinson J: *Marriage and mental handicap*: Duckworth, 1970.

¹⁹ Sutherland J D ed: *Towards community mental health*: Tavistock Publications, 1971.

from their earlier exclusion of the divorced and remarried from their inner company – though some churches still maintain, by disciplinary methods whose moral and theological inconsistency sometimes perplexes even their own members, sanctions designed to keep up their witness to the principle that has been violated.

2.35 Men and women are now free, to marry, to manage their relationships within marriage, to determine the size and spacing of their family, to terminate their marriage, and increasingly to try again. Thus, the future of any marriage no longer depends on the authority of Church and State, nor in a widespread acceptance of recognised standards and patterns of behaviour, but upon individual choices. These have to be made in the context of a rapidly changing society and may involve an element of conflict and the dissipation of unreal expectations resulting, to a lesser or greater degree, in discomfort, pain or destruction. Marriage like any other activity or institution is something at which people have to work hard to succeed. The increasing complexity of society and the lessening of support for families and individuals from the extended family and neighbours has taken place concurrently with the growth of the caring agencies, statutory and independent. It is to these – as already indicated in paragraph 2.28 – that many couples who feel they need help in facing their marriage problems are likely to turn.

2.36 In the next Chapter we examine this search for help. Our witnesses have given us a general impression of who goes where for help and when, and have offered some suggestions as to why some couples turn to no one. Often that search is fruitful. But a note of caution is necessary. There seems to be at the heart of the highly developed welfare state, an unreal assumption that solutions exist to all the problems of life and, often, an unreflective demand that the State should provide them. This does not mean that people who turn to the welfare services for bread should be offered a stone. But it does mean that notwithstanding all the help which these services can give, after such improvements as may result from the discussion to which we hope this document will give rise, there will remain a large place for the exercise of friendship and neighbourliness, whether organised or unorganised. When all that can be done has been done, there will remain a hard core of human misery, irremovable indeed, but to be shared.

III The search for help

Introduction

3.1 An understanding of the needs of people with marital problems must precede a discussion of the services available and required by those experiencing them. We had no resources to carry out a survey of the expressed needs and opinions of the public. The information given in this Chapter is therefore based upon the evidence from our witnesses, who were from the caring services themselves, from people like the advice columnists whose work brings them into touch with the public, and from the practitioners among our members. The evidence was extraordinarily consistent. It is clear that people are seeking help with their marital difficulties in great numbers from a variety of agencies and professions. Our witnesses agreed that dealing with marital problems is particularly stressful, time-consuming and emotionally demanding. Many practitioners find they lack the skill and resources to give help appropriately.

The Need

3.2 Our evidence contained many paradoxes. On the one hand, many people are reluctant to admit to having difficulties in marriage, and find it hard to believe that anything can be done to help. But, against this, more people, and, increasingly, couples, are recognising their emotional difficulties and are seeking help. The response of the caring services, similarly, is paradoxical. In medicine, tranquilliser prescriptions have soared to 40 million a year. At the same time there has been a widely-spread upsurge of personal services, self-help groups, telephone organisations and radio phone-in programmes. There seems to be developing, both inside and outside the statutory services, a public interest in this sort of help. This changing climate is reflected in the medical and para-medical professions, in the growth of school, student and youth counselling services, in the establishment and gradual development of comprehensive personal social services, and in the cultivation of more professional ways of working in the independent marriage agencies.

3.3 In fact, little accurate information exists about the extent of marital disharmony (still less that of other family difficulties which can properly be related to it); or about how many people turn for help, where they seek it, and with what result. In recent years, over a quarter of a million adults have been granted a divorce in each year. Our evidence suggests that this is the tip of an iceberg; and that there are many more people with marital difficulties who seek help in a variety of ways and from many different places. Each year about 100,000 people – by no means all of whom go through the divorce courts – approach the specific marital agencies and probation officers in their capacity as matrimonial workers. It is evident, then, that the specific agencies are consulted only by a small proportion of people with marital problems.

3.4 Our evidence shows that many such people seek help elsewhere, and that many others do not look for help at all. For instance, a study by Murch¹ of a sample of a hundred people who had petitioned for divorce in a city in the West Country showed that about a sixth of them first consulted a marriage counsellor or probation officer; about an eighth consulted a local authority social worker and a similar proportion consulted an assortment of people; rather under half consulted a family doctor; and a quarter consulted no one. The research does not describe the nature of the help sought or given, or show in what proportion of the cases counselling was asked for or given when help was sought from a non-specific marital agency. Another study by Chester² of divorced women in Yorkshire showed that during the break-up of their marriages most of them had experienced difficulties arising from their predicament, and over 90% of them had approached their doctor for help. The Samaritans estimated that between 10% and 65% of their clients going to local branches have problems which are primarily marital³. The advice columnists also reported a staggering number of requests for marital help made to them by letter⁴. Almost all the evidence from the professions and other bodies indicated that exposure to marital problems was emotionally demanding, and that they felt ill-equipped to deal adequately with them.

Difficulties of seeking marital help

3.5 It is clear, then, that people are seeking help to ease the tensions in their marriage in various ways and from various sources – in person, by letter or by telephone. So there is already an ‘array of doors’ on which a person can metaphorically ‘knock’. The Working Party believes that this array of doors should continue to be available. We consider that people will choose to knock at the door which they find most accessible and behind which they believe, rightly or wrongly, that they will receive a sympathetic hearing; and that the best way forward is to improve the service provided behind each door so that the client, on entering, will not be ill-served.

3.6 It is unrealistic to expect dramatic increases in the numbers knocking on the doors of the specific marital agencies. In order to get to the stage of approaching a marriage council, a person has to believe that his marriage holds problems for himself and/or his spouse; and he must be inclined, determined or even desperate to seek advice. He needs information about how to locate the agency, but more especially he requires initiative and courage. ‘Crossing the threshold’, whether it be the metaphorical threshold of finding the address or telephone number and ringing, or the actual threshold of opening the door and stepping inside, can be a natural deterrent to those who are apprehensive, overwrought, or both. There are many peripheral obstacles – perhaps the fear of meeting a neighbour, perhaps a delay in being given an appointment, perhaps the feeling that one’s problem is either too small to bother with, or so overwhelming as to be

1 Evidence to the Working Party by Mervyn Murch, Department of Social Administration and Social Work, University of Bristol.

2 See paragraph 2.12.

3 Appendix D.

4 *op. cit.*

beyond redemption. More fundamental is likely to be the fear of the unknown, the uncertainty of the outcome of talking to a marriage counsellor or therapist. A person's present situation, painful though it may be, is known; he is likely to have doubts as to whether the result of seeking help may be to replace it by an unknown state equally undesirable, or even worse.

3.7 It is small wonder, then, that many people with marital relationships which are becoming intolerable knock on the doors of the non-specific agencies. Some recognise that the core of the problem is in the marriage, and talk to a practitioner such as a family doctor or a health visitor with whom a comfortable relationship already exists; others may not have reached the point of recognising that the health and happiness of the family are being undermined by the marital relationship, and may seek help with some other aspect of the problem from one of a range of public helping services; others may be too apprehensive to admit to marital tensions.

3.8 The medical profession is consulted about a wide range of anxiety and stress problems. "Marital unhappiness", states the evidence of the Royal College of General Practitioners, "can present as a depression, as a headache or backache, or a heavy period, or a child who refuses to go to school"⁵. Not all symptoms have a basis in stress or in a relationship at odds; physical ill-health can co-exist with marital tension without being causally related. But practitioners who are unaware of the underlying tensions may treat the presented symptoms in ways which perpetuate or exacerbate the problem.

3.9 Practitioners in many agencies have experience of the client who apparently comes about some matter apparently unconnected with the marriage. The issue first presented may, for example, be an alcoholic husband, a bed-wetting child, depression, a damp house, a desire for sterilisation or an appeal for advice about a christening. Though each of these issues may be real enough, the basic trouble can be an unhappy marriage, and its recognition requires a sensitive practitioner who can observe the signals – which can occur at any point in the interview, even at the last moment – behind the presented issue, and can make some immediate apt response.

Response to the search for help

3.10 An individual or couple seeking help is often uncertain where to go. The sort of help received may depend on the focus of the agency and the discipline of the practitioner. That focus may be medical, psychotherapeutic, or in social work; or in giving information or advice; or in specialising in practical assistance. The practitioner who is adequate to his task manages to work within his agency's constraints, and at the same time to be aware of other factors underlying the client's difficulties and to know what sort of response is appropriate.

3.11 The response to an overt presentation of a marital problem may be to refer the client to a specific marriage counselling service. The word 'refer' here may mean no more than advising the client where to go, and giving him the address and telephone

number. But if the client has approached the particular agency because he believes it to be suitable, and feels uncomfortable or has mixed feelings about the idea of a counselling service, he may not be able or willing to pursue referral. He may, in fact, feel rejected. We shall return to the question of referral in paragraph 3.15.

3.12 Other factors may cause the practitioner to hesitate. Even if he does see the signs of underlying distress, he may not want the client to change the signs into words. To do so would take time, and time is generally in short supply and needed for other things. And if the words are said, what is he to do about them? He may be extremely reluctant to offer more than sympathy and advice. If he does, he will not only need still more time, but he will have to listen to accounts of marriage problems which may be all too close for his own comfort. No one is immune from doubt about sexuality, anxiety about violent words or acts, dilemmas of choosing between partner and children, fear of betrayal and loss, or sadness about a life that seems wasted or not valued. A practitioner needs to be emotionally secure to help the client in areas where he may be asked to be a guide but where there is no map and only an uncertain destination. It should not surprise us that many practitioners invoke 'lack of time', 'too late to help' or fear of 'meddling', and prefer to keep to their 'own business' where their competence is not in doubt, and their personal anxieties can remain untouched or at least within manageable bounds.

3.13 The Working Party is concerned that the many agencies which are approached by those in marital stress should be better able to respond aptly. We are not advocating that every doctor, priest or minister, citizens advice bureau worker, and so on, should see himself as a marriage counsellor – far from it. But we think it vital that signs of marital disharmony should be spotted as early as possible. We think that those agencies in the front line which are not specific marital agencies should consider the sort of help to clients which they are now able to give and how it might be improved. A key factor in this improvement would be better training; we shall discuss this in Chapter VI.

The range of possible help

3.14 We have described how the individual under stress is offered an array of doors. Behind whichever door he knocks on, he is entitled to expect, at the very least, a sympathetic and understanding response. Even this modest objective is hard to attain. A recent study⁶ has shown what positive use can be made of a comparatively short time in a busy surgery. What is important is not so much the amount of time available as how the available time is used.

3.15 In addition to providing an understanding atmosphere, practitioners need to be aware of the underlying difficulties that may be triggering off the client's decision, deliberate or impulsive, to open up his troubles. Very often the practitioner who first receives these confidences may be the best one to continue with that individual. Certainly any attempt to refer expeditiously to a specific marital agency at the first

6 Balint, E and Norell, J (Edits). *Six Minutes for the Patient*: London: Tavistock Publications, 1973.

mention of marital difficulties may be felt by the client to mean that he is 'too hot to hold' and the referral may be counter-productive. This whole question of when to keep working with an individual, when to refer, and indeed when to do both concurrently, is an extremely delicate choice, and deserves far more study and training than most agencies give it. The dangers are legion, ranging from the use of referral as an immediate panic response to get rid of an 'unsuccessful' client to, at the other extreme, holding on to a client who might get better served by someone else.

3.16 Practitioners in all the agencies we are discussing should at least listen with concern to their client. A client may be ignorant of what help is available. He may have uncertain expectations, whether he is approaching an unknown agency or is making use of an already established relationship (say, with a health visitor) to raise his marital problems. But, as he has some reason for making his choice, it may be best for the practitioner consulted to persevere with him for a shorter or longer period rather than be tempted to refer at once. Most of the agencies should be able to provide competent help with marital difficulties, even though not all workers in those agencies will be trained as counsellors or therapists. Some agencies should in addition be able to provide specialist help.

3.17 Since decisions about referral are difficult, practitioners face to face with marital clients should have consultation or supervision available, ideally but not necessarily in their own agency; the agency ought anyway to assume responsibility for seeing that arrangements are made. In the same way that social workers and probation officers are supervised by their seniors, and marriage counsellors by their tutors, all workers in other front line agencies should have access to a more experienced and detached consultant with whom to discuss their work, including questions of referring clients. Referrals need to be made with great sensitivity; it is only too easy for a client to feel like a parcel passed round from one agency to another, until he feels confirmation of his fear that he is too unimportant, or his troubles too trivial to be bothered with, or his emotions too powerful to contain.

3.18 Many clients, however, are best served by specialised help. The specific marital agencies provide a service in which skilled resources are available and clients' needs are not in competition with other claims. Referral of clients to these specific agencies must take several factors into account. First, a client must be prepared for the change. He will need to be led to an appreciation that help with his marital relationship may be the best help for him. The practitioner can explain the limitation on the help which he can give, and allay the misconceptions or uncertainty of the client about the idea of starting again with another agency. Secondly, the referrer and the receiver should be well informed about each other, and have a relationship of mutual trust. Thirdly, some continuing contact should be maintained between the practitioners of the agencies. This can not only enable the referral to be evaluated, but can also counter the misunderstandings or loss of confidence that often undermine the relationship between agencies jointly involved with the powerful emotions of clients. It is important that these emotions be contained, and a client may best sense that they are if all those working with him are able to maintain confidence in each other. The agencies have to withstand the pressures to reflect the miscommunication experienced between the partners in marital discord.

3.19 In the specific marital agencies, work is focussed on the couple and their relationship, whether one or both partners attend. Many clients respond positively to this. Not all who seek help for their marital difficulties are inclined this way, however; and even those who consciously want to change their relationship usually experience at the same time strong emotional pressure to maintain the status quo. To contemplate change, even of a painful situation, is after all to face the exploring of unfamiliar territory, the relinquishing of established ways of protecting oneself from anxiety – the giving up of ‘the devil’ one knows. Hence resistance and stress are generally encountered when change is attempted.

3.20 Couples also come for help to separate from one another. For many, this represents a false reaction to the powerful negative elements of anger and destructiveness which, at some level, are inherent in all close and intimate personal relationships. Many couples can be helped to cope with their feelings of love and hate, and the clash between them. But inevitably, for some, this is not possible, particularly for those couples whose relationship cannot contain this conflict of feelings or whose personalities block any change in their interaction.

3.21 Separation or divorce may therefore be a positive step for some. This is more likely to be so when both partners can acknowledge their part in the failure of the marriage, and can experience the range of feelings, akin to those associated with mourning, which are involved in the process of detachment. Then the inevitable stress inherent in parting may be met creatively, leaving the couple freer to make more satisfying choices in future. Many need and can use help to this end. It is important that it should be available.

3.22 The task of the specific marital agencies is therefore to explore with their clients the paradox of being separate people and yet a pair, and to maintain a perspective in which it is recognised that, while emotional conflict does not invariably lead to growth, the two are closely related. They must search, with their clients, for those elements in personal difficulties which point to new solutions. Practitioners in marital agencies find that marriages in conflict have greater potential for growth than is commonly supposed, and that many are amenable to change when differences can be seen as part of the inevitable struggle for personal and mutual development rather than as ‘symptoms’ to be cured. Their work, then, has to do with freeing couples to continue this struggle; or, when that is not possible, to help them face the implications of separation for themselves and their families.

Present Services

3.23 The general picture that emerges from our evidence reflects an unsatisfactory situation. The present services are fragmented and of variable quality. Certainly much good work exists, but the task is formidable and the resources inadequate. The specific marital agencies, according to most of our witnesses, are reaching only a small proportion of the couples who could be helped. Collaboration between disciplines and agencies is often lacking.

3.24 Our witnesses are aware of these shortcomings and fully conscious of the urgency of the issues. We believe that the time is now ripe for a concentrated drive to improve the present position. No massive structural changes are necessary. New services are not required. However, fundamental changes in attitude, approach and priority are called for in the present health and social services. We believe that the present services are ready to act in concert to strengthen this aspect of their work. In the next chapters we shall discuss how their workers can be assisted to a better awareness of marital stress and of how to respond to it appropriately in their day-to-day work.

IV The present and future roles of the agencies in the marital field

General

4.1 We invite all agencies to consider, in the light of the arguments developed in the first three chapters, how they can respond more effectively to the troubled marriages they meet with in their work by the development of practice and of training. The type of training provided will vary from agency to agency, but we shall suggest in Chapter IV some principles which might be generally useful.

4.2 In the remainder of this Chapter, we shall comment on the opportunities for development within some of the main agencies. The fact that we have made no comment here about some specialisms – statutory or independent, medical or non-medical – carries no implication that they have no role to play. Nor does the differing amounts of space which we have devoted to the various agencies carry any implication regarding the relative importance of their roles.

Specialised agencies

The National Marriage Guidance Council

Introduction

4.3 The local marriage councils which are the constituent elements of the NMGC provide a marriage counselling service of high quality throughout the country¹. The strong leadership and control exercised by the national headquarters ensures a uniform standard of work, though it also carries the inherent danger that a strong centre tends to undermine experiment and initiative by local councils.

4.4 We have been impressed by the importance the Council has placed for many years on the need for a thorough selection system for its counsellors which, though it inevitably inflicts personal disappointment on many would-be volunteers, assures that by and large only suitable people are accepted as counsellors. Similarly, the well-developed series of residential basic training courses which are undertaken by persons who are gaining their first experience of counselling, the subsequent in-service training courses, and the continuous and regular supervision provided by tutors through individual tutorials and case discussion groups, provide all counsellors with training and support which are well acclaimed, though recognised to be all too little for the complexity of their work. In developing this service, the Council has drawn heavily over the years on help from professionals, especially psychiatrists, and from other specialist bodies such as the Institute of Marital Studies. Marriage counsellors are thus selected and trained specifically for marital work with individuals, couples and, in a pioneering

¹ The NMGC covers England, Wales and Northern Ireland; there is a separate organisation for Scotland.

way with groups. It has been pointed out to us that because marriage counsellors work intensively and in depth with their clients and because of the unconscious processes which are inevitably at work in both, there may be dangers for counsellors and clients without special safeguards in the selection, training and supervision of workers. This is one of the factors which has prompted the rigour of the present system of selection, training and supervision.

4.5 Free from statutory pressures, counsellors provide time, a confidential relationship, and specialised attention to their clients, and can themselves seek consultative help. Their clients all come to the offices provided by the local councils, 70% on their own initiative and the remainder referred from a variety of other agencies, of which the main ones are medical services and other independent organisations such as citizens advice bureaux and the Samaritans².

4.6 The marriage counselling service is well used. In 1976, in addition to their educational work, some 1,600 counsellors worked with a total of 35,000 couples or individuals and gave 160,000 interviews, for each of which an hour is allowed. The statistics show an annual increase of about 10% and a doubling of the work load between 1970 and 1976. Research undertaken in 1975 into the socio-economic groups of these clients showed, somewhat to the surprise of some members of the Working Party and contrary to what some witnesses believed, that the clients form a representative cross-section of the population as a whole². However, in face of the evidence presented to the Working Party of the numbers of people in marital difficulties, this is a small total work load. So far no systematic research has been undertaken into whether or not different responses are made by clients from these various socio-economic groups or, perhaps more significantly, by clients of different temperaments and in different crises. Nor have any evaluation studies been undertaken. There is some indication that the better educated clients stay longer in counselling, and that the service may need greater flexibility to deal equally well with the less articulate or socially less confident clients.

4.7 The most notable achievement of the NMGC has been to provide this service through volunteers. Counsellors come from all sorts of backgrounds; many have previous professional training as social workers, priests and ministers, doctors, teachers and so on. They all work voluntarily, yet in a disciplined way and to a professional standard. Strongly committed, with a small case load, they combine, at their best, attentive detachment with warm personal concern. The independence of the agency enables them in some respects to be more flexible than statutory workers, though it needs to be recognised that the intensity of the work demands a considerable measure of support. It is not surprising that quite a few counsellors withdraw temporarily or permanently in response to their own stress. The disadvantage of a voluntary work force is that skill takes a long time to build up.

² Heisler J and Whitehouse A: 'The NMGC Client': *Marriage Guidance Vol. 16*, No. 6 pp. 188-193.

Problems

4.8 The Working Party has been made well aware of the limitations and dilemmas facing the Council in training its counsellors. In recent years, for doubtless very good reasons, the main emphasis has been on improving the counselling side of the work, focussing on marital interaction during counselling and increasingly on counselling couples rather than one partner. This priority given to counselling has been at the cost of other activities, such as marriage preparation and education for marriage and family life. The reduction in these educational activities is regrettable in itself, and we comment more fully on this in Chapter VII. Several witnesses have also regretted that fewer opportunities now exist for marriage counsellors to complement their counselling by participating in educational ventures. The mixture of counselling marriages under stress and working in youth and adult groups with people from a whole range of marriages representing many family patterns can provide marriage counsellors with a valuable width of experience.

4.9 A further drawback arising from the use of an exclusively voluntary work force is that possibilities of more varied work within the agency are limited. Inevitably therefore, having gained training and experience within a marriage council, some counsellors look elsewhere for their technical development and financial advancement.³ We note with approval that counsellors who become tutors within the NMGC are required to continue with a regular counselling case load. But we are concerned that too many experienced marriage counsellors are lost to other, generally paid, work just as their experience has become valuable. Consequently a third or even more of all practising marriage counsellors may still be in their period of basic training.

4.10 The NMGC and its constituent marriage councils run on an extremely small budget. The total cost of the counselling service provided throughout the country in 1976 was about £750,000. Approximately one-third of this sum came from a Home Office grant to the NMGC; another third from local authority grants to local marriage councils; the remainder in donations from individuals, trusts and industry, sales of publications, and payment for services from clients, members of courses and others. The Home Office grant is primarily intended for the selection and training of counsellors and for encouraging the growth of new councils. Local authorities contribute towards the service in their own areas. Additional fund raising has to be undertaken nationally and locally to supplement these grants; it is a difficult task because marriage guidance is not a popular charity, and it tends to divert an undue amount of the energies of counsellors and members from their own work. The agency is under-financed and the service suffers accordingly.

4.11 The service provided in many places is small, partly as a result of using voluntary counsellors, partly because some local marriage councils have insufficient resources to provide an adequate administration. The NMGC is less successful at attracting and training voluntary administrative staff than counsellors. At national level the lack of resources is also apparent. For instance, the professional staff at headquarters consists

³ Heisler J: *Why Counsellors Resign*: Report published by NMGC.

of only one caseworker, one psychologist, and one sociologist – not enough to maintain standards and to experiment with research and developments. The NMGC runs at its college an extensive training programme with part-time staff for its own counsellors, but it would be beneficial if more training could be offered to people from other settings who are working with marital problems.

4.12 That such a full programme is carried out nationally and locally on such a small budget is impressive. But the paucity of resources creates difficulties beyond the obvious ones. Inadequate financial support for the work tends to engender a lack of self-esteem and confirms uncertainty about the standing of the work in the eyes of others. It militates against close working links with other agencies. Many of our witnesses have been critical of this lack of co-operation.

4.13 There are, of course, other reasons for the uncertainty. Insofar as it is self-doubt it is unfortunate and even unjustified; and it reflects what is sometimes felt to be the paradox of the rival demands for confidentiality and co-operation. The Council has rightly stressed the importance of providing an atmosphere of anonymity, privacy and confidentiality. However, the more secure the organisation and those working in it become in terms of their professional competence, the more confident they are likely to be in their relationships with workers in other organisations and disciplines, exercising appropriate discrimination and flexibility in the interests of clients.

4.14 The main questions raised by the evidence are how long the Council can both continue to work on an exclusively voluntary basis and make its service more available and more comprehensive. The system of training would be more economical if it were used to support counsellors working more hours each. The counselling is of a good standard, but there is too high a proportion of counsellors in basic training; the whole service would benefit immeasurably by the retention of those experienced counsellors whose sole reason for leaving is to go into an agency where they are paid. It is, of course, an advantage to these other agencies, and therefore a gain to the community, that they are able to recruit people who are already experienced; but the loss to the marriage councils is too great.

The question of payment

4.15 As we have already said in paragraphs 4.10 and 4.14, there is some wastage to the councils from the movement of marriage counsellors to paid counselling work in other fields and it would be a more efficient use of trained manpower if they were encouraged to work more hours. Already in some local areas experienced counsellors are paid hourly fees for time spent on counselling additional to the minimum which they undertake to do when volunteering. The rates of payment are different for different areas. Some witnesses urged that the time had now come for the payment of marriage counsellors to be regularised.

4.16 There are three arguments in favour of the marriage councils continuing to be staffed largely by voluntary practitioners:

- a. Marriage guidance has been built up as a voluntary movement and it is the mark of a healthy community that people are prepared to give their time without payment to the help of fellow human beings.
- b. Even at its present level, the service would be very expensive to operate without volunteers.
- c. Those people who do not define their problems as being the concern of a medical, psychiatric or similar specialisation prefer to go to an agency with no connection with illness, delinquency and the like.

4.17 In favour of payment, there are the following arguments:

- a. Marriage councils are able to recruit people as counsellors at a time when they are prepared to give service voluntarily and welcome training for it. For many of these recruits this is a tentative, experimental step in keeping with a voluntary commitment, but with later changes in personal circumstances the offer of payment would lead many counsellors to undertake more hours.
- b. Some counsellors are already in settings where they are working with and alongside professionals, or are engaged in training professionals.
- c. Payment would increase self-confidence especially in developing relations with professional agencies.
- d. There are a number of caring services which originated as voluntary movements but have developed to the point where voluntary service could no longer be sustained and are now manned by paid professionals. Marriage counselling may be reaching this point.

4.18 We do not consider that it is for us to decide between the merits of these arguments; it is an issue which the NMGC must itself face and determine. The cost of payment, even allowing for some income from the increasing practice of inviting clients who can afford it to make voluntary contributions, would be considerable and could not be met by fund raising. The counselling service provided by the NMGC is a public service of great social value and, if the NMGC were to consider it the right course to make payments to counsellors in some form or other, it would be proper in our view for the additional cost to be met from public funds. Therefore, if the NMGC should come to the view that the balance of argument points towards payment in accordance with some standardised arrangements, it should enter into discussion with the local authority associations with a view to the negotiation of recommendations which could be made to local marriage councils and to local authorities. Payment would be a significant change, but it might be possible to devise arrangements which could come about without drastically altering the structure of the marriage councils or impairing their great success in tapping a rich source of voluntary skill.

The Catholic Marriage Advisory Council

4.19 Like the NMGC, the CMAC relies on volunteers who are selected and trained by the organisation as marriage and educational counsellors. Unlike the NMGC, it also relies on doctors who give their services voluntarily to the organisation and who also are

required to undergo a training programme. The strengths and weaknesses of a volunteer force have been described above and need not be reiterated here.

4.20 The organisation has always placed great emphasis on the need for a uniform standard of selection and training and in spite of the pressures involved in expansion has managed to maintain these at a high quality. In-service training and supervision of counsellors, however, are at present uneven and, until recently, have been largely dependent on local initiative. The appointment of a full time training officer and the current expansion of the tutorial system is beginning to remedy what has been a major weakness.

4.21 The demands on the educational service have been outlined in Chapter I⁴; this is the most developed area of CMAC work and in 1976 over 21,000 people attended courses run by the CMAC. The medical service is unique in being staffed by doctors who give their services voluntarily. They are required to attend 2 week-ends residential training which includes training in counselling and in helping couples with psychosexual problems as well as training in methods of birth regulation. These courses and an annual residential refresher course are recognised by the local post-graduate medical institutes and are open to any doctor.

4.22 The increasing number of people seeking help with psychosexual problems recently led to the setting up of a working party which examined the whole field, and produced a report outlining what is now available. It proposed some pilot projects, some of which have since been set up by the CMAC with financial support from the Department of Health and Social Security. It also examined some of the moral and ethical problems involved in this work.

4.23 Although there is scope and demand for the educational services in all local centres, outside the larger centres the marriage counselling service is relatively under used. In 1976, 516 counsellors worked with 3,315 couples or individuals in a total of 9,751 interviews. As 8% of the population of England and Wales is Roman Catholic, this figure is perhaps predictable if the NMGC figure is taken as a standard. It looks as though the same proportion want a 'Catholic door' to knock on. However, there are wide regional variations in the casework figures and for whatever reason (perhaps fear of the 'Catholic' label, or poor publicity, or a sparse Roman Catholic population in the neighbourhood) the result is that in some centres there is inadequate casework and experience for the counsellors.

4.24 The central organisation is supported by grants from the Home Office and, for the medical service, from the Department of Health and Social Security. Most local centres receive local authority grants, but are heavily dependent on the Roman Catholic hierarchy and parishes for financial support, and on the Roman Catholic community for moral support. This community is itself in a period of change and the CMAC tends to come under attack both from 'progressives' who see it lagging too far behind, and from 'traditionalists' who fear that it may be watering down traditional principles. This is

4 Paragraph 1.31.

healthy for the organisation, keeping counsellors alert to the mind of the community. The authorities of the Church give their full support to the work while refraining from interfering in its activities or attempting to influence its method of counselling.

4.25 The appreciation and support of the Church ensures a fruitful supply of counsellors, doctors and priests. This combination makes co-operation, referral and co-therapy easier, and is valued by the organisation. Doctors begin to learn through working with counsellors to abandon the strict 'medical model' in doctor/patient relationships and both are informed by discussion with each other and with the clergy. The active involvement at national and local level of priests provides help both for those clients who want spiritual advice, and also for those who may be involved in ecclesiastical courts. It also ensures a 'faith support' in terms of prayer and sacraments which, while it is no substitute for adequate supervision, is recognised within the organisation as important for those involved in the work.

Matters of common interest to the National Marriage Guidance Council and the Catholic Marriage Advisory Council

4.26 If anything like the arrangements discussed in this document are adopted, a considerably greater volume of demand for marital counselling is likely to be generated. If a substantial number of practitioners in the general agencies receive training which enables them to respond more aptly to marital disharmony and as a result to make more skilful referrals, then these referrals are more likely to be taken up. The marriage councils will be among the agencies which will receive greater demands for services. It should be feasible gradually to increase the present comparatively small numbers of counsellors in these agencies, provided that sufficient money were available to develop the necessary central and local organisation.

4.27 With the adoption of professional methods of working by marriage counsellors, and improved collaboration between the marriage guidance and other professional agencies to which we hope this document will lead, the time has come for a review of the basis of funding by local authorities of local marriage councils which still rests on a circular issue by the then Ministry of Housing and Local Government in 1959⁵. This did no more than give statutory general consent to the making of contributions to these councils. It stated that this placed it entirely within the discretion of local authorities whether and to what extent they should support these bodies. In practice now, in some places, the grant made by the local authority, or by several local authorities, to a local marriage council is adequate. In others it is not so, with the result that the service is inadequate, or the counsellors are involved in burdensome fund-raising activities, or both.

4.28 The value of marriage counselling to the community would be recognised by bringing the grant for this service into the social services committee budget where this does not already happen. Rather than the grant of a sum of money, fixed but varied from time to time, the help might consist of payment of whole or part of defined items of expenditure; this could be agreed between the local marriage council and the local authority depending upon local circumstances but following centrally negotiated

5 Circular No. 33/59 headed 'Contributions to Voluntary Bodies'.

guidelines. Examples of items which might be covered are rent of premises, heating and lighting, and counsellors' and secretarial expenses; in large urban centres, an item might be the cost of a whole-time or part-time paid administrative officer on a scale related to an appropriate local government scale.

4.29 Collaboration between the various agencies is important. Local marriage councils should be alive to the need to communicate with statutory authorities and to account for their public grants. In some places this is best done by their committees of management co-opting representatives of the local authorities (through their social services committees), the local area health authorities, and the probation and after-care committees.

4.30 The marriage counselling services of NMGC and CMAC are used in proportions consistent with the relative numbers of Roman Catholics in the community. This suggests that clients want these two 'doors to knock on' – a religiously undesignated and a Catholic door. Nevertheless the organisations are similar in their selection and training and in their approach to marriage counselling. Closer co-operation between these two organisations would prevent unnecessary duplication and would be of mutual benefit. A working party consisting of officers of both organisations met in 1976 and produced a position paper on relationships and means of collaboration between CMAC and NMGC. We quote here from this paper:

... Fruitful co-operation will only come from informed confidence in each other. It is as big a mistake to try too much too quickly as it is to peer defensively from behind impenetrable barriers. Starting from the position as it is here and now, it is recommended that first steps in co-operation could be:-

Nationally Systematic exchange and publishing of information; participation by selectors in each other's selection conferences.

Regionally Regular meetings between respective regional officers; 'one-off' training events for tutors, counsellors and administrative staff; attendance regional conferences.

Locally Social occasions; exchange of information; meetings on particular topics; joint case discussion groups; CMAC representatives on NMGC committees.

4.31 Some progress has been made in implementing these recommendations, though the two organisations are not unaware of the problems that are likely to be involved at grass roots level, and we note that the report also comments that:

Although mutual trust and knowledge about each other have been growing at headquarters in recent years, it is apparent that similar communication has not been taking place everywhere. Fantasies, bogies, ignorance and misunderstanding between and about the other agency are still too common.

4.32 It is not for the Working Party to order the affairs of the two organisations but some questions are raised by the evidence. Can the process be speeded of closer collaboration and sharing of resources? Is it feasible to provide two apparently similar marriage counselling services in centres where there is not a sizeable proportion of

Catholics in the population? Can the nationwide experience of the NMGC training network be used to support CMAC counsellors? Can the CMAC experience in education and marriage preparation be used to supplement NMGC education work? Can there be collaboration between the CMAC medical service and the NMGC marital sexual dysfunction project?

The Institute of Marital Studies

Introduction

4.33 The structure and organisation of the Institute of Marital Studies stems from its view that if the many organisations involved with marital and related family problems are to exploit more comprehensively the opportunities they have to offer help, the important issue is the extent to which they can increase their contribution in quality as well as quantity.⁶ The scale of the problem and the pressures on agencies in the field is believed to call for a specialist centre undertaking study and advanced practice as an integral part of the service network. The IMS has set out to act as a laboratory to test this assumption and to learn about the problems involved as conditions change over time. In this sense, the unit remains an experimental one.

4.34 The IMS, therefore, has a role different from, though complementary to, that of the other agencies discussed in this chapter. Unlike them, its main purpose is not the provision of service on a wide scale. Its primary task is to promote the understanding of marital and related family problems and to disseminate this in ways which have a direct bearing on practice through training, development work, research and publication. Its effectiveness is to be judged by its impact on the field and the relevance of its work to that of colleagues in the wide range of disciplines working in the 'front line' agencies.

4.35 A further difference between the IMS and the other major organisations in the marital field is that, though responsible for establishing and maintaining its own programme of practice, training and research and for balancing its own accounts, it is one of a number of units within a larger institution, the Tavistock Institute of Human Relations. As such, it is a constituent part of a body whose task is 'to study human relations in conditions of well-being, conflict or breakdown, in the family, the work group and the larger organisation. The Tavistock Institute is one of the few centres in Europe that sets out to combine research in the social and psychological science with professional practice.'⁷

4.36 As one of the groups which make up the Tavistock Institute, the IMS has close working links with the Tavistock Clinic, especially in regard to training. The Tavistock Clinic is a long-established specialist out-patient psychotherapy clinic, deeply

⁶ See for example Sutherland, J: 'The place of psychotherapy in community mental health': the Margaret Allan Lecture, *Contact*, 19, 1967; Woodhouse, D L: 'Marital problems: a strategy for service and research': in *The Future of Christian Marriage*; Chapman, London, 1969.

⁷ *Aims and Organisation*, Tavistock Institute of Human Relations.

committed to the advancement of community mental health; it is part of the National Health Service and shares accommodation with the Tavistock Institute. Because of the many ways in which social dysfunction and psychological distress are experienced in the community, no hard and fast line can be drawn between the work of the two related organisations; the IMS works on the boundary between them. Being part of a larger whole imposes constraints. But the complexities in management, accountability and finance arising from work related to these two atypical institutions are the price paid for a unique working and learning environment. It is one which it has not so far been possible to find or reproduce elsewhere.

Staff

4.37 The IMS is a small unit and, because of its aims and working methods, it is likely to remain so. The interdisciplinary staff group is mainly composed of social workers with extensive experience in other fields (for example child care, medical social work, probation, psychiatric social work) who have received additional training within the IMS. Most staff have undertaken personal analysis or psychotherapy and some have trained as lay analysts. There is always at least one medical psychoanalyst of consultant status among the staff.

Casework

4.38 All members of the professional staff have a caseload and between one third and one half of available staff time is devoted to fee-earning work with couples. Though small in numbers (about 150 couples are worked with each year) direct work with clients is the foundation stone of the work of the IMS, the activity which provides the shared experience that is the prerequisite of advanced training and research and development work.⁸ These latter activities (with administration) occupy the remaining available time.

4.39 Since the inception of the unit in 1948, the staff have worked with over 3000 couples. The understanding gained in work with these couples, with couples and families encountered through research and development projects in other agencies, and with the very much larger number of cases presented by workers from other disciplines in training seminars and consultation work, have given rise to the perspectives, theoretical and applied, reflected in IMS publications. A selected list of these contains over 30 books, monographs and journal articles; a number of others are in preparation. IMS publications are widely used as basic texts for University and other professional training courses in this country and have a substantial overseas market.

⁸ Wilson, A T M, 'The development of a scientific basis in family casework', *Social Work*, 4, 1947. This paper was seminal in discussions which took place prior to the unit's formation.

Training

4.40 As already indicated, the IMS devotes a major part of its resources to training, both internal and extramural. Internal training is offered independently and in collaboration with the Tavistock Clinic (notably the Advanced Programme for Social Workers, a post-qualifying course which offers a marital option and is approved by the Central Council for Education and Training in Social Work). Senior practitioners, some from abroad, spend periods of sabbatical leave at the IMS, and other programmes for experienced workers, analogous to registrar posts in medical training, have recently been instituted. These are designed to be flexible enough to take account of the tasks and structures of the registrars' own agencies.

4.41 Extramural events consist of regular seminars and workshops on marital and related family difficulties at different levels of practice for a variety of workers, including marriage counsellors. Some of these events are part of the staff development programmes of other organisations (for example of probation officers in a London prison; of local authority social services departments; of a mental health agency in Holland). A national residential course for experienced probation officers has been provided annually for many years and the IMS has been among the significant contributors to the work of the probation and after-care service since collaboration on training began in 1955. For the last six years, somewhat similar courses have been provided for NMGC tutors and probation officers together, jointly staffed by the IMS, the NMGC and the probation service.

4.42 Though its main concern is with post-qualification and advanced training, the IMS finds that it also needs to keep in touch with basic training and professional courses. For example, work with the university staff and fieldwork supervisors of students at the University of Exeter between 1964 and 1974 has led to the formation of a permanent group there concerned with the teaching of interactive processes during the initial training period. An annual teaching commitment at the London School of Economics on interactive processes in marriage has continued without a break since the late 1950s.

4.43 During the last five years, regular consultation has been offered to senior staff (for example, those working in the probation service's regional staff development programmes) who need to develop their own teaching programmes and patterns of training for marital and family work adapted to local circumstances. Together, these various training projects involved some 350 experienced field workers in 1977-8, many of whom occupy key roles in their agencies.

4.44 A variety of models have therefore been evolved for the training of practitioners by practitioners. The salient feature common to these models is concentration upon current practice and it is to this that the teaching input is geared. The aim is to improve the practitioner's existing skills acquired during and after initial professional training and to integrate practice with theory, the latter being introduced in order to make sense of the complexities which face the worker in the field. IMS experience has resulted in major emphasis being placed on the problems of change, both in clients or patients and in the practitioner himself, recognising that improved practice depends upon the capacity to face personal change.

Research

4.45 The marital casework undertaken by the staff of the IMS has been examined systematically and in depth from the outset of the unit's life. This kind of examination continues and is represented in the publications noted above. However, current research policy dates from the late 1960s.

4.46 In preference to classical and quantitative approaches which, the staff believe, other researchers are better placed to undertake, the unit specialises in work more closely related to action research. Clinical theories are derived from practical experience of disturbed marital interaction and the work methods developed to try to alleviate the disturbance. This effort is directed towards other practitioners in the field of marital work.

4.47 The impetus for the project work so far undertaken has two sources. First, a recognition of the wide-ranging implications of marital difficulties for local authority social service departments. Secondly, a conviction that much more attention should be paid to the development of preventive programmes relevant to stress in marriage. The latter followed the discussion and, indeed, controversy about the so-called 'cycle of deprivation' when the concept was introduced by the Secretary of State for Social Services in the early 1970s. Among others, the IMS was led to attempt to identify significant transitions in the life-cycle of the family at which relatively small interventions might be expected to have marked and positive influence on subsequent events.

4.48 Two major undertakings have resulted from these considerations. 'Working with Marital Problems in a Social Service Department' is the first. It involved IMS staff in direct work with the clients of local authority social workers and focused especially on the processes of interaction between couples and within families, between them and the social workers involved and between the social workers and the organisation which employs them.⁹ The second is a pilot project to develop a preventive health care model, primarily directed towards the marital relationship, geared to the needs of couples expecting their first baby and capable of being applied on a wide scale by existing services. This project involves collaboration with health visitors.

Strategy and problems

4.49 The IMS is a specialist unit with a psycho-dynamic approach, which has achieved both a national and international reputation in the field of marital work. We have especially noted its effective use of scarce, highly experienced personnel and that the strategy adopted, combining all three areas of activity – service, training and consultation, research/development work – has led to long-standing relationships with a wide range of organisations and their staffs. This is in line with the aims of the organisation and enables problems inherent in learning and working in this field to be grappled with and better understood.

⁹ The report of this project is to be published in 1979.

4.50 However, while the limited programme of new and replacement¹⁰ appointments which the IMS seeks to implement promises some relief in the long-term, especially to allow staff enough space to reflect and to write as well as to practice and to train others, it is bound to increase pressure on existing staff in the immediate future. This is because it takes time, up to two years, before new staff, however experienced, can carry full operational responsibility in the IMS.

4.51 Alongside the need to achieve the financial resources necessary to afford minimum stability in present-day circumstances and to attract and retain staff, in our view the IMS will need to give careful consideration to the feasibility of establishing an additional centre or centres outside London in the future. There is clearly a limit to the effectiveness with which a peripatetic staff can support developments in the provinces especially when the London-based working group is required to act as a coherent and efficient technical centre and to maintain its roots in committed work with clients.

4.52 These problems are significantly related to a past in which the staff have been over-preoccupied with the issue of survival. The sums of money necessary to achieve stability and the required level of expansion is, in fact, small, but finance alone will clearly not solve them. It will be for the IMS to tackle the new technical and organisational problems inherent in the next challenging phase of the agency's development.

Non-specialised agencies

Family doctors

4.53 The family doctor is seen by most people as the all-purpose person to turn to in any difficulties which are remotely connected with pain or ill health; this depends, not only upon the personalities of doctor and patient, but also upon more general cultural factors. Marital tensions produce stress symptoms in so many couples that it is scarcely surprising that the family doctor is frequently consulted, not always to the satisfaction of the patient, about the whole range of emotional, sexual and relationship difficulties.

4.54 The evidence of the Royal College of General Practitioners, which we have considered sufficiently important to print in full in Appendix E, indicates several reasons why the family doctor is still the most used (or consulted) professional in the community. Although his service is professional, it can be informal, readily available and confidential; he is not likely to be easily shocked. All these facts reinforce the doctor's image of wisdom and helpfulness.

4.55 Doctors vary, however, and while some patients will find in their doctor "someone you can really talk to", a wise and helpful family friend, others will find him "far too busy for that kind of thing". In a large town, a person can enter a doctor's waiting room

¹⁰ Because financial constraint has so far precluded a rational manpower and recruitment policy, groups of senior staff tend to reach retirement age at about the same time.

with little fear that he will be seen doing so by relatives, friends or neighbours; and anywhere, if he is seen, no one need know why he is going. This will make the family doctor more attractive to some people than the office of a specific marital agency; others will prefer the latter because they feel that their problems will be better understood and helped there.

4.56 It is clear that the family doctor has been and will continue to be consulted – or at least told – about marital problems. Indeed, he is well placed to be in touch with such problems at an early stage. His undergraduate training, however, may have equipped him to be a giver of opinion and advice; and being used to giving advice on physical illness it is not surprising if, at times, he is inclined to tell his patients what to do about their intimate emotional problems. The Royal College of General Practitioners stress that one of the educational aims of the College is that the future general practitioner, at the end of his training, should be able to demonstrate “his understanding of the way in which interpersonal relationships within the family can cause health problems or alter their presentation, course and management, just as illness can influence family relationships”; and “that he understands that helping patients to solve their own problems is a fundamental therapeutic activity”.

4.57 For those for whom advice, however good, is not enough, the more time-consuming business of counselling will be needed. The memorandum by the Royal College of General Practitioners states that the doctor may be involved in counselling as part of his own clinical work, but gives no idea how many doctors are at present so engaged. It may be that such information is not available to the Royal College as it is not to us. If the doctor is to undertake this work himself, he will need the time, the right temperament and training. Conflicting opinions were given about the ability of doctors to fit this time-consuming work into an already full day. One view was that an average general practitioner is an extremely busy man and cannot give the necessary time to ‘sorting out’ his patients’ personal problems. The other was that recent trends in the organisation of practice allow such work to be undertaken within the doctor’s normal arrangements (that is to say, appointments systems, secretarial support, fewer home visits, sharing work with colleagues in the same practice premises). Probably no generalisation can be made – some doctors can manage it, others cannot. It is certainly done by some who have been training in ‘Balint’ seminars.¹¹ We have already drawn attention in paragraph 3.13 to a study of what can be achieved within the confines of a normal appointment session. Other doctors organise their work by setting aside a time for ‘long interviews’ thus avoiding undue interference with the flow of patients under the ordinary appointments system. But there are probably not many of these at present and the memorandum hints at this by speaking of the rareness of the skills available for the training of doctors in such a role.

4.58 Those family doctors who lack the time, training and temperament for effective marital counselling have to consider where, when and how to refer if they are to provide a service which is so clearly being asked of them by some of their patients. One method under trial is taking a counsellor into the practice to whom the doctor can make

¹¹ Training seminars using the method pioneered, with his wife, by the late Dr Michael Balint.

referrals. The memorandum by the Royal College of General Practitioners discusses this at some length and we have interviewed two doctors who use this arrangement. In both these cases, and in others, the doctor has secured the services of a marriage counsellor although he is not described as such. This arrangement appears to be an extension of a recent trend: family doctors have realised that they cannot themselves provide an all-purpose service, and so have entered into an association with other para-medical practitioners to form primary health care teams. The arrangement, under which the counsellor works in the same premises as the referrer, makes referral easy.

4.59 There are nearly one hundred practices where such an arrangement between a doctor and a marriage counsellor has been made. As far as we know, no counsellors have been employed in this way other than those who obtained their training and experience in the specific marriage counselling agencies. There have been a few experimental attachments of social workers to primary health care teams. Studies have shown that these social workers have given help with marital problems among a variety of different sorts of social work.¹² There have also been a few attachments of lay psycho-analysts.

4.60 The association between a family doctor and a counsellor working in the same premises can bring its own complications. The very ease of referral and the use of the doctor's authority could lead to clients being pressed into counselling relationships against their inclination. This could be guarded against by sensitivity on the part of the doctor, and by referring for only one interview for diagnostic purposes to be followed by a further meeting between doctor and client to discuss whether counselling should be pursued. The relative roles of the doctor and the counsellor should be fully explored before the arrangement is set up and should be kept under review.

4.61 There is some ambiguity in the memorandum by the Royal College of General Practitioners about whether the counsellors working in doctors' surgeries are to be thought of as being 'general purpose counsellors' or 'marriage counsellors'. This may be partly because the memorandum was prepared for our Working Party whose terms of reference are confined to the provision of help for marital problems; and partly because the counsellors employed at present in this way are marriage counsellors, although in practice they receive referrals on problems other than marital ones. It might be argued therefore that practice counsellors should be general purpose counsellors with practical skill in marital work rather than that they should be marriage counsellors drawn from the marriage councils. But we recognise that there is no readily available source of general purpose counsellors and that the doctors who have engaged in this experimental work have had little option but to turn to the marriage councils, whose counsellors have been carefully selected and have received some training and experience in this one important area of counselling.

¹² In an experimental attachment of a social worker to a group practice in the London Borough of Camden, one third of the problems dealt with by the social worker were related to difficulties in family relationships of which almost half were marital troubles – see Goldberg, E M and Neill, J E; *Social Work in General Practice*; Allen and Unwin, 1972.

4.62 In the immediate future, there is a risk of the arrangement becoming prematurely fashionable and of doctors and marriage counsellors entering into it without proper training or preparation, and before the methods and results of such arrangements have been sufficiently explored. (We have heard of a few cases where arrangements have had to be discontinued.) It would be a pity if the novelty and interest of the arrangement led to the limited manpower resources of the marriage councils becoming depleted by the transfer of substantial numbers of experienced counsellors from marriage guidance consulting rooms to doctors' surgeries. What seems to be required next is the assembly of information on the existing arrangements and a modest, monitored extension of them. Such a study might cover such matters as the relationship between the doctor and the counsellor; factors which tend to make for good or bad working; the effect on the client; the effect on prescribing practice. The results of the study would enable decisions to be taken as to what is to happen thereafter.

4.63 One problem with the arrangement at present is that voluntary marriage counsellors are working as part of a primary health care team with paid practitioners. If the NMGC decide that marriage counsellors are to be paid for counselling, it would be proper for them to be paid if they do this in doctors' surgeries. There would be difficulties about paying them from NHS funds, as they do not fall into the categories of auxiliary staff for whom doctors may claim reimbursement. The solution may be for them to be included in any arrangement which may be made between the marriage council and the local authority as suggested in paragraph 4.18.

Health visitors and nurses working in the community

Health visitors

4.64 At a time when the major problems that faced families were poverty, ignorance and dirt, health visitors were trained to educate and assist in the proper physical development and safety of mothers and babies. They were, as nurses and midwives, in a strong position to do this. The extra training health visitors received was directed towards nutrition, child care, ante-natal care and general hygiene. A health visitor's task was to find a way to be accepted in the home as advisor and helper, and to assist mothers to make use of the facilities of the infant welfare clinics.

4.65 Now that there is a greater understanding in the community of hygiene and nutrition, and the standard of living is higher, the health visitor's task has changed considerably. She continues to use her nursing skills and has considerably more knowledge about the subtleties of child-rearing and family dynamics. Parents with a higher standard of living are now looking at the quality of their lives and that of their children. Health visitors by virtue of their specialist training are able to assess and advise on the physiological, intellectual and psychological development of children. Health visitors, as their name suggests, do not work only with families in crisis; they are, primarily, people who can help and advise individuals and parents towards health, and because of this they are well trusted by the community. Their nursing skills are accepted and appreciated, and nowadays their knowledge of child development and family interaction is welcomed.

4.66 Health visitors' training has kept pace with their new role. The training includes a good deal of material upon these subjects. Whether a health visitor works in a primary health care team or in a geographical area, her function is still mainly that of attending the healthy, so that she, above all professionals meeting the population, is available, not only in times of stress but at all times. For this reason, she is well trusted, and an invaluable member of the primary health care team. We were told that the present general practice of health visitors on getting to know of the existence of marital disharmony is to recommend the client to approach a marriage council or other agency, and to offer assistance in making contact, or to give its address and telephone number if the client prefers to do this him or herself.

4.67 Health visitors are well placed to observe and diagnose the onset of marital disharmony, particularly at an early stage, and it is to them that some women are likely to turn if their marriages are under stress. Health visitors are in a position, by accepting an extension of their role and with the aid of additional training, to respond more aptly; referrals, when made, would be achieved in a more sensitive manner, encouraged by the development of closer personal relations between health visitors, marriage counsellors and practitioners in other agencies.¹³ The question would arise as to how consultants would be found for this aspect of their work. At present, although there are various levels of seniority and although there are now opportunities for some specialisation, there are not, as yet, consultants within the profession who could take on this task. Health visitors in the field work alongside family doctors, nurses and sometimes social workers in the primary health care team. The family doctor is not necessarily trained in counselling skills himself, so that supervision would, presumably, come from outside the team. Health visitors are enabled to join courses as part of their post qualification training and could, therefore, seek and find their own consultants. How this could be arranged would be a matter to be dealt with as part of the working out of wider arrangements for training and consultancy on the lines envisaged in Chapter VI.

Nurses working in the community

4.68 Some nurses working in the community – for example district nurses and community nurses – appear to be in a position to play a role in that they meet people in their own homes. A district nursing sister is an SRN who has received post basic training to enable her to give skilled nursing care to persons living in the community, and that includes training in listening to, and understanding, emotional problems. A district nursing team, headed by the district nursing sister, includes other SRNs, SENs and nursing auxiliaries. The primary role of these is to undertake nursing tasks, but we see no reason why they should not also be able to make some response to marital problems which they encounter.

4.69 Nurses working with handicapped people in the community are well placed to give help with marital problems created by the disablement of one of the partners. We shall comment on this in Chapter VIII.

¹³ The nature of an apt response and the question of referrals have been discussed in Chapter III, and the question of confidentiality in paragraph 4.13.

Ante-natal and perinatal care

4.70 We attach importance to the potential role of obstetricians and midwives; the witnesses who talked with us shared this view. Some evidence given to us was critical of obstetric care which concentrated on the use of sophisticated techniques to protect the physical safety of mother and child but sometimes neglected their emotional well-being. We believe that the birth of a child, and in particular of the first child in a family, can be a critical point in a marriage. Despite the expected joy of parenthood, the arrival of a baby is a disruptive event even in the most favourable circumstances and amounts to a severe crisis for some couples. Indeed, for some marriages, the birth of the first child may involve a greater change in the way of life of the couple than the marriage itself. It requires a new form of organisation, has an impact on their emotional reactions and consequently on the relationship and their states of mental health; it has implications for their finances, housing and social life and for the way they are regarded by their families and friends. Underlying tension which had been previously contained may begin to show itself at this point, especially in the emotionally vulnerable. American studies have suggested that a woman's reactions following the birth of her baby are crucially influenced by the state of her marriage. British research is less abundant, but here, too, both clinical and statistical evidence suggests that the incidence of maternal depression, particularly around the time of birth, is related to the state of the marriage.

4.71 Present practice and research tend to focus upon the health of the mother and her relationship with the baby, and pay insufficient attention to the marital partner and the state of the marriage. However, this phase in a couple's life, which is a period of sharp change and adaptation, presents special opportunities for recognising the beginnings of marital disharmony. A limited therapeutic and educational intervention could be particularly effective in preventing future ill-health, personal distress and marital breakdown. This is a task for all associated with the ante-natal process – doctor, midwife, health visitor and social worker. It requires collaboration between them – a matter which we discuss below. The midwife's contact with the mother may be brief, but it is close, and a midwife with a counselling approach is in a position to help both parents.

Hospitals

4.72 There is increasing knowledge and recognition of the part played by psycho-social including psycho-sexual factors in the development of physical and mental ill-health. Staff working in hospitals (that is, doctors, nurses, social workers) may need to recognise the value of expert help in dealing with marital problems and the part which personal difficulties may play in exacerbating illness or hindering recovery. In particular, marital problems will need to be considered in fertility clinics, gynaecology wards and by staff treating the results of marital violence. Psychiatrists and their staff are likely to deal with more marital problems than most, but perhaps need less than most to be reminded of the fact.

4.73 Collaboration between hospital departments and the marital agencies could be of benefit to counsellors who could have access to sources of support, and to hospital staff, who could gain an understanding of the help that is available and an increased awareness of the inter-relationship of marital problems with health.

4.74 Of the three disciplines referred to in paragraph 4.72, nurses have the most direct and continuous relationship with patients and there is controversy within the profession as to the degree to which it is practicable or proper for them to be attentive to patients' emotional problems. On the one hand, some nurses feel that the pressure of work is so great in hospitals today that there is little time for them to listen to patients' problems. On the other, we believe that some nurses are already doing so. We are doubtful whether it can be properly suggested that this is no part of a nurse's job. One possible cause of a patient's failure to recover, inexplicable in physical terms, may be an emotional problem. An attentive nurse may be able to notice this and either spare the time to listen or make a referral to the hospital chaplain or social worker.

4.75 We were informed that the nursing service is seeking to increase counselling skills within the profession, the main purpose at the outset being to make counselling available to nurses rather than to patients. There must, however, be a close link between a counselling approach to the workers and such an approach to the patients. Young nurses, faced for the first time perhaps with pain, death and grief, require support and encouragement to help them to bear their own emotional reactions. But a nurse who shrinks from facing her own emotions is likely to avoid involvement with her patients' feelings. Key figures in providing this support are the ward sisters, charge nurses, and tutors. They may themselves need to protect themselves from too intense feelings; but by extending their own understanding and by learning ways of being open to other people's confusion and inadequacy, they can enlarge the receptiveness of their subordinates and help them to understand their own feelings and responses when confronted with their patients' problems.

Local Authority Social Services Departments

4.76 In Chapter I,¹⁴ we have referred to the setting up of local authority social services departments and certain recommendations made by the Seebohm Committee. These departments now embrace a wide range of services including social work for children and their families, the mentally ill, the mentally and physically handicapped and the elderly. They employ a range of people including social workers.

4.77 Many of the matters with which social workers deal bring them into contact with families with marital problems though these problems may be presented covertly and may not always be perceived as such. Social workers are in contact with large numbers of children from families under stress and some of these children may be taken into the care of the local authority either because of the parents' inability to cope, trouble in the home, or trouble with the law. In 1976, nearly 50,000 children were taken into local authority care; 17,500 were subject to supervision orders made by the courts; and over

14 Paragraph 1.22.

11,000 were subject to supervision under matrimonial legislation. We would not claim that marital stress is a feature of all the families in which care or supervision of the children is felt to be necessary, but we have little doubt that it is, directly or indirectly, a significant issue in a high proportion of them.

4.78 Whilst 'child care' (including non-accidental injury cases) or 'family care' cases are the most obvious groups in which social workers encounter, directly or indirectly, marital stress there are many others in which social workers will come into contact with marital problems. These include the mentally ill, the mentally and physically handicapped, people with drinking problems, or where there has been an unacceptably high level of violence to one of the partners to the marriage. Such problems may be encountered as an underlying feature, if not the cause, of the difficulties or as a result of the strains imposed on the marriage by other pressures.

4.79 The evidence indicated that the combination of undermanning, shortage of trained staff, and the prior claims of statutory responsibilities and other unavoidable tasks mean that social workers have to devote most of their time to the treatment of symptoms, though they frequently recognised that there are underlying causes. Where a social worker recognises a marital problem it may not be practicable for him to offer help. But the recognition of the existence of a causative problem may assist him with the type, direction and effectiveness of his intervention without it ever being explicitly discussed. If he is to provide appropriate help for the problem itself, he may need support within his agency.

4.80 The various organisations which gave evidence to us expressed their views about the way forward in different ways. Thus the Association of County Councils concentrated on the present burdens of statutory responsibilities and crisis work; the British Association of Social Workers looked towards the aim of the Seebohm Report to create a community-based and family-orientated service which will be available for all; the Association of Directors of Social Services thought that the departments ought to equip themselves to help with marital problems which were revealed in situations with which they were dealing but that they could not in the foreseeable future provide a service for marital casework counselling as such. These different views about the way forward do not appear to be determined by any disagreement as to fundamentals but reflect differences of emphasis and over time-scale.

4.81 We commented earlier about the extent and nature of the pressures on social services departments. How can local authority social workers be helped to find more time and emotional space to take account of the significance of marital interaction and covert and overt stress in the wide range of family problems with which they deal – including the chronic ones which absorb so much time? There is no clear answer. We suggest that policy makers should consider whether it would be more economic of resources, because the need for some crisis work and possibly more expensive services might be avoided, if social workers could devote more time to this work. However, the further development of training for social workers appears to be of crucial importance; and, as important, as the need for managers and those in advisory positions to consider

how social workers can best be given opportunity to use and develop their skills in this field if improved training is to be employed to the best effect.

The probation and after-care service

4.82 The statutory work of the probation and after-care service with offenders likewise brings it into contact with marital problems. Not all crime reflects overt marital tension and breakdown, but it is an important factor in many cases and a central factor in some. In many cases, the treatment of offenders requires an understanding of the processes of interaction between partners or within offenders' families. Non-custodial sentences involving supervision may open up opportunities for direct marital work or work based on an understanding of the marital relationship. Marriages are under strain when custodial sentences are passed. Probation officers working in institutions are inevitably involved in work directly or indirectly related to these troubled or disrupted marriages and cohabitations. At the same time officers in the home areas may be working with the partners as well as visiting the prison. Close contact between inside and outside officers may at least aid communications between the partners and at best assist some changes in the situation which may be further helped during a period of parole or after-care.

4.83 Some offences are committed by young adults as a direct or indirect result of the anxieties raised by the responsibilities of marriage, adult life and parenthood. An experienced probation officer understanding this will take the marital factor into account at an early stage when he is preparing a social inquiry report for a court and can, where appropriate, focus on the marriage in his subsequent work. Probation officers still work with a good many older children and young people where the marital difficulties of the parents can be an important factor. An unsatisfactory marriage is a large factor in the lives of some recidivists. If it is not understood and where possible eased, the result may be repeated offences leading to longer prison sentences which in turn sooner or later may end the marriage altogether. Even where it is not possible to change the situation, greater understanding of the part played by relationship problems in causing or precipitating offences can help the supervision of offenders and enlighten sentencing policy.

4.84 Another aspect of probation work is that connected with the matrimonial courts. A probation officer has an obligation to make a report about the custody and welfare of a child when requested to do so by a court.¹⁵ This obligation, so far as the statute requires, involves making a report covering the facts, and making an evaluation of them and a recommendation to assist the court to reach a decision; but inevitably probation officers become involved in the conflict between the parents. These couples must

¹⁵ The numbers of custody and access reports made by probation officers for the courts were (to the nearest hundred):

	<i>Magistrates' Courts</i>	<i>Divorce Courts</i>
1960	—	900
1970	1,800	6,200
1976	4,800	13,600

continue to face dilemmas in being parents to their children, and bitterness and blame are likely to hinder them in doing so in the best of interest of children. A former partner's continued involvement in the emotional stress of a former broken marriage may cause damage to a subsequent one. Probation officers in fulfilling their statutory duty to prepare a report may thus be drawn by the parties into their emotional struggle. In responding to this they may have few chances of effecting reconciliation – by which we mean the reuniting of the spouses. But they have many opportunities of conciliation – by which we mean the moderation of bitterness and reduction of areas of disagreement. When the proceedings lead to a child being placed under the supervision of a probation officer,¹⁶ it is often with the adults that the work must be done if the atmosphere in which the child lives is to be lightened. Here the officer's authority stemming from his relationship with the courts may be crucial in the eyes of his clients.

4.85 Stemming from the conciliation work which probation officers have undertaken for the domestic court, there grew a non-statutory practice of giving help with the marital problems of non-offenders who were referred to them – for example, by the police or social workers – or went to them on their own initiative. Probation officers became known in the local communities as people to whom matrimonial troubles might be taken. This work rose to a peak in the early 1960s from which it has fallen year by year¹⁷:

1960	33,000
1970	21,000
1976	under 5,000

4.86 Some speculations as to the reasons for this decline are given in the evidence of the probation organisations. Many of the clients in the 1950s and 1960s who went to the probation service defined their difficulties differently from those who went to the specific marriage counselling agencies. Their initial approach, often expressed with emphasis, tended to be a complaint about the behaviour of their partners rather than about a mutual feeling of unhappiness. Probation officers were seen as persons possessing the authority of the court who were expected by the complaining clients to protect them or to apportion blame or to bring home to their erring partners the seriousness of the situation. Experienced officers were sometimes able to help them contain the conflict, which might include violence or a fear of violent feelings, and so to provide time and space for constructive intervention. Nowadays because of the increased rate of expansion of the service, probation officers on the average are younger and have shorter experience; they may have less training in marital work in their pre-service training than

16 In some areas, the probation service undertakes the supervision of children under orders of the matrimonial courts; in others, the local authority social service does so. The numbers of probation officers supervision cases resulting from matrimonial, wardship, guardianship and divorce proceedings (to the nearest hundred) were:

1960	under 200
1970	8,400
1976	14,100

17 The figures are for the number of cases on which work was done by the probation service during the years in question; they are given to the nearest thousand.

previously. These factors have led some probation officers to avoid matrimonial work. They are more mobile and so less well known and trusted in local communities. Their success in establishing new non-custodial methods for the treatment of offenders has been well publicised so that they have increasingly been seen as concerned with crime. Another reason for the decline is that some of the approaches to probation officers were occasioned by a wish for help in making an application to a court; this motive has been removed by the advent of legal aid in the domestic magistrates court and a greater tendency of people to seek a remedy in the Divorce Court.

4.87 Some people, both inside and outside the service, including some of our witnesses, regret the decline in this type of work and would like to see it grow again by improved standards of training and the restoration of confidence in direct work with marriages and families. Others view the decline with favour as releasing manpower resources for work with offenders at a time of staff limitation and the growth of the prison population. Among the latter were the House of Commons' Select Committee on Expenditure 1971-2 whose First Report on the Probation and After-Care Service recommended¹⁸:

Where an offence is not involved, consideration should be given to removing matrimonial conciliation work from the probation service to another agency.

It did not say which agency. The then Home Secretary's observation on this recommendation was¹⁹:

The Home Secretary is not clear that the balance of advantage is at present in favour of restricting the functions of the probation service in the field of matrimonial conciliation. But he will seek the opinions of the national organisations representing the probation service, and of other relevant organisations.

4.88 The analysis made in this document shows, however, that a person's choice of an agency to approach ought to be in the hands of that person; and that the agency of first approach may be the one which can, in many cases, be in a position to provide the best help. The giving of help ought not to be regarded as a function which is capable of being transferred by the government from one agency to another.

4.89 However, the Select Committee's intention has been overtaken by events because the work has reduced substantially from 21,000 cases in 1970 to under 5,000 in 1976, although without formal transfer to another agency. This is not the result of a decision or recommendation made by the government or by Parliament. It is a consequence of the fact that fewer potential clients have chosen to approach the probation service.

4.90 What now happens to the sort of people with marital problems who previously might have sought help from the probation service? We suspect that most have gone straight to a solicitor and thence to the Divorce Court without proceeding through any conciliation stage at all. The adoption of the suggestions made in this document would open up possibilities for help at an earlier stage through specific marriage counselling

18 Paragraph 13.

19 Observations by the Government on the First Report from the Expenditure Committee, Session 1971-72. 1972, Cmnd 4968.

agencies, family doctors, health visitors, social service departments and so on. But the probation service provides a door which we should like to see kept open even though it may be used by fewer people than it was in former years. Probation officers must be well-trained to help with marital problems in order to carry out their statutory function. The making of an apt response to people who approach them voluntarily is as desirable in the future as it has been in the past, and should be recognised and supported.

4.91 The probation service has invested wisely in its inservice training provision through regional staff development courses and national Home Office courses in the study of marital interaction and family relationships. With the increase in crime and a growing prison population, the service is now poised to increase and develop its work in the supervision of offenders in the community. The knowledge, experience and training in marital and family conflict will continue to be an important factor in working at this very difficult but essential task.

Citizens Advice Bureaux

4.92 CABs are consulted by a large and growing number of people with marital queries. The bureaux exist primarily to give information, but the line between seeking facts on the laws concerning divorce, maintenance or custody of children and asking for personal advice about emotional problems connected with the marriage or children is narrow. Not surprisingly, therefore, the paid organisers and their numerous voluntary assistants find themselves under pressure to listen to marital difficulties and advise in ways which go well beyond merely providing information.

4.93 A research project in 1973 showed that 92,000 people annually approach CABs for help with marital problems. About a quarter of the enquiries are dealt with by the bureaux and not referred elsewhere. The remainder are referred. A very high percentage of the referrals (65% in 1973) are to solicitors; others are referred to social services departments and specific marriage counselling agencies.²⁰ This rate of legal referrals seems surprisingly high. Perhaps it reflects the emphasis given to the legal aspects of marital problems in the training now available for bureaux workers. It suggests that the very openness and availability of CABs, which are successful in attracting so many marital enquiries, provoke in the interviewers faced with the marital stress of the enquirers a tendency to recommend legal redress as a way of easing that stress and therefore speedy recourse to a solicitor.

4.94 The National Association of CABs are seeking to provide for their workers more courses in how to respond with skill and sensitivity to marital enquiries. We commend their plans to provide such training on a wide front rather than trying to build up a core of marital specialists. It would seem particularly appropriate for experienced marriage counsellors to be used for running seminars on marital problems with bureaux workers locally. The National Association made the point to us that, with their many other calls

²⁰ Wallis, J. H. 'Matrimonial Problems and the Citizens Advice Bureaux - Reflections on a Sample Survey': *Marriage Guidance* Vol. 14, No. 11 pp. 334-337.

for training, they were not able to finance this aspect of training from their present budgets. We think that the volume of enquiries, their complexity compared with many of the other aspects of the work of the bureaux, and the growing tendency for workers to become involved in continuing work of a counselling nature demand that finance should be available for this training to be offered on a greatly increased scale. Whether this finance should be made available to the National Association and administered by it or by the agencies undertaking the training would be a matter for decision in the course of the working out of the arrangements for the marital training and development groups which we shall propose in Chapter VI.

Collaboration between agencies

4.95 Time and again, through the comments of those giving evidence to us and through our own observations, the importance of collaboration between agencies has been emphasised. We have heard of inadequate co-operation at local level, amounting at times to suspicion, between marriage councils, CABs, Samaritans, councils of voluntary service and such agencies which ideally should be collaborating for the benefit of clients. We have heard of difficulties in making referrals between professional workers, and misperception between workers in different professions and agencies. We have already made comments about co-operation between the specific marital agencies, but it is important to make some general observations about collaboration.

4.96 Collaboration is never easy, which presumably is why it is more talked about than practised. It cannot be obtained by decree from government or head office, or by fastening a notice on the wall of counselling rooms to the effect 'Thou shalt collaborate'. It requires a great deal of work and time; there are no short cuts and, quite often, collaborative attempts strike hidden reefs which frustrate the participants and cause disillusionment about future efforts.

4.97 However, collaboration is vital to our concept of a network of services of different sorts attracting different groups of clients in many varied ways. It is important that people behind our many 'doors' know about the network and have a reasonable idea of what level of service is available behind the other 'doors'. This calls for some continuing system for exchange of ideas and flow of information between the organisations through their central structures. The comments in paragraph 4.30 on relationships between NMGC and CMAC offer some pattern which might be applicable in differing measure between other agencies and professional associations.

4.98 Central collaboration requires to be matched locally by the workers who are face-to-face with marital clients. Regrettably those suffering marital stress may have more knowledge of the kind and quality of the help offered by the various agencies than have those working as part of the network, for they are moved to 'knock' on the various 'doors' in the urgent need to seek relief. The workers require an urgent motive to meet with and learn from each other. We hope that their impetus will come from the experience of improving each other's skill by drawing on each other's methods, insights and practice. We commend inter-disciplinary seminars as a means of achieving this end. Such seminars might initially focus on discussion of the issues in this document, and might develop into examination of case material and of the process of referring clients.

V: The development of services for help with sexual problems

Sexual relationships within the marital relationship

5.1 Although the attitudes of people to sexuality have changed in the last two decades and sexual relationships are openly discussed in the media, there inevitably remain strong underlying currents of fantasies and feelings about sexual behaviour. These are activated and may be worked through in the marriage relationship. Sexuality in the marital relationship is a shared experience with a varying degree of individual investment and pleasure by each partner, and sometimes at considerable cost to one or the other.

5.2 Within the freedom of sexual discussion, many myths have developed about 'proper sexual relationship' within an 'ideal marriage'. Sexual performance has sometimes become the yardstick of success and adequacy, and may carry with it anxieties about failure and inadequacy. The extent to which sexuality is expressed physically within the marital relationship varies from marriage to marriage, and, within a particular marriage, from time to time. Only when there is disparity between the needs of the partners which one or both perceive as sexual will help be sought.

5.3 But there is more to human sexuality than its physical expression. Sexuality is a function of the whole personality – physical, mental, emotional. It therefore affects and is affected not only by the development of the individual on all these inter-related fronts, but also by the individual's capacity for care, concern and affection within a relationship. Physical sexual acts are a medium of expression rather than simply mechanical acts in themselves, and it is the way they are used and what they express that affects married relationships. They can ruin an otherwise promising marriage if they go wrong, and help stabilise an otherwise unpromising one if they are marvellous.

5.4 Our general approach is that problems relating to sexuality can rarely be separated from emotional growth and personal capacities and the inter-relationship of the people concerned. Sexual problems are usually described in various ways to include sexual dysfunctions, sexual deviations, and sexual gender problems; the causes may include physical illness, urogenital conditions and mental illness. Apart from such well defined conditions, sexual problems may arise from difficulties in commitment and communication and from conflict – both within an individual and in the relationship between partners.

5.5 Psychological conflict, cultural influences and a lack of knowledge have received most attention as causes of sexual problems. Psychoanalytic therapy has shown the part played by early childhood experiences and unconscious motivation in human behaviour. Research workers, particularly in America (such as Kinsey and Masters and Johnson), have greatly increased knowledge about sexual functioning, behaviour and performance, and the development of behavioural techniques for treating specific dysfunctions. Psychotherapy and counselling tend to concentrate on insight into deeper

anxiety with an increasing emphasis on 'here and now' human interaction. Thus sexual problems are viewed as part of a dynamic system of relationships.

5.6 Treatment of sexual problems may therefore involve, solely or in combination, psychoanalytic techniques, counselling, marital therapy, behaviour therapy and directive advice. It may also include psychosomatic examination or the use of drugs and other aids.

5.7 Thus help is sought for a variety of sexual problems from a variety of sources, and knowledge about the extent of the problem and the services provided varies accordingly. Patients may approach their general practitioner, health visitor, family planning doctor or nurse, midwife, obstetrician for advice generally or because of a real or suspected medical condition. The help given depends on the willingness and ability of those consulted, and the opportunities for referral to more specialised help such as the clinics available in some hospitals. Similarly, the problem may be raised with other professional and lay counsellors including social workers and marriage counsellors. Again the response depends on the knowledge and ability to refer. On occasions treatment is initiated or recommended by a doctor or psychiatrist, for example where sexual deviation has led to severe personal distress or involvement with the law.

5.8 It follows from what we have said in previous chapters that we think it desirable that there should be more than one 'door' where sexual problems may be presented and treated, that these doors should be reasonably available in all parts of the country, and that practitioners who may be approached about sexual problems should have sufficient knowledge to be able to make an apt response and to make a sensitive referral where it is appropriate.

5.9 There has been no recognised framework for training health care professionals and others in the treatment of sexual disorders, nor for the provision of such services. Indeed human sexuality has not been a recognised part of medical training. But there have been a number of specific developments arising out of particular aspects of sexual problems which have been presented to particular agencies such as family planning, marriage guidance and health services.

Family Planning Clinics and the Institute of Psychosexual Medicine

5.10 In 1960, a group of doctors working in the family planning clinics of the Family Planning Association came together under the leadership of a psychoanalyst with special interest in group training methods to study the sexual problems of the women patients they saw in their normal clinical work, and to learn and develop ways of helping them. This initiative was the result, not of a deliberate decision to establish a service of help for sexual problems, but of a response to a need manifested by the presentation overtly or covertly of anxieties about sexual matters by women who come to the clinics on the overt pretext of a wish for contraceptive or other gynaecological advice. This study found that, just as in sexual intercourse body and mind must be at one for successful and joyful performance, so its problems are neither a purely physical

nor a purely mental affair, but rather the interaction between emotional attitude and physical performance. The group used a system of regular seminars in which the members shared their experiences of being consulted about sexual problems in their practices; they developed a method of treating people which combines the insights of psychotherapy with an intimate physical examination. Over a period of years, doctors trained in this method have also been consulted by men, and they are now beginning to find a corresponding method of treatment for some male sexual problems. However, often, unless the condition has a specifically physical cause, such useful treatment as can be achieved where the man is the patient may have to be based upon techniques which are psychotherapeutic rather than psychosomatic.¹ In 1974 the Family Planning Association handed over much of its function to the NHS and many general practitioners began to provide family planning services. Patients with the kind of psychosexual problems earlier met in clinics by family planning doctors were thus encountered by general practitioners and many of these sought training in psychosexual medicine. The Family Planning Association handed responsibility for this training to those of their doctors trained and working in this field, who formed themselves into the Institute of Psychosexual Medicine.

5.11 The Institute of Psychosexual Medicine is a professional body financed at present on the subscription of its members alone. It has no premises or paid administrative staff and does not make any overhead charges for organising and administering its training seminars; it arranges a seminar wherever there is sufficient demand. These seminars involve discussion of doctors' clinical dealings with patients in the course of their normal surgery, out-patients or clinic practice, led by an accredited leader. The doctors thus trained exercise their skills in general practice, in family planning clinics, at hospitals in gynaecological, venereological or psychiatric departments, or in hospital psychosexual counselling clinics. Some seminars are financed by local area health authorities; in some, the postgraduate medical federation (or postgraduate dean) approves a postgraduate course under section 63 of the 1968 NHS Act and the general practitioners attending the courses then have their expenses paid. This can be a considerable incentive for doctors to attend and anybody wishing to arrange courses should seek the approval of the local postgraduate dean (or the BPMF in London). Since 1974, some 50 new seminars have been established involving some 500 doctors.

National Health Service Clinics

5.12 Developments in different disciplines within the health service have increasingly come together to pioneer the formation of clinics for the treatment of sexual problems. These clinics, which are called by various names, stem from experience in psychiatric, psychological, obstetrics and gynaecology and venereal disease departments in Health Service hospitals. The staff likely to be involved are psychiatrists, psychologists, social workers, nurses and other trained medical staff and trained counsellors. Professional referral is preferred and treatment may be offered for sexual dysfunction, deviations

¹ The results of the 1960 study were published in 1970 in Tunnadine LPD: *Contraception and Sexual Life*: Tavistock Publications, 1970.

and, in some clinics, problems associated with physical disablement. The therapy orientation varies as described from brief psychotherapy, modified Masters and Johnson behavioural techniques, and marital therapy. Increasingly an eclectic approach is used with detailed assessment of underlying factors and the use of various therapy orientations in response to individual needs, but not much has been published about this work.

5.13 These developments within the Health Service have underlined the need for training. In particular the Joint Board of Clinical Nursing Studies have approved a 'Short Course on the Principles of Psychosexual Counselling' to enable nurses and midwives to gain an increased awareness and understanding of psychosexual problems presented by patients and develop appropriate skills.

Private Clinics

5.14 These have been developed both by national organisations, by individual practitioners, and by particular societies or groups that have arisen to give counselling for specific sexual identity and orientation problems such as homosexuality, transvestism and transsexualism, all of which can cause distress and problems in a marital relationship.

Use of Marriage Counsellors for the Treatment of Sexual Dysfunctions

5.15 In 1974, the Department of Health and Social Security financed a project run by the National Marriage Guidance Council to examine the possibility of training marriage counsellors to undertake treatment for a range of sexual dysfunctions on lines derived from the work of Masters and Johnson.² The project consisted essentially of a monitored apprenticeship scheme in two stages. In the first year, six women counsellors were trained under the direction of a clinical psychologist with considerable experience in this work. In the second year, three of these women acted as trainers to two men counsellors each, while the other three women acted as single therapists for the same range of sexual dysfunctions within the general guidance of the directing psychologist. Throughout the period, those in training also continued to carry out their ordinary counselling work as much as possible, and received supervision within the NMGC tutorial system.

5.16 The scheme was set up as a pilot project to explore a number of uncertainties that were foreseen at the outset, namely:

- a. whether marriage counsellors could adequately assimilate the empirical knowledge on which Masters and Johnson's work is based;
- b. whether counsellors could adequately diagnose and treat particular sexual dysfunctions;

² Barkla D: *An account of the NMGC Marital Dysfunction Project*: National Marriage Guidance Council, 1977.

- c. whether treatment procedures regarded by Masters and Johnson as requiring a pair of co-therapists could be satisfactorily carried out by single therapists;
- d. whether counsellors given a year's training could adequately serve as trainers to other counsellors;
- e. whether training and practice in the treatment of sexual dysfunctions would have effects – good or bad – on counsellors' already established skills of traditional marriage counselling.

5.17 The conclusions drawn from this project were that marriage counsellors can treat sexual dysfunctions with a high degree of success and that they can train other marriage counsellors. There was no sign that those counsellors who worked on their own were any less (or more) successful than those who worked as co-therapists. But an important and unexpected realisation was that, when treating a specific sexual dysfunction using behaviourist techniques, it may sometimes be necessary for the therapists to move into the use of counselling techniques to help the clients to cope with difficulties in their relationships. Without this shift of focus some clients may be unable to continue with or engage in new tasks set for them by the therapists. The management of this process is a crucial skill readily mobilised by marriage counsellors by virtue of their training and experience. Because of this large counselling element which became apparent in cases within the project itself, there was no longer any fear that counsellors within it might lose that counselling skill.

5.18 Following an evaluation of the report on the project the DHSS has provided further funds to enable the apprenticeship scheme to be extended outwards to other marriage councils. This third phase of the project, which runs up to mid-1980, also includes an expansion of training courses available to other marriage counsellors intended primarily to give guidance about the possibilities and limitations of counselling, as distinct from structured treatments, in the whole range of sexual problems.

5.19 In 1976 the Catholic Marriage Advisory Council established a working party to prepare "a plan for the development of management of psychosexual disorders". Their report,³ which discusses the ethical and moral aspects of such treatment as well as its provision, concluded that CMAC should provide therapy to help couples within marriage to overcome or lessen psycho-sexual problems and recommended a pilot project to train counsellors in the treatment of such problems. The report was approved by CMAC in March 1977 and a two-year pilot scheme initiated with the aid of a grant from DHSS in August that year.

5.20 It can be seen from the discussion above of the various specific projects undertaken by different groups and disciplines that there is as yet no recognised machinery for co-ordinating these developments, setting standards of training and promoting research into the need for an availability of suitable treatment. The prevention and treatment of sexual disorders involves a wide range of services and disciplines which are not encompassed by any one government department or voluntary

³ *Report of the Working Party on Psychosexual Disorders*, Catholic Marriage Advisory Council, March 1977.

body. The need for some co-ordinating body has been recognised by professionals and others concerned with sexual problems and has led to attempts to establish some such machinery. The Association of Sexual and Marital Therapists was established in 1976 with the objects of exchanging information, setting standards in training and promoting training in sexual and marital therapy. Its members include professional and lay counsellors. The British Association for Counselling (previously the Standing Conference for the Advancement of Counselling) is also concerned with the exchange of ideas and information on different aspects of counselling and with training and standards. BAC has established a division to deal with Marriage/Family/Personal and Sexual Relationship Counselling and recently published a directory of agencies offering help with psychosexual problems.⁴ These initiatives may result in a co-ordinating body which is recognised as such by all those involved in the prevention and treatment of psychosexual problems.

The adequacy of the present provision

5.21 There is no direct information about the number of people who are troubled by sexual problems but the opinion of students of the matter is that it is very large. Indirect evidence is provided by the experience of family planning doctors over two decades of the number of women who seek to raise the matter at the clinics, by the long waiting lists at hospital clinics, by the experience of inquiries made to family doctors and advice columnists, and by the flood of inquiries experienced by the NMGC following a newspaper article about their project.

5.22 The treatment of sexual problems has only recently been accepted as a legitimate part of medical practice and it is only now beginning to be taught in a few medical schools. Few doctors, therefore, have any specific training in this work despite the fact that their patients are increasingly asking for help with these problems.

5.23 Sexual therapy is offered at some 20 hospital clinics. Official statistics of the DHSS show that in 1976, separate psychosexual counselling sessions were provided at family planning clinics in 51 area health authorities in England out of 90. The statistics do not say how many clinics hold such sessions in each of the 51 areas; our belief is that sessions are held in only a small proportion of the 1669 clinics and that there are many areas where the facilities are few and far between.

5.24 We have given information about the training seminars arranged by the Institute of Psychosexual Medicine. During the four-year period ending on 31 March 1978, the DHSS made special allocation to regional health authorities for the purpose of family planning training as part of the arrangements for the transfer of family planning clinics from the Family Planning Association to the NHS. At least four regional health authorities (out of 14) held experimental courses on psychosexual medicine. Our impression is that the existence of psychosexual medicine facilities at a family planning

⁴ *Psychosexual Problems: A Directory of Agencies offering Therapy, Counselling and Support*; British Association for Counselling, May 1978.

clinic or at a hospital is haphazard, depending upon the initiative of a local doctor who has had the interest to obtain training. It is our opinion that area health authorities should now assume responsibility for planning such arrangements in a more systematic manner, should seek the interest and support of suitable local doctors and nurses, and initiate the necessary training arrangements.

5.25 We have the impression that the various clinics and individual practitioners are following a variety of methods of therapy, that some of these methods are limited in the kind of persons and their situations which they aim to treat, and that there is a tendency on the part of some practitioners to adopt an uncritical attitude towards their particular method and to defend it against other systems without regard to the different aims and values of the latter. This is a field of therapy in which there is still much uncertainty as to causes and cures, and it seems essential for practitioners intending to enter it to prepare themselves by some form of training so as to avoid moving from too narrow a base; and for those in it, to submit their work to the scrutiny of professional colleagues, and to engage in dialogue with their colleagues from the same and other disciplines, including those whose philosophies and methods are different.

5.26 Finally it needs to be restated that the development of understanding of human sexuality, and treatment of its problems are vitally important for good marital relationships.

VI: Training

Introduction

6.1 The word training is used here to include all activities and techniques designed to increase knowledge about marital stress and to develop sensitivity and skill in helping those who experience it.

6.2 Training is of immense importance for work which has to do with intimate personal relationships and in which workers have the difficult task of combining objectivity with an understanding of their own subjective responses.

6.3 Earlier chapters have referred to the need for training of those undertaking marital work of any kind. In this chapter we describe some of the general principles underlying such training and their practical implications and we go on to outline proposals for the future.

6.4 People who need some training in marital work can be divided into three categories. First there are those in agencies which specialise in such work. Second are those such as social workers and family doctors who have a wide range of duties and who, in the course of these, either choose or find themselves obliged to undertake some marital work. Third are those who may encounter underlying marital stress in the course of their jobs, though it may not be possible or appropriate for them to work directly with it. They must know enough to be able to recognise it, take account of it and perhaps make well timed and sensitive referrals.

6.5 In relation to the people in these general categories we define three stages of training; basic, in-service and advanced. During basic training, a student needs to acquire sufficient understanding of the dynamics of marriage and family interaction to understand their implications for his future work and to recognise the opportunities for intervention or referral appropriate to his agency and when his own knowledge and skill are not enough. He needs to acquire enough confidence to start applying his knowledge while recognising that training is a continuous process. This first stage of training in one form or another is necessary for those in all three categories of work. The second, in-service, level of training also applies to all three categories. The specialist and generalist workers will need further help to develop their skills while those in the third category will need some in-service training focused especially on referral and on coping with cases which they cannot refer. The third and advanced level of training is appropriate for certain people in the first two categories (specialist marital workers and those whose more general duties involve marital work) who are to teach and supervise others.

6.6 We go on to discuss the three levels of training in more detail and with some illustrations. We have not attempted to examine here in much detail current training needs and provisions within particular disciplines, though reference to these can be

found in Chapter IV and amongst the evidence summarised in Appendix D. Our hope is that those responsible for training in these disciplines will find the general principles outlined in this chapter relevant to the problems and opportunities facing them. The way these principles are applied must vary in the various branches of medicine, social work, the pastoral ministry and the specific marital agencies. There is room for much experiment in the process of finding those patterns of training which improve the quality of practice in particular settings.

Basic Training

6.7 An essential aspect of any basic training for a profession is the process by which a learner gradually feels his way into his new role. Teaching about marriage and its stresses has to be given within the context of the new role and the task of the agency and it must not suggest that a practitioner should in any sense abandon his own role and take on that of a marriage counsellor. Therefore the trainer has to have a very clear knowledge of the role for which the students are being prepared and be able to show that understanding about marital interaction is not an optional extra but an essential part of the equipment for their particular profession. For example, a doctor should understand what a new baby or a hysterectomy may mean to a couple; a solicitor, that a client seeking advice about divorce may yet be far from wanting to be divorced.

6.8 Another essential point is that what is taught should be found by students to be alive and relevant to their practice. It should not therefore be taught only as theory but come from people working in the field, able to draw on their own work to exemplify theoretical principles, and to use variety in teaching methods.

6.9 The timing of teaching about marriage and marital interaction is important for two reasons. It gives a student an opportunity to be introduced to, or to revise what he has previously learnt about, human growth and development by demonstrating the effect of earlier experiences on later adult relationships and their transformation within marriage and family. In this way it can have an integrative effect within the training syllabus. It should be introduced after the student has had some practical experience which can enlarge his own ideas and help to obviate his understanding the concepts he is learning only in terms of his own personal and family life. Further opportunities for seeing good practitioners at work and for working with them are then particularly important if these new concepts are to become integrated and servicable.

6.10 Tutors and fieldwork teachers should be aware of the likely emotional impact of the subject on their students. They should recognise that it may well resurrect disturbing experiences for them. If anxiety and consequent emotional defences are unrecognised they can prevent learning, but if understood they can enhance it. If a student is to learn to make sound assessments, he needs gradually to become familiar with and tolerant of, his own subjective responses to those in marital stress, otherwise referrals he may make to other agencies are likely to be clumsy and may be interpreted by the clients as rejections. When it is appropriate for a practitioner to persist with a client in marital stress, these qualities are even more important.

6.11 Many of the processes seen so clearly in marriage are present in all other relationships. Study and practice focused on marriage can throw into sharp relief factors which influence the kind and quality of relationships generally; and it has, therefore, potential benefit for other fields of work and can enrich the whole process of training and later practice.

6.12 The content, amount and timing of present basic training varies greatly from one discipline to another. For a marriage guidance counsellor, for example, it runs concurrently with the first two years of practice and consists of weekend courses, with case study groups and personal supervision provided locally by tutors. The basic training in marital work which a social worker receives will take place on a full time qualifying course.

6.13 There is considerable emphasis in basic training courses for social workers, including probation officers, on human growth and development, family interaction and casework with families. Our evidence suggests, however, that training in marital work as such in basic training courses is insufficient. The evidence from the National Association of Probation Officers saw marital casework as "an inescapable part of all probation practice" and all the probation organisations described a serious or total lack of adequate teaching on many courses. Representatives of the Central Council for Education and Training in Social Work explained that marital work as such is not an obligatory part of course curricula, but that classes on human growth and development and casework with families are expected to cover this aspect of work. We recognise that these subjects can and ought to subsume a great deal about family and marital interaction but, we believe, marital work as such needs to be given more emphasis than appears to be the case at present. The balance between what should be covered in basic training courses for all social workers, or in post-qualifying or in-service training or, for some workers, at an advanced level requires more detailed examination.

6.14 Individual members of the Working Party considered that marital work is not an appropriate part of the pre-clinical training of doctors. It needs to be introduced at a time when students have some continuing clinical responsibility for patients and have the maturity and courage to open their practice to scrutiny, not only of the therapeutic methods used, but also of their own clinical self awareness. The subject might be briefly introduced during clinical experience of gynaecology, in relation to normal sexuality and family planning; and during experience in psychiatry, in relation to the role of psychotherapy. But we see the major opportunities arising during the post registration training of GPs and in the training of such specialists as obstetricians, gynaecologists and psychiatrists. We are not aware of any consistency in the training of such specialists in marital or psychosexual work, though we have heard of excellent individual and local initiatives. Whilst wanting to encourage these, our concern is with the gaps left by such piecemeal attempts.

6.15 The basic training of health visitors prepares them to be generalists. Though courses undoubtedly vary in their emphasis, they include the psychodynamics of the family, factors involved in marital disharmony and the practice of health visiting,

including the art of looking and listening. Our evidence suggests that this training is in general adequate for the role which health visitors play in this field.

6.16 The basic training of midwives appears to pay less attention than it might to the emotional aspects of childbirth and their effect upon the family. We consider that the contribution which midwives can make to family relationships at a time which, though short, can be extremely influential, should be more recognised by highlighting its importance during basic training.

6.17 The training of priests and ministers has features common to the training of other counsellors and features peculiar to their own profession. The most effective work developed in theological colleges has been not by lectures on pastoral psychology or counselling techniques, but by giving students experience of being counselled, of working singly or in small groups with a trained and experienced counsellor. Ideally this counsellor is not a rare and periodic visitor from outside the college, but one carefully integrated in some way with the general life of the community and its teaching staff. Also by continuing his work outside, the counsellor can teach about the work of social workers, marriage counsellors, etc., whom the clergyman will meet in his ministry. The stuff of the learning experience comes from an understanding by the students of themselves and their problems, the relationships within the common life of the college and from work with a small number of parishioners whom they meet as part of each week spent in pastoral work. This learning is appropriate less to the primary stage of training when they are learning basic theology etc. than to the secondary stage in a final year or years before ordination or its equivalent.

6.18 As a professional group, solicitors probably have the most experience of marriages at the point of breakdown. Our belief, which is in part suggested by practitioners who have been trained both as lawyers and marriage counsellors, is that solicitors occupy an extremely significant role for couples in distress and we consider that those who specialise in matrimonial work should receive specific training for it. We note the recommendations made in 1971 in the Report of the Committee on Legal Education¹ chaired by Lord Ormrod which suggested the following aspects as being

... important to all lawyers – elementary behavioural science, covering such matters as interviewing techniques, the interaction of lawyer and client on each other, normal psychological development of children and their interaction with their parents, and the basic facts of mental disorder. . .

The training of the legal profession is one of the matters now being examined by the Royal Commission on Legal Services.

6.19 These last paragraphs which touch on basic training for various disciplines do so mainly to illustrate some of the principles we have outlined earlier. Before we move on to in-service training, two further points seem important. First, of all those not specialising in marital work, there will be some who will not be suited by temperament or inclination to undertake it; but being exposed to some such training may be

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important in helping them to discover this fact for themselves and to develop some skill in making sensitive referrals to colleagues or other agencies.

6.20 Secondly, amongst the emotional complexities of marital and family work, ambivalence has to be understood and faced. People under stress are likely both to want change, and to want things to remain the same rather than face the uncertain results of change. The helper is likely to have mixed feelings too, wishing to promote change, but also to avoid the confusion, discomfort and uncertainty which the attempt to help may involve. This ambivalence may largely explain why the time, money and effort expended in basic and subsequent training do not always produce the hoped for improvement in practice – for this reason, the first years of work after qualification are crucial.

In-Service Training

6.21 Whatever the practitioner's training, exposure to the distress and confusion of an unhappy marriage is generally difficult and may spark off strong feelings which can lead to the abandonment of the principles of sound basic training, or to their too rigid or inappropriate application. Emotional and intellectual growth can take place only when the anxiety engendered by the study and experience is effectively contained and when both challenge and support are available through skilled supervision and case discussion. Although the focus must be on the marriage, it is only when account is taken of the feelings and responses evoked in the practitioner by his clients that what is happening in the marriage can be properly understood. These subjective elements can provide some of the most valuable insights into the clients' dilemmas and can help the practitioner to avoid either Olympian detachment or over-involvement. Supervisors and group leaders require considerable skill themselves and opportunities for continuing support and training. They have to practice what they preach and demonstrate in their teaching that they too can tolerate and use the emotional impact of any disturbing material brought to them by the new practitioners. Thus they will benefit the practitioners themselves and through them the clients with whom the practitioners are working.

6.22 In social work and allied professions, the importance of on the job supervision and support are generally recognised, though they are still too often limited to practical issues. Other professions have found ways to meet similar needs in their own members. We believe that at this stage in their development, practitioners may not be ready to work in inter-disciplinary groups but may learn best with those of their own disciplines. It is important that they should at first become fully identified with their own professional roles including the opportunities and limitations these afford for helping people under marital stress; otherwise there may be a danger that new practitioners will become confused about what is appropriate to their own roles. One result may be that they will seek to act more as general counsellors for all human ills than as priests or ministers, lawyers or health visitors.

6.23 Some form of professional consultation and support should always be available to practitioners who work with marital stress and related family problems. Long

experience is no safeguard against the confusion and depression which can come from undertaking this work. The most experienced workers are often the ones most ready to admit their need of a colleague's help to understand or to tolerate the emotional impact of what is going on. Each discipline has to find its own way of meeting this need, though not all have done so.

6.24 At this stage it may also be appropriate for certain members of some agencies to begin to work more directly with the marital problems they encounter and perhaps also take a larger share of the work which has a marital focus. Their need for additional training may not at this stage be easily met within their own locality or from amongst their immediate professional colleagues. For these specialists, and also for the majority of workers in agencies to which marital work is central, there is a need for post qualifying training courses. There are many different patterns of training and there needs to be experiment in order to develop those most appropriate to the various professions. Particular attention should be paid to their effectiveness in terms of their influence on members' subsequent practice. Experience suggests the following about such training courses:

- a. They should extend over a protracted period either on a day release basis or on the basis of brief residential periods with considerable intervals between or a combination of these. This would allow time to establish changes in feeling and attitude and for new learning to be tested out in practice. Short 'crash' courses do not allow time for such consolidation.
- b. Allowance should be made for the emotional as well as for the intellectual impact of the course on the student.
- c. As in basic training, courses need to be supplemented by some support and/or consultation in the members' home areas so that the climate there can assist any personal and professional growth which has been started.
- d. They should be staffed by at least some persons currently practising who are familiar with the working background from which the course members come and who can help them to discover the practical application of what they are learning.
- e. At this stage when workers are really at home within the boundaries of their own professions, inter-disciplinary courses (and also home based groups) may be very valuable.

6.25 We wrote in paragraph 6.12 that there were many variations in the pattern and content of basic training and the same can be said here about in-service training. We can only have learned of a part of all that takes place or is being planned. The following paragraphs mention some points which seem to us significant in relation to particular disciplines.

6.26 Although there is already considerable in-service training in marital work available to social workers including probation officers, and it is developing, our evidence suggests, that it is not enough. The most helpful form seems to be case discussion groups meeting over a protracted period and concentrating on the everyday material of the workers' caseloads, exploring in this the marital and family interactions as well as their impact on the workers themselves. For such groups the quality of

leadership is crucial and we propose later in this Chapter machinery which we believe would help develop and support suitable leaders amongst social workers and other professional groups.

6.27 We know that those responsible for training in the social services departments are struggling to increase the numbers of social workers with basic qualifications. While fully qualified services are yet some distance away, we think it is very important that any in-service training and support in marital and family work should be available to those who have not yet and may never obtain a basic training, but who are working closely with complex family problems.

6.28 In-service training for health visitors should aim at supporting them in the face of the anxiety and sense of inadequacy which inevitably are aroused by multi problem families. We understand that short courses are being developed for practising health visitors on personal relationships and family interaction and that there are more advanced courses for the fieldwork instructors of health visitor students. We welcome these developments.

6.29 For nurses the most immediate need seems to be to develop the support available to them in the early stages of their work. Ward sisters, charge nurses and tutors are the key people who can meet this need. It may well be that they have to protect themselves behind high defences but if they can extend their own understanding through training, and learn ways of being open to other people's confusion or inadequacy, they will be able to help enlarge the receptiveness of their subordinates.

6.30 The tutors are central to the in-service provision in the specialist marital agencies. The NMGC tutors, for example, are selected from experienced counsellors. They are trained to supervise counsellors, lead case discussion groups and run training courses. They are paid sessional fees for this work but are expected to continue also with their voluntary counselling commitment. New tutors attend a 3-part course consisting of separate residential weeks interspersed with gaps of 4 – 6 months. They bring back to the second and third weeks their experience of being trainers and supervisors. Tutors in their turn are supported on a regular basis through individual supervision by tutor consultants (who are established NMGC staff) and by regular meetings in regional teams. This model of support for the supporters seems to us crucial to all in-service training schemes.

6.31 The marriage guidance agencies also run various kinds of training events, locally and nationally, offering the insights gained from specialist marital work to workers from other voluntary agencies; to probation and prison staff and to professionals from social work, medicine, the law, the churches, and education and youth work. The most extensive work by the NMGC over the last 20 years has been with teachers. As with all external training, the aim is not to turn teachers into counsellors but rather to develop sensitivity in the pastoral aspect of their role and to help them to devise ways of teaching about personal relationships.

6.32 The approach of the IMS to the in-service training of workers from a variety of agencies was described in Chapter IV. Here we would note in particular the experience that this organisation has acquired of developing models of training for practitioners by practitioners appropriate to particular fields of work, and also the emphasis it has placed upon the problems of change involved for those who are striving to develop these skills.

6.33 A number of organisations have contributed to the in-service training of doctors in marital and related work. The Balint Society organises seminars focused on the doctor/patient relationship rather than on marital work as such, but offers an important model. The doctor treats his own patients and need not wait for extra qualification before undertaking clinical work. The groups of 10 – 12 doctors are local enough to require members to be absent from their practices for only short periods every one or two weeks. Suitable primary care doctors can be trained to train others and thus become specialised resource people.

6.34 The Institute of Psychosexual Medicine also selects doctors from local training groups to become potential leaders. They meet at a leaders' workshop where their teaching skills can be developed. This workshop is subsidised from Institute funds so that some leaders can travel from London to lead local groups and others to London to take part in the leaders' workshops. This pyramidal system allows skill to develop from an initially small resource and may be applicable to training in other disciplines.

6.35 The equivalent of in-service training with supervision and support could be given to the clergy in the early years of their ministry in widely established schemes such as those for post ordination training within the Church of England. Also there appears to be a place in later years for further training for selected clergymen and ministers. The best work is being done where there is a definite commitment, over a period of years, between a diocese or locality and a skilled professional counsellor.

Advanced Training

6.36 The boundary between in-service and advanced training is indistinct. Advanced training can apply to packages of any number of shapes and sizes, all in our view concerned with the process of assuming key roles and of becoming trainers of others.

6.37 Advanced training does not necessarily involve radically new concepts and is as likely to involve a more intensive examination of what has been learnt before, leading to a deeper understanding, particularly of such factors as ambivalence and the nature of interactive processes. It is also likely to be concerned with the techniques involved in teaching and supervising those undertaking some aspect of marital work.

6.38 In harmony with a central theme in this Chapter, we stress the importance of continuing practice for the trainers, both during and after their advanced training. We know that it is often difficult for such people to keep their practice alive but we believe

that agencies should take very seriously the adverse consequences of a divorce between practice and supervision or teaching.

6.39 At present the facilities for advanced training for marital and family work, including sexual dysfunction counselling, are severely limited. The Institute of Marital Studies in offering training to a variety of disciplines has deployed a substantial part of its limited training resources in advanced work. The accent in recent years has been on helping other bodies such as the NMGC and the probation service to build up their own resources in terms of skilled trainer/practitioners. The National Institute of Social Work and other bodies concerned with advanced training in social work, encouraged and supported by CCETSW, offer intensive post qualifying courses, some with a marital or family focus.

6.40 In our view, the advanced training opportunities available are inadequate and need to be very much extended if the other developments which this Chapter envisages are to take place. For all these developments there must be skilled practitioner/teachers to work within and between the various disciplines involved in marital work. We now consider the crucial question – how can practitioner/teachers of the necessary calibre be created and sustained in sufficient numbers?

Marital Training and Development Groups

6.41 Before we attempt to answer this question, it would be useful to recapitulate briefly the argument of this document, and particularly of this Chapter:

- a. Marital stress shows itself in a variety of ways to workers in a wide range of agencies; it is therefore important that these workers have sufficient understanding and skill to respond appropriately.
- b. This response has to be in harmony with the primary task of the agency; training at all levels must help workers to operate effectively within the boundaries of their jobs and organisations.
- c. Professional training is a continuous process. The growth of understanding and skill often involve changes in attitude which usually takes place slowly. Training, therefore, must include a range of activities some of which may need to be long term and, therefore, as locally available as possible.
- d. It would be inappropriate if this document attempted to suggest in any detail how particular agencies and professional groups should approach the future of their training.
- e. The most important resources are the highly skilled workers whom we have called practitioner/teachers. They may come from a variety of disciplines and settings.
- f. A strategy is required to ensure that practitioner/teachers are helped to develop and maintain their skills in marital and related work, and to enable them to use their skills to raise standards of basic and in-service training and supervision within a range of services and on a local basis.

6.42 These considerations lead us to propose the formation locally of marital training and development groups to which those with the necessary abilities should be freed to work on a part-time basis. The work of these groups would be to respond to local training needs, but they would also take the initiative in raising standards and mobilizing other relevant training resources as necessary.

6.43 Depending upon local circumstances, such groups (MTDGs) might be formed to cover:

- counties (which in general coincide with all areas of local area health authorities);
- groups of non-metropolitan counties;
- divisions of Greater London and of metropolitan counties.

We think that they should be funded centrally, at least for the ten years suggested as the initial life span of the Central Development Unit which we shall propose in Chapter IX.

6.44 We see the tasks of the MTDGs as including the following:

- a. To assist at centres where social workers, the clergy, health visitors, nurses, doctors, solicitors and others receive their basic training.
- b. To help agencies which undertake some aspect of marital work to develop a range of in-service training and support for their workers, supporting and supplementing what is already done and also creating new opportunities.
- c. To assist agencies and disciplines to review the need for advanced training and then to collaborate with the agencies in providing opportunities for workers to obtain this training; it is unlikely that many areas could themselves provide facilities for such advanced training.
- d. To offer consultation to individuals and organisations undertaking some form of marital work.
- e. To look across the boundaries of institutions and disciplines at the provision of services in relation to local needs, and to provide promotional intelligence to the Central Development Unit; the groups would be well placed to see what studies may be needed into the causes of marital problems, the provision of services and the methods used.

6.45 The quality of the membership of the MTDGs would be crucial to their success. Though it is to be hoped that between them members would have strong links with all the relevant local agencies and disciplines, they must not be chosen primarily on a representative basis but because of their experience and competence. Agencies could put forward the names of local people to the Central Development Unit which would be responsible for a final selection and would also itself take the initiative in encouraging suitably gifted people to apply, particularly to serve in areas of special need.

6.46 We believe that the members of the MTDGs should serve for a period on a part-time basis, working the remainder of their time within their own agencies. Their agencies (or they themselves if they were self-employed) would require financial compensation for the time given to the groups. The degree of commitment would vary but would need to be sufficient to allow a real contribution to be made, though not so

great that it would destroy members' identification with their own agencies and their own practice of marital work. No member would therefore work full-time for a group, though in some busy areas secretarial or administrative staff might be needed to co-ordinate the work of the groups. We do not minimise the heavy demands of joint appointments. If key people are to be freed locally to undertake the work of the groups, sufficient authority and money must be available to the Central Development Unit to enable suitable terms to be negotiated. Here it is worth mentioning again that the national marital counselling organisations employ their tutors on a sessional basis. Some of these tutors who have a particular contribution to make may therefore be available to serve with the new groups.

6.47 MTDGs should be large enough to represent the knowledge and interest of various disciplines and to include members of both sexes; but they should be small enough for members to know one another well and to work closely together. We have in mind a membership varying between four and twelve according to the volume of the work to be undertaken. We see a benefit in local variation in the pattern of developing these new groups, to allow for experiment, to take account of particular local needs and to take advantage of any special talents and facilities available.

6.48 Though these groups would approach their local tasks in a variety of ways, they would all need central support and resources. We shall discuss the nature of the Central Development Unit which could provide these in Chapter IX.

VII: Particular issues

A. Conciliation in connection with court proceedings

Introduction

7.1 In previous chapters we have written about the improvement of services for the early recognition of difficulties in marriage and for help with them. Even with the best services that could be available there will remain a number of troubled marriages for which remedies are sought in the courts. Remedies available in the magistrates' courts are less drastic than those granted in the Family Division of the High Court. The orders for separation and maintenance made by magistrates neither presuppose nor make an irrevocable breach in the marriage: they can be cancelled if the couple agree to resume their married life together. The ultimate remedy granted by the judge in the High Court, however, marks an irrevocable step: by a decree of nullity he declares that there has never been a marriage between the partners; by a decree of divorce he dissolves a marriage once made.

7.2 In both courts the essential function is judicial: to judge the parties' respective claims and to do justice in the sense of upholding rights or adjudicating claims made as of right. Access to the courts, and procedure in them, involving solicitors, counsel, and court officials, are all governed by this primary purpose. No secondary or ancillary purpose should be confused with it nor impede its due discharge. Doing justice is a social function, for the protection of members of society. But it is always a last resort, the final remedy when a less drastic remedy and truer benefit cannot be attained by agreement. So, in the evolution of the relevant law, pauses have been built into the process, points at which attempts may be made or opportunities taken to promote reconciliation and so to help the parties to a restored relationship instead of to one judicially severed.

7.3 In the magistrates' courts, between application and hearing, or by adjournment after first hearing, the services of probation officers are made available to the parties in case the pursuit of an order could be made unnecessary. For the divorce court, the Divorce Reform Act 1969, now consolidated in the Matrimonial Causes Act 1973, contained 2 provisions concerned with reconciliation. Section 6(1) of the 1973 Act states that provision shall be made by rules of court for requiring the solicitor acting for a petitioner for divorce to certify whether he has discussed with the petitioner the possibility of a reconciliation and given him the names and addresses of persons qualified to help effect a reconciliation. Section 6(2) empowers the court, if it appears to it at any stage of proceedings for divorce that there is a reasonable possibility of a reconciliation between the parties to the marriage, to adjourn proceedings for such period as it thinks fit to enable attempts to be made to effect such a reconciliation. The questions now arise: Are these various provisions adequate? Are they well used, and, if so, with what success? And can they be improved upon? In other words, granted that justice – the adjudication of rights – must remain the last resort in matrimonial causes, can

better provision be made for those spouses who might, even at this late stage, benefit more from another remedy? Before answering these questions, it is necessary to examine what is understood by the terms 'reconciliation' and 'conciliation'.

Reconciliation and conciliation

7.4 The Finer Committee proposed the creation of a new family court, and considered reconciliation and conciliation in connection with it.¹ By 'reconciliation' they meant, as we do, the re-uniting of the spouses. By 'conciliation' they meant:

assisting the parties to deal with the consequences of the established breakdown of their marriage, whether resulting in a divorce or in a separation, by reaching agreements or giving consents or reducing the area of conflict upon custody, support, access to and education of the children, financial provision, the disposition of the matrimonial home, lawyers' fees, and every other matter arising from the breakdown which calls for a decision on future arrangements.

We have suggested in paragraph 4.84 a more general meaning of 'conciliation' as the moderation of bitterness and the reduction of areas of disagreement, and the Finer definition incorporates a statement of those matters upon which disagreements may exist precedent to or consequent upon a divorce or upon a separation. Sir George Baker, President of the Family Division of the High Court, has recently said:² "... the expressed opinion from many judges is, alas, that the fight, albeit in chambers over children and money, is now more bitter and fiercer than ever before".

7.5 After reviewing the English and overseas experience of reconciliation through the courts, the Finer Committee reached the conclusions³ – first, that reconciliation procedures conducted through the court at the stage where parties are presenting themselves for decrees that will formalise their marriage breakdown have small chance of success; and, secondly, that conciliation procedures conducted through the court at this same stage have substantial success in civilising the consequences of the breakdown. Neither our experience nor the evidence given to us leads us to any different conclusion.

The existing provisions in the divorce law

7.6 We were told by witnesses that the existing conciliation provisions⁴ are ineffective, and that they have been ineffective from the outset. The first provision (section 6(1)) does not require the solicitor to discuss with the petitioner the possibility of reconciliation but to certify whether or not he has done so; its requirement is satisfied if he certifies that he has not. In practice, there have been few referrals at this stage for

1 Paragraphs 4.288 to 4.336.

2 Address to the Law Society's Annual Conference on 7 October 1977 reproduced in the *Guardian Gazette* of 26 October 1977.

3 Paragraph 4.311.

4 See paragraph 7.3.

either reconciliation or conciliation.⁵ It was not the expectation of the authors of the Act that this provision would have any different result. In commending its adoption into our law, the Law Commission gave as its reason not that it had any expectations that it would bring about reconciliations between people wanting divorces, but that it might ensure that all solicitors have ready to hand a list of marriage guidance organisations, so that this can be given to those clients who consult them at an earlier stage.⁶ The second provision (section 6(2)) has in practice been used by the courts in only a small number of cases at the initiative of the petitioner. These results are not surprising in view of the experience referred to in paragraph 7.5.

7.7 Nevertheless we welcome the intention of these provisions. The concept of reconciliation as a stage in the court process has been an aim of reformers for several decades beginning with the Denning Committee, whose terms of reference specifically included it. These provisions were part of the political compromise which led to the passing of the 1969 Act. We have drawn attention in paragraph 1.9 to the rapidity with which legislation followed the concession of the principle that divorce should be based on breakdown of marriage and suggested that the relevant law and services would take time to adapt themselves. So we regard the provisions first enacted in the 1969 Act as an earnest of an intention which may find a way of fulfilment later, through the provision of better machinery, linked with the legal system, for a service of conciliation which includes the possibility of reconciliation, albeit small. It is not our view that there should be a compulsory requirement for conciliation – for this seems to be a contradiction in terms.⁷

The idea of a court conciliation service

7.8 As we have described in earlier chapters, the probation service and the social services departments over recent years have become increasingly involved in the work of the domestic courts, providing reports about the future of children and where necessary supervising them under court orders. How these children cope with the break up of their families depends very much upon the relationship between their separated parents. Therefore conciliation is often of the essence of this complicated and time consuming work.

7.9 With its recommendation for the establishment of a family court, the Finer Report coupled a family court welfare service. The functions of the latter would include the provision of a service specifically concerned with conciliation.⁸ The Attorney General

5 The NMGC Report of 1973 says – “Although it is not always possible to establish whether a solicitor’s referral has come as a direct result of the Act or not, we estimate that Marriage Guidance Councils have received a maximum figure of 300 such referrals.” Since 1973 there has been no pressure on solicitors from the bench or anywhere else to take the reconciliation provisions more seriously and the referral rate under the Act has not, it seems, increased.

6 *Reform of the Grounds of Divorce: The Field of Choice*: HMSO 1965 Cmnd 3123. Paragraph 31.

7 The experience of other countries is consistent with this – see Finer Report, paragraphs 4.301–4.306.

8 Paragraph 4.313.

announced in 1976 that the government had reluctantly decided that there was no prospect of implementing the recommendation for the establishment of a family court.⁹ However, the provision of a court conciliation service is not dependent on the establishment of a family court. Although the existing division of jurisdiction is to remain, a service could be established to serve the divorce court and the magistrates' domestic court; but because additional work would be created, additional resources would be required, whether the task be undertaken by an existing service or by a new service.

7.10 The conciliation service we envisage would be on lines similar to that proposed in the Finer Report and would exist side by side with the legal structure. Whereas the function of the courts is judicial, the main purpose of the conciliation service would be to help individuals and couples to sort out their views, attitudes and feelings, make decisions which are most beneficial to the mental and emotional health of themselves, their spouses and their children, and begin to adapt themselves to the implications of those decisions. The court assumes that people are clear what they want and adjudicates when there is a clash of interest between spouses. However, many people experiencing marital breakdown who go through legal process for divorce or separation have conflicting feelings at various stages or indeed throughout. Sometimes this ambivalence may be apparent at the point of their first consulting a solicitor; sometimes it may surface as legal action is taking place and uncertainty about the future mode of life highlights the forgotten positive aspects of the relationship that is being terminated; sometimes the permission to divorce, perhaps at the granting of the decree nisi, provides such a shift in the marital relationship that the old marriage can be resumed on a new basis.

7.11 The divorce process is thus often accompanied by feelings of uncertainty, sadness, panic, bitterness or regret or even reluctance; individuals or couples can benefit from talking these through with a counsellor or welfare officer experienced in conciliation. In particular it is important for time to be available for each parent to talk about his or her feelings about the children, and about the future plans for the children's welfare, including arrangements for continuing the relationship with the parent who will then be absent from them. The continuing role of parent, after both parents are no longer cohabiting is fraught with difficulty. Often some supervision of the children will be necessary for some time, either to help with any bitterness transmitted into the post-divorce relationships with children or to safeguard access arrangements. These are all matters of fundamental importance with which the law as a judicial agent is not well placed to help. It is not a question of either legal process or a conciliation service. Many couples have need of both, and both have a complementary role to fulfil. From our viewpoint, an undue share of time, skill and finance goes into the execution of the law, and we think more resources of all sorts should be diverted to the process of conciliation in the wide sense we have used it here.

⁹ Statement by the Attorney General in the House of Commons, Official Report, 2 November 1976, column 557.

An experimental conciliation bureau

7.12 In an article in *Family Law* entitled 'The Case for Conciliation Bureaux'¹⁰ Judge Jean Graham Hall argued that there are several stages in divorce proceedings where referral for conciliation would usefully occur – if an injunction is granted (when, she says, the immediate tense situation between the parties frequently cools); on the filing of a petition based on adultery or unreasonable behaviour or desertion where the parties have continued to reside under the same roof; after decree nisi before the granting of a decree absolute. The article went on to discuss the idea of court conciliation bureaux. It referred to our Working Party and suggested that we might be persuaded to recommend a pilot scheme whereby one or two bureaux are set up attached to divorce county courts.

7.13 The last mentioned suggestion has been overtaken by the recent establishment of the Bristol Courts' Family Conciliation Service. This Service is linked with local solicitors, the divorce court, and the magistrates' court. It is managed by a committee chaired by a circuit judge which comprises representatives of the magistrates, the county and magistrates' courts, the marriage councils, the Law Society, the Bar, the probation service and the local Council of Voluntary Service, with co-opted members. The conciliators are all part-time volunteers; they consist of marriage counsellors and former social workers and probation officers who have retired or who are mothers with young children. They have been given training in the law and practice relevant to the new setting. Referrals are made directly to the Service by telephone and are at present restricted to those made by solicitors.

7.14 We welcome this experiment; it will among other things provide experience which will be useful in assessing the suggestions made in the article in *Family Law*, some of which are outside our terms of reference. The initiative which gave rise to the establishment of this bureau was taken by people from several organisations including the Law Society, the Council of Voluntary Service and the probation and after-care service. We should like to see other experimental bureaux established elsewhere, perhaps with people from the social services department included among the initiators. We hope that arrangements will be made for the monitoring of the procedure and results of such experiments and that the government will support this. An incidental advantage of such experiments is that it brings lawyers and social workers, including probation officers, together for discussion.

The role of solicitors

7.15 At some stage most marriage partners contemplating a divorce approach a solicitor, whether to instruct him to act in the filing of a divorce petition or for advice on the consequences of legal action. As a professional group, solicitors probably have the most experience of marriages at the point of breakdown. Those who are perceptive are aware of the tensions involved and of the conflicts which often continue through and

¹⁰ Vol. 6, No. 8, 1976.

after divorce in the relationships between parents and with their children. At such a crucial and sensitive time a solicitor, unlike a marriage counsellor social worker, is generally involved with only one partner. Indeed his role as advocate is to advance his client's interest. He is likely therefore to feel the stress of his client and to be caught up in the fight, which often revolves round practical issues such as money, property or arrangements for custody and access.

7.16 The Working Party received little evidence about this aspect of the work from legal sources. Clearly this is not because of lack of concern in the legal profession. It is noteworthy for instance, how many solicitors play prominent roles in marriage councils; indeed all councils have a legal consultant acting in a voluntary capacity. It seems rather that there is a big gap of understanding between counsellors or social workers and lawyers. This gap results partly from the very different focus of training and partly from the divergent purposes of the 2 disciplines. A solicitor, approached by one spouse who sees the marriage as beyond salvage, may not be aware of any hopeful possibilities and may therefore assume that counselling cannot help.

7.17 Our belief, which is in part suggested by practitioners who have been trained both as lawyers and marriage counsellors, is that solicitors occupy an extremely significant role for couples in distress, and we consider that those who specialise in matrimonial work should receive specific training for it. Its importance cannot be over-emphasised. The readier availability of legal aid and advice means that many people in marital difficulties now seek their first help from lawyers. This calls for an increasing degree of skill, openness and sensitivity from solicitors, for which even that rare gift, a natural aptitude, needs sustaining by training in post.

B. Education about marriage

Introduction

7.18 It has not been our primary concern to enquire into ways in which people learn about marriage either by preparing themselves for marriage or by supporting themselves in it. Several of our witnesses have referred to education about marriage, sometimes to draw attention to successful work being undertaken, more often to express the view that opportunities for such preparation and support are seriously inadequate.

7.19 Our impression is that approaches to such education are piecemeal and unco-ordinated. Some projects have been and are being carried out by churches, schools, voluntary organisations and health visitors. But for many individuals and couples no formal preparation is available before marriage and little support afterwards. Educationists in whatever setting seem bemused in the face of the rapidly changing marriage patterns and expectations which are the background to this document.

7.20 A recent series of papers entitled 'Dimensions of Parenthood' in a Department of Health and Social Security series on *The Family in Society* makes clear that essential education about marriage is not so much a matter of intellectual growth as a continuing

process through which attitudes are developed and influenced by emotional experiences. This kind of learning is absorbed and digested in a variety of ways; and early experiences many of which remain unconscious, influence strongly how children feel about themselves, their sexuality, and their ability to make relationships. Observations of, and interactions with, parents and other family members are crucial factors in such developments. Adults in the family provide powerful patterns for youngsters to model themselves on or to avoid as they strive through adolescence to adulthood.

7.21 In our pluralistic society, life within families is increasingly varied and uncertain. Many children are growing up in homes with inadequate parental guidance, or where parental figures change. Helpful relationships with parents cannot be taken for granted and many parents and guardians lack confidence in educating their youngsters for adult roles. No hard evidence is available as to what effect this fragmentation will have upon today's children or the stability of their relationships, but it cannot be assumed that they will learn how to become responsible spouses and parents through the normal course of growing up in the family.

Preparation for marriage

7.22 We have considered what, in the face of this fluid and uncertain situation, a couple may seek at the point of marriage. If, as Church and State both assume, marriage is entered into by the exchange of consents or vows, it is better if the parties have a clear understanding of what they propose to do, and of the consequences of their actions. They may need help to articulate to one another their assumptions and expectations about marriage, to explore unexplored difficulties, to open unopened reserves. They may also need straight practical help about mortgages, insurance, budgeting, or about sexual matters and contraception. They may need guidance about the wedding ceremony.

7.23 The importance of this sort of preparation has been emphasised recently by various churches, for instance in *Preparing for Marriage* published by the Roman Catholic Canon Law Society of Great Britain and Ireland, and the Report of the Anglican/Roman Catholic Commission on the Theology of Marriage and on Mixed Marriages, in June 1976.

7.24 Credit must be given to the churches for identifying the need for marriage preparation and pioneering ways of providing it. In 1920 the Lambeth Conference of the Bishops of the Anglican Communion recommended that the clergy should regard it as part of their pastoral responsibility, and by 1969 the practice became, in the established Church, a canonical (that is, a legal) duty. Most couples marrying in church receive some sort of pastoral guidance from their minister often in the form of an individual interview.

7.25 In an era of experiment, various independent agencies early in their history pioneered courses of preparation for marriage in response to their experience of meeting in counselling rooms and clinics many couples whose difficulties seemed to spring from ignorance about aspects of marriage. These courses consisted in the first instance

primarily of talks, but gradually information-giving assumed less importance as group discussion methods were introduced to encourage couples to communicate with one another and with other couples about their present concerns and their future aspirations. These courses for engaged couples flourish today where there is active encouragement from the clergy, most popularly in the Catholic Marriage Advisory Council.

Education about marriage

7.26 But these courses primarily meet the needs of those people who approach marriage by one route – the orthodox route. From the Denning Report onwards, people who were anxious about the weakening of the institution of marriage and who wanted to see it strengthened have wished to see much wider use of schemes of preparation for marriage. But it is not realistic to expect a state of affairs in which all, or indeed a large proportion of people will undergo this kind of preparation, or that it is suitable for all circumstances. Many do not approach marriage by the orthodox route; those who do may not have any inclination to regard a course of preparation seriously, perhaps because as they approach the time of marriage they are in a state of ecstasy in which the pursuit of any objective outside the immediate one is beyond their imagination, or because they are not open to this type of help for fear of disrupting their marriage plans. These comments imply no disparagement of the work that is being done; it is a valuable and necessary ‘door’ for those who want it. But other forms of education about marriage are needed to help people by other methods, and at times in their life when they are more accessible to learning.

In schools

7.27 Thus, during the 1950s and 1960s marriage counsellors involved themselves in schools programmes, facilitating discussion about all aspects of personal relationships. They believed that young people could best be helped to make responsible decisions about their future relationships through understanding and articulating their past and present relationships at home, at school and in leisure activities.

7.28 But it came to be recognised that learning by children about growing up is best done not by a few sessions with outsiders but within the context of regular relationships with adults. Marriage counsellors, with increased confidence in education for personal relationships, are now running courses for teachers aimed at increasing teachers’ sensitivity, helping them to integrate the pastoral and pedagogic aspects of their role and examining how to include education for family life within their school curriculum. Many school programmes are well established within the regular school curriculum and several local education authorities provide specialist training for teachers. Other schools are experimenting with new ways of using external resources in programmes with such titles as ‘life classes’ and ‘social education’.

7.29 Progress has also been made in recognising the problems of parents, and some initiatives have been taken to meet their needs. These needs have been recognised in a variety of settings such as child guidance clinics, parent teacher associations, self help community groups and ante-natal clinics. It can be helpful to bring together groups of young parents to provide a forum for them to talk about their anxieties and exchange experiences. Health visitors in particular are well placed to expand this work of helping young parents with their responsibilities, either with individuals in homes or with groups in ante-natal and child health clinics.

7.30 There are several gaps observable in these educational endeavours. In particular there is difficulty in matching what the participants or customers recognise they need and what the educators have on offer. There is still insufficient awareness that it is as important to educate boys as it is girls in personal relationships, child care and parenthood. There are still too few programmes which involve equally fathers and mothers, whether prospective or new, and too few opportunities available for helping parents to understand the implications of their new responsibilities or to learn training in child care or housecraft.

In youth counselling centres

7.31 Marriage education for young people of a different kind is provided on an individual basis in youth counselling centres which are mainly, but not exclusively, used by adolescents. A high proportion of the clients are under 21, some of them married, many of them living in a regular sexual relationship; many of the girls are pregnant. The young people who attend may come for a variety of reasons not necessarily, nor directly, concerned with relationships that may lead to marriage. The centres do, however, provide a service within which adolescents may find an identity and more realistically discover what a marital relationship may represent. Many young people view marriage as a goal in itself, a manner of gaining status, or an escape from family, without recognising the quality of the relationship. With the help of a counsellor young people may be enabled to gain more understanding of themselves and thus to form a relationship with a better foundation and one that has more chance of growth.

In youth organisations

7.32 There is increasing recognition that youth organisations of various sorts, ranging from conventional clubs to coffee bars and 'open door' centres, can be important for providing places for young people to talk informally about relationships, either in spontaneously formed groups or in one-to-one talks with adult helpers. Some youth organisations are visited by 'outreach' workers from youth counselling centres who seek to inspire confidence in youngsters to approach the centres. But, as in other fields covered by this document, helpers in youth organisations need training; the general principles of training discussed in Chapter VII are equally appropriate here.

Over the life cycle

7.33 There is scope for extending the notion that training for marriage can usefully extend throughout the life cycle. It is especially important to identify points of potential crisis and build in additional supports. The ante-natal clinic is in touch with couples at one such critical point. At the other end of the scale, the Pre-retirement Association finds that their courses for people approaching retirement frequently become preoccupied with the effect of this dramatic change on marriages. No such support groups are generally available for couples facing other crises such as moving to new areas, children leaving home or the difficulties faced by a two-career family.

7.34 Some projects provide experiences for couples together, variously called 'marriage encounter', 'marriage enrichment' and 'couples workshops'. At present the field of recruitment is somewhat limited, but experience gained may be applied on a wider scale to meet some of the gaps we have mentioned above. We were, for instance, interested to hear that organisers of marriage preparation courses in one rural area had found benefit in widening their courses to bring together newly married couples and engaged couples. We also welcome the recommendation of the Canon Law Society that "the area of marriage is one in which the churches in general could give a combined witness . . . which could well find expression in . . . preparation for marriage and in the pastoral support of the newly-married".

Conclusion

7.35 Our comments on education about marriage are incidental to our main purpose. But the subject is extremely important and deserves more extensive study.

C. Handicap

7.36 We thought it right to include a section on this subject though we did not seek or receive any evidence about marital problems special to handicapped people. We acknowledge that we have done little more than identify some of the important issues which need to be taken into account. There is undoubtedly a need for considerable study of the special needs of handicapped people.

7.37 Handicap, be it physical or mental, may be accompanied by considerable stress of various kinds for the individual and his family. Such stress may be social, economic or emotional, and when handicapped people marry or contemplate marriage they may require particular forms of help. Sensitive help with sexual counselling, pre-marital and marital guidance and help at times of trauma, such as the development or acquisition of handicap in a marital partner, is vital if personal or family stress is to be minimised. Marriage requires the recognition by each partner of the needs of the other and adaptation as circumstances change. The need for counselling may be greater when two disabled people wish to marry; an able bodied person marries someone with a handicap, or where one partner develops a handicap later. Practical advice may be particularly

needed and relevant; for instance a handicapped person may need contraceptive advice or help to come to terms with the sexual limitations imposed by a disability. When handicapped people have to live in a residential home or hospital there will be particular strains. The staff of these establishments will need to be aware of them and know how to obtain counselling services for individuals or couples. Great skill will be required on the part of counsellors who work with handicapped people and it will be vital for them to have awareness of their own attitudes to handicap if they are to be effective.

7.38 At present counselling services are in short supply and where they do exist they are often badly sited. There are two main ways by which help with marital problems can be provided. One way is for those workers with special knowledge of particular forms of handicap and who work with handicapped people to acquire skill in helping with marital problems; the other is for the specific marital agencies and other general agencies to offer help by acquiring knowledge of the particular problems which flow from the handicap of people who seek such help. Handicapped people need more than one 'door' and there is much to be said for easing the approach, both emotionally and physically, through the general 'door'. It would be unfortunate if special provision were compelled to grow simply as a result of inadequacy in the service provided by the general agencies.

D. Marriage counselling in a multi-racial society

Introduction

7.39 The 1971 Census figures showed that there are over a million living in Britain who were born in the 'New Commonwealth'. They comprise about 320,000 Indians, 140,000 Pakistanis, 300,000 West Indians, 73,000 Cypriots, 176,000 Africans, and 143,000 from other 'New Commonwealth' countries. They are concentrated in the major conurbations, approximately half being in London.

7.40 We received evidence from the Community Relations Commission about the differing socio-cultural backgrounds of ethnic minority groups. We do not consider that it would be appropriate to reproduce this in full but we believe that members of ethnic minorities encounter special difficulties in seeking help with their marital problems; this is because the general agencies are unfamiliar organisations in which they may be reluctant to confide and because the traditions and beliefs on which their personal relationships are based are little understood by many of those from whom they might seek help. The Asian and Cypriot concept of marriage is based upon the choice of a suitable partner by the parents within a prescribed range. Love is said to come after marriage, not before. The bride is absorbed entirely into her new family, which may take precedence over the individual's wishes when there is a reluctance by a young bride to marry the groom of her parents' choice or when breakdown occurs. It may be difficult for westerners to understand the strong pull of tradition and encouragement to Asian women to act as individuals and to be independent can result in their finding themselves rejected by their families and unable to find a foothold in the community at large. The relationship between husband and wife is of a different order in an extended family and cannot be seen in isolation as in a western family. There is still a great deal of parental

prejudice against and concern about mixed marriages on the part of both black and white members of the community. This puts an extra pressure on young couples in these marriages and may make them reluctant to ask for help at an early stage.

Links with minority groups

7.41 We believe that the most useful contribution to overcoming the barriers will be the development of links between local minority groups and the general agencies. If, for example, local ethnic minority leaders were in regular contact with those offering counselling services, trust and understanding could be built on both sides. Marriage Councils and the other caring agencies need to know which minority groups are represented in their areas and should make sure that the services they provide are known about and understood. The ethnic minority press would be one vehicle for this. Similarly, minority groups would benefit from finding out what sources of help are available locally and building up contacts with these.

Training

7.42 It would be impracticable for all marriage counsellors and other practitioners to receive extensive training in the needs of minority groups with which they might never come into contact. However, they do need to be aware that differences exist and to be prepared to find out about the cultural backgrounds of groups in the areas where they practice. If counsellors had this knowledge, they would become more accessible both to ethnic minority couples and to those who have entered into a mixed marriage. If, for example, the woman is white, she may be in need of the help of a sympathetic counsellor who understands her husband's background; her husband may find it easier to accept the idea of assistance if he does not feel that his wife and her white counsellor are likely to 'gang up on him'. Locally run multi-disciplinary training courses or seminars might be helpful here.

7.43 The development of our multi-racial society indicates that there may well be an increase in the number of mixed marriages or partnerships prior to marriage. Many of these couples will share the common racial and emotional problems of their race, colour or nationality. Marriage counsellors and other practitioners should therefore be encouraged to understand and accept changing attitudes towards race within both minority and majority communities. Knowledge of other cultures, particularly for those who are working in areas with large ethnic minority populations would be helpful, but a flexibility of approach is likely to be still more important.

Recruitment of ethnic minority counsellors

7.44 Where possible, efforts should be made to attract suitable candidates from minority ethnic groups into counselling services. This should increase the knowledge of minority cultures amongst established counsellors as well as encouraging those in

difficulties to seek help. Such counsellors will be able to overcome the cultural and linguistic barriers which will be an obstacle to communication for most counsellors.

Self help

7.45 For West Indians, perhaps a hopeful source of help in the immediate future is the setting up of their own counselling groups. We have heard of some areas where West Indians have requested and received training from marriage counsellors with a view to providing a service for some of their own people locally. If these self help groups develop, they could provide a valuable addition to the existing sources of help available in the community. Asians will probably mostly continue to seek assistance from members of their own families or communities. When outside help is sought, great care needs to be exercised on the part of the counsellor to take into account the very different religious and social backgrounds of these clients.

E. Violence in marriage

7.46 We have included this special section on violence because of the amount of concern and publicity which the subject has attracted recently, and because so much of it is encountered and not publicised by practitioners in their normal daily work. It is clear that there is now a level of domestic violence which the persons involved, and the general moral sense alike, find unacceptable.

7.47 The Report from the Select Committee on Violence in Marriage,¹¹ published in 1975, commented fully on this phenomenon and there is no point in our covering the same ground. The Report showed, and the chief probation officers repeated to us, that there is "sufficient evidence to assert the need for emergency social action". But in spite of this sense of urgency, it is important, as the Report stressed, to try to understand the full complexity of the phenomenon.

7.48 Our evidence, and the experiences of our members, confirm that the Report was accurate in saying that "all strata of society are involved",¹² that "physical violence is not necessarily any less tolerable than verbal or emotional assault, and that – particularly in the wider sense – men are 'battered' by women as well as vice versa".¹³ Violence in marriage is indeed "a wide and difficult subject",¹⁴ with a "complex origin".¹⁵

7.49 We want to add one or two comments to the statement of the problem by the Select Committee, and to offer some suggestions in addition to those in their Report.

11 HC 533-i.

12 Paragraph 7.

13 Paragraph 6.

14 Paragraph 4.

15 Paragraph 15.

7.50 It is easy to underestimate the fear of violence to all involved in it. The fear of the person assailed can be readily understood. The fear of the assailant is as real but difficult to appreciate. Examples quoted in the evidence given to the Select Committee by marriage counsellors were of violent partners very worried by their own violence, of a mother who was so frightened by her feelings about, and her behaviour towards, her baby that she arranged as often as possible for her parents to look after the baby, and of a man who was eager to talk about his attempt to strangle his wife. Similarly, the fear felt by those called in to intervene in scenes of violence can be underestimated. They may react instinctively to the violence by themselves being violent.

7.51 The anxiety that violence arouses creates several tendencies. The first is to suppress and condemn not only the acting out of violent feelings, but also the creative aspects of conflict, in the fear that the tensions and primitive emotions may not be containable. The difficulty for any helpers is to determine the point at which violence cannot be contained and has ceased to have constructive potential. People who try to help – be they relatives, neighbours, policemen, counsellors, priests, doctors, barmen or whatever – have to juggle with this uncertainty. Some among the professionals receive training which can help towards a better understanding of this tension and uncertainty. Many receive no training at all.

7.52 Secondly, domestic violence creates uncertainty and fear in those witnessing it such that it puts pressure on them to take sides. Complex and painful situations are often over-simplified by designating one partner as aggressor and one victim. The interactive basis of most domestic violence is easily missed. All aspects need to be kept in focus at once and this is indeed difficult – failure to do so at times is inevitable. For instance, the police organisations told us of the difficulties encountered by a policeman who is called upon to intervene in a domestic brawl, only to find that both spouses unite in venting their anger on him. The experience of the police is that the chaos has to be faced; an artificial order cannot be imposed.

7.53 An instinctive reaction to violence is to separate or segregate the warring spouses. The main practical response in recent years has been the growth of women's refuges. Many of these refuges are now grappling with the problem of exercising a responsibility not only to the wives and children but also to the husbands. They appreciate that any angry husband knocking on the door of the refuge, aggravating, indeed terrifying, though he might be, may also be expressing his need for help. Counselling is as necessary for the assailants as for the assailed. The most productive approach to the families' anger and terror is likely to be that which, besides preventing the partners from ungovernable destructive impulses, also takes account of the dynamics and problems of the marriage rather than only of the individuals concerned.

7.54 In recent writing on domestic violence, the connection between sexuality and violence has received less emphasis than it deserves. The experience of members of the Working Party and the literature on sexuality and aggression indicate that the link is a close one. Marital quarrels with a sexual basis are indeed among the most violent of human disputes. It is therefore important that relevant social policy and work with violent couples are informed by the available knowledge and experience about the

complex nature of sexual attitudes and behaviour. Not surprisingly, current changes in sexual roles and practice are creating a ferment within domestic life which at times erupts into violence. Indeed violence tends to become a preoccupation throughout society.

7.55 Much of what we have written about marriage and marital work applies equally to domestic violence. The comments on training, on education about marriage, and on research are all particularly pertinent. We believe that violence is only one aspect of marital dynamics, albeit an urgent one giving rise to special concern.

7.56 However, special mention needs to be made of the training of people who are exposed in the front line of domestic violence and who are not primarily members of the caring professions. We have in mind particularly policemen and ambulancemen who have to cope at night and at week-ends when other services are less available. The police representatives who spoke to us differed about how policemen should be prepared for this aspect of their work. They recognised the difficulties involved. Some felt that training was no substitute for natural common sense. Others felt that training might encourage individual officers to be too adventurous and over-step the bounds of their duty. But appropriate training should give police officers a better chance to act wisely within their role as law enforcers by providing them with more understanding of what they have to tackle.

7.57 We were impressed by police accounts of the frequency with which domestic brawls are encountered at night and at week-ends by the police, and by the need for skilled judgement to be exercised by often young and inexperienced officers in learning when to intervene and when to leave a couple who had been fighting. This sort of work is extremely stressful. A young policeman must share the doubts experienced by marriage counsellors and social workers about when to intervene, when to stop and when to leave well alone. As we have said in Chapter VI, it is impossible to prepare people in advance for the stresses they are going to encounter but it is vital to support them in face of them.

7.58 It would pay dividends for more attention to be given to supporting these 'emergency workers' in this testing work, by means of seminars and other forms of group discussion, possibly in conjunction with social workers, marriage counsellors or others with experience of marital dynamics. Young policemen should have a chance of examining and sharing their experiences under skilled leadership in groups together. The police are an important part of the network of services dealing with marriages under stress and are equally entitled to the assistance that we claim is vital for all involved.

VIII: Research, marital problems and marital work

8.1 Our terms of reference include an obligation to consider research into marital problems and the services provided for those who encounter them. Such an inter-departmental enquiry, examining the topic for the first time in 30 years, was bound to uncover areas of ignorance and lack of information. We do not think these in themselves are sufficient reason for making the customary plea for an extension of research effort and expenditure, especially in today's economic climate and in an era when government research is largely influenced by the Rothschild 'customer-contractor' policy.¹

8.2 However, the paucity of systematic research and development work concerned with marital problems and marital work is especially notable in view of the wide range of psychological and social problems to which stress in marriage is related, to which we have drawn attention in Chapter II. This fact does, we think, justify special consideration. The position in the marital field contrasts sharply, for example, with the attention given to delinquency which is the major concern of the Home Office Research Unit, merits a university Institute and commands at least one journal of international repute.²

8.3 In the following paragraphs, therefore, we discuss research in the psycho-social field generally and then consider a number of research approaches concerned with different aspects of our subject. We do not attempt a classification of research, but have divided the subject into broad areas to facilitate debate, especially about priorities in the deployment of available resources and the role of funding bodies.

The link between practice and research

8.4 Research is always concerned to extend or clarify the frontiers of understanding. Finance devoted to it must inevitably be 'risk money'; the outcome can never be certain however responsibly and competently the work is undertaken. In the psycho-social and behavioural fields, of which marriage and marital problems form a part, research has a poor record judged by the extent to which it has influenced practice. Perhaps because of

1 Rothschild, Nathaniel Mayer Victor, Baron Rothschild: 'The organisation and management of government R & D'. In: *Great Britain. Civil Service Dept. A framework for research development*. HMSO 1971 (cmd 4814)

The implication of this policy in the present context is that, since research and development work required by government departments in this field will, in the main, be 'applied' and have a specific practical application as its objective (rather than an increase in knowledge per se – basic or 'pure' research), the areas to be investigated will be closely related to their particular concerns as these emerge from time to time. Work commissioned will then be controlled and managed on the basis of a 'customer-contractor' relationship, the department concerned being the 'customer', the researcher, the 'contractor'. As the report puts it in paragraph 6, the principle to be invoked is that, . . . the customer says what he wants; the contractor does it (or tries to); and the customer pays.

2 For example, the *British Journal of Criminology*.

this there is less optimism about the capacity of research to contribute to the solution of social problems than there was even a few years ago. Policy makers, faced with complex and pressing political and economic issues, are less sanguine about the practical value of research than they were. Certainly very many practitioners find it difficult to fit even relevant findings into their work and discover that much published material does not speak their preoccupations and dilemmas. The following quotation illustrates the point:

While statistical relationships may be found to exist in large series of couples, they neither explain the processes underlying the development of the relationship nor do they account for cases that do not conform with the statistically significant tendency.³

8.5 We do not minimise, and indeed would emphasise, the contribution to be made to the understanding of certain kinds of problems in our field by academic studies that seek to apply methods which, in the physical and biological sciences, have proved a key to progress. We are also mindful of the fruitful possibilities in a mix of approaches to particular problems. Our deliberations have, however, led us to give major consideration to the relationship between research and researchers on the one hand and practice and practitioners on the other. Without an alteration in this relationship, the influence of research and its effectiveness in engendering change will continue to be marginal.

8.6 There is a striking dearth of research and development work by those in professional services or by people who collaborate with them. Yet much of the essential data are accessible only to practitioners. In most circumstances, human beings, whether clients or practitioners, families or larger groups, are unwilling, and in fact often unable, to reveal their problems or motives except to someone they know they can trust and who, they feel, will help with their difficulties. They also need to be convinced that the result of collaboration will not be against what they see as their best interests.

8.7 When research and service are closely linked as they should be, it becomes possible to observe human relations and the behaviour of organisations undergoing change and to gain insights into the mainsprings of the inevitable resistance to it. In this way, too, it is possible to identify for systematic study issues of practical significance and to formulate relevant hypotheses for rigorous testing. We agree with Barbara Wootton that research is not by itself a substitute for ideas, but is rather a means of checking their veracity.⁴ Many of the most important ideas will come from practitioners who are faced with marital stress presented either overtly or indirectly through one or other partner, other family members, or by the family as a whole.

8.8 There is a resemblance here to the understanding between the clinician and the patient whose condition he is studying. Many investigations are permitted by the

3 Rapoport, Rhona and Rapoport, R N: 'Family transitions in contemporary society'. *Journal of Psychosomatic Research*, 1968, 12, 29-38.

4 Wootton B: 'Official advisory bodies'. In: Walker, N and Giller, H. eds. *Penal policy making in England*. Cambridge, University of Cambridge Institute of Criminology, 1977.

individuals investigated only because, as patients, they are assured of treatment. The medical model offers another analogy: the head or senior member of a 'firm' in hospital will often be involved in research while at the same time he has responsibility for patients and for teaching.

8.9 With this frame of reference we move away from the idea of the researcher as an outsider who maintains his objectivity, one who, by his research techniques, neutralises the distorting effect of the involved and contaminated practitioner. Instead, the problem is one of becoming involved in order to obtain crucial data and experience, while at the same time maintaining a workable distance from the material studied. This approach has less to do with the testing of hypotheses formulated by others than with the generation of theory which helps to make sense of usually complex experience. The following comment is relevant to this point:

. . . the critical contribution of social science findings to institutional problems, as to other contemporary issues, is not through an 'engineering' model of social research – the mechanical application of an established body of theory – but through an 'enlightenment' model. In other words, we come back to the point *that the principal criterion is whether the practitioner can make use of the new approach to enlarge his own theory of the situation he is in and to extend his competence . . .*⁵
(our italics)

8.10 It follows, therefore, that an important function of the researcher is to involve the practitioner in the development of research that is relevant to his practice. To do this he needs to forge continuing collaborative relationships with service agencies. All too often, at present, government and university researchers are widely separated in time and space from the experience of field problems and from those who work with them. They are seldom sufficiently involved in and committed to the kind of long-term interaction and collaboration with practitioners and agencies necessary to tackle the difficult task of implementing and maintaining change. Yet research is bound to be sterile in a field in which people (ie practitioners and their institutions) are the critical tools, unless findings can be examined, modified and implemented through training and institutional change. Meanwhile, if practitioners are to be effective in teaching as well as in work with clients, they need to be in a position to examine research based on practice and to assimilate it.

8.11 A further point arising here is the need to foster a research minded attitude in service agencies whatever their role in the network of the 'many doors' we have discussed elsewhere in this document, and irrespective of discipline. It is the responsibility of practitioners to be curious and enquiring, and it is the responsibility of their agencies to support this outlook. Fostering the attitude as well as the activity should be part of the employing bodies' accepted task; but it is unlikely to manifest itself sufficiently without active agency encouragement – and this can seldom be easy because the demands of providing services tend to dominate.

⁵ Miller, E J and Gwynne, G V: *A life apart*. London, Tavistock Publications, 1972.

Case studies

8.12 In the climate we seek to encourage, all practitioners will be able to contribute, though naturally only some will undertake more formal research. Even the minimum discipline of writing up cases, some for publication, is good for practice itself. It is also from such material that categories of problems can begin to be identified – and it encourages the gradual development of diagnostic skills. From the identification of relevant problems, it is then possible to move on to ask, in different settings, such questions as: “Why did these marriages and families encounter difficulty at this particular time? Why did they present it in this particular way?” Different ‘syndromes’ of difficulty and the patterns of interaction associated with them need to be recognised. At present, there are no adequate answers to such questions. Case studies would illuminate them. Many therapeutic advances have been based on careful clinical studies. (At one time we considered the term ‘clinical study’ for describing such work but, while it is helpful, we decided against the term because of its medical connotations.)

8.13 An important reason for this approach to research is that it would encourage the practitioner, always involved in complicated and often painful transactions with clients, to be reflective and to search for ways of working which face rather than avoid the anxieties inherent in the job – particularly in working with disturbed marriages. If practitioners were involved as suggested, techniques of work appropriate to different kinds of marital interaction would have a better chance to develop in different settings and disciplines.

8.14 Such case studies in the sense used here are, of course, as much research as are the formulated projects to which the term is commonly applied; they embody a scientific attitude. More important is that they are the bedrock on which sophisticated undertakings aimed at prediction and practical enlightenment must rest. They involve no significant expenditure of money, though they involve a shift in emphasis in many if not most agencies and settings.

Development studies

8.15 Still with a base in and stimulated by practice are development studies – which may involve a number of different research approaches including what is commonly referred to as ‘action research’. An example would be the examination, in different settings, of the characteristics and dynamics of the marital and related family problems that present themselves to different agencies, the factors which route them there and those which determine practitioner and agency response. We need to know, as at present we do not know but only speculate about, why and how couples and families find their way to particular agencies. The issues presented may not be solely a function of the individual, the couple or the family: they are also affected by the role and setting of the practitioner, be he priest or minister, doctor, health visitor, social worker, or psychotherapist, because each role and setting evokes particular expectations from the

client. Careful scrutiny of the process of referral, of the reasons why and at what point people seek or are referred for help, and of their interaction with referring agencies may lead to ways of preventing problems and provide the kinds of knowledge required for more effective policies.

8.16 This is only one example of a fruitful area of enquiry aimed at encouraging a comprehensive network or provision for those with marital difficulties on the basis of existing services. Areas of such development work will be stimulated by the field if the right outlook can be fostered. The term 'development studies' implies that some of them should be concerned to develop new forms of service and more appropriate responses, especially to those who present marital stress indirectly rather than overtly and in its early stages. Our proposal in paragraph 4.62 for a study of general medical practices employing a counsellor as part of the primary health care team may be an instance in this connection. Others are follow-up studies to assess the outcome of intervention and the evolution of prophylactic strategies, both of which require collaboration between researchers and practitioners.

8.17 During the life cycle of the family, natural hazards are associated with its successive events – the marriage itself; the birth of the first baby; the death of the partners' parents; the adolescence and emerging sexuality of children; their move from school to work and then their departure from home; ageing and retirement. Such changes often make for a time of stress, even of crisis. If this occurs, intervention with a marital focus may make a decisive difference to the future well-being and development of the couple and their families. The application and further development in the marital field of work undertaken on what have been called 'psycho-social transitions'⁶ therefore falls within the scope of this area of research.

Policy studies

8.18 There are however a number of interrelated problems of a different order from those already mentioned. They are concerned with social facts and their understanding by policy makers, administrators and practitioners if there is to be a creative dialogue between them.

8.19 The first group of problems is difficult to designate precisely, but arises from the comprehensive approach to marital stress advocated by the Working Party and from the rapidity and complexity of social change commented on in Chapter II.⁷ A number of authors⁸ have pointed out that the significant contradictions inherent in many social

6 See for example, Parkes, C M: 'Psycho-social transitions: a field for study'. *Social Science and Medicine*, 1971, 5, 101–115.

Caplan, G: *Principles of preventive psychiatry*. London, Tavistock Publications, 1964.

7 The section headed 'Expectations of Marriage', paragraphs 2.20 to 2.32.

8 See for example Emery, F E and Trist, E L: *Towards a social ecology*. London, Plenum, 1975.

Rapoport, Rhona *et al*: *Fathers, mothers and others*. London, Routledge and Kegan Paul, 1977.

facts make generalisations and predictions difficult. We know, for example, that when a marriage fails or reaches a crisis this is invariably due to a complex combination of personality interaction and pressures from the environment which combine in such a way to exceed the joint resources of the partners. All share the impact of contemporary living, but society exerts different pressures as between one segment and another. Similarly, there are differences between couples in their responses to such pressure. Thus, understanding the interaction between external pressures and the way they are perceived and experienced, that is, between the 'inner' and 'outer' world, is crucial if outside intervention is to be helpful.

8.20 Service agencies can have only a partial view and are seldom exposed to the full range of these phenomena. We, therefore, need studies to help identify what is happening in the light of the cultural lags, the differences and the contradictions inherent in present-day society in conditions of rapid overall change. Granted the conceptual and methodological difficulties in grappling with the complexities involved, nothing can be gained by their avoidance. They have to be unravelled if we are to be adequately informed about current and future needs so that measures taken can be more flexible and discriminating and, so far as possible, anticipatory rather than merely responsive to events. Such policy studies include, for example, examination of the differences in social values which inform choices and are likely to influence the development of marriage as a social institution and a base for child rearing and the development and monitoring of patterns of environmental support which are conducive to individual growth and development within marriage. Some work of this kind is being done⁹ and we hope will be extended. The Home Office Research Unit has already commissioned a comprehensive survey of the literature which should make it possible to identify and evaluate existing published material.¹⁰

Epidemiological and sociological studies

8.21 At a basic level there is a need for more coherent and complete statistics about marriage and its breakdown. It is, of course, notoriously difficult to estimate the incidence of marriage breakdown, and divorce statistics can measure only a proportion of broken marriages. However, the position could be better than it is, for while many separations do not go through the courts and are therefore unaccounted for, those that do are recorded in a way which makes it difficult to relate them to figures published on divorce. A more complete picture is available in countries which keep fuller records. For example, it is possible in both Australia and the United States to relate the number of those married but separated to the number divorced. In this country we have to rely on informed but unofficial estimates of the number of separations resulting from

9 See for example Rapoport, Rhona and Rapoport, RN: *Dual-career families re-examined*. London, Robertson, 1976.

Rapoport, Rhona *et al*, *Fathers, mothers and others*. Ibid.

10 The terms under which the work was commissioned (University of Hull, Mr Robert Chester) also call for a judgement to be made on the gaps in coverage and possible directions for future work. It will be of interest to relate the findings of this study to the present discussion.

matrimonial orders¹¹ and can only guess at the number who, at any given time, have received legal confirmation of their intention to live apart.¹² In making these comments we echo the Finer Report when it points to the inadequacy of much of the existing statistical data, especially of the official statistics relating to the exercise of matrimonial jurisdiction by the summary courts, and the difficult technical problems hindering the acquisition of more complete records of marriage breakdown.¹³ It may also be that issues of personal privacy are at stake (eg in being asked to declare whether one is married but permanently separated as in the Australian census returns). But we believe that these and any other difficulties in the way of an adequate official index of marriage breakdown should be thoroughly examined and the results of the examination published with a view to improvement. We should like to see the Office of Population Censuses and Surveys charged with this task. We need the best estimate possible of the size of the problem.¹⁴ The need of researchers and policy makers is obvious in this regard, but practitioners in their diverse settings also need a fuller appreciation of the overall context of their work than is at present available to them.

8.22 More is involved than the collation of basic statistical data. We use the term epidemiology in the sense in which it is commonly interpreted by university departments of social medicine, namely the study of the distributions of disease (or any other characteristic) in a population and of the determinants of such distribution. For although the establishment of a relationship between two variables does not explain its causal significance nor exceptions to the prevailing tendency; this does not mean that the relationship in itself is unimportant. Although probable causal connections are most likely to be observed by practitioners, confirmation or refutation requires research techniques which most service agencies neither have nor need to have. Thus, for example, the incidence of psychiatric disturbance among women in an urban population in relation to social class confirmed the expectation of practitioners that the quality of the marital relationships was an important factor,¹⁵ but the observation of a connection between the marital relationship and some illnesses in children made during the treatment of a small number of couples¹⁶ requires epidemiological treatment to discover its frequency and distribution. Projects in hand or proposed by the Family Research

11 McGregor, O R, Blom-Cooper L and Gibson, C: *Separated Spouses*, London, Duckworth, 1971.

12 Mortlock, B: *The inside of divorce*. London, Constable, 1972.

13 Sections 3 and 4 of the Finer Report.

14 See also paragraph 3.2.

15 Brown, G W *et al*: 'Social class and psychiatric disturbance among women in an urban population'. *Sociology*, 1975, 9, 225-254.

16 Mainprice, J: *Marital interaction and some illnesses in children*. London, Tavistock Institute of Human Relations, Institute of Marital Studies, 1974.

Centre (located at the Central Middlesex Hospital) would come within this area of research.¹⁷

8.23 The examples above emphasise the need for a close relationship between practitioner and researcher and for co-operation between them and those responsible for making social policy. One university researcher commented¹⁸

. . . there is still a need to improve rapport between researchers, practitioners and policy makers for the benefit of the consumers of service. . .

And he adds the cautionary note

. . . It is fitting. . . [to emphasise] . . . however, that research in human behaviour deals only with probabilities and not with truth. . .

8.24 So far as we know the working of social legislation is seldom monitored systematically. Although the marital field is not essentially different from others, it is especially sensitive to legislative influence. In the opinion of some witnesses, for example, the extension of the provision of legal aid in divorce was an important influence in the movement of clients away from the probation service and towards solicitors and legal solutions. Whether or not there is a causal connection (and the increase in the number of legal aid certificates issued in matrimonial cases appears to coincide with the fall in the probation service's non-statutory marital work) it was probably not the government's intention to promote a change of this sort. The point here is not whether the outcome of this or other legislative change is desirable but whether it is monitored. An important subject for the epidemiological and sociological studies we have in mind is the systematic evaluation of decisions which influence the social environment of marriage, which can never be fully appreciated in advance. Since more than one government department is usually involved the issue of inter-departmental collaboration is an important one. We shall say something about this in Chapter IX.

Organisational studies

8.25 The experience of the Working Party confirmed that many agencies and professional disciplines are closely involved with marital problems of all kinds. The array of available services make up a network or constellation of resources which is potentially capable of responding to the distress of couples and families in a creative way. Those comprising the network are strategically placed to cope with the different ways in which couples and families experience and show their difficulties.

17 For example, a study of the characteristics of divorcees; a consideration of the prevalence of selected social and personal characteristics in a population of divorcees in comparison with their prevalence in a population of people still in their primary marriage to discover whether or not any group of factors distinguish the two populations.

18 Triseliotis, J: Research. *Adoption and fostering*, 1977, 57-62. (Cover title of article: 'Growing up in care'.)

8.26 Any increase in skill required from the various professional groups emphasizes the need for more training and for collaboration between the non-specialised agencies and the organisations that specialise in marital work. Exhortation does not evoke co-operation, nor in the light of what we know about institutional behaviour does collaboration result as a natural response to manifest need. The need for inter-agency and inter-disciplinary collaboration is not, of course, peculiar to marital work, but as the experience of referral shows,¹⁹ marital stress, unhappiness and conflict, and the reaction they commonly evoke, can raise distinctive problems for inter-agency and inter-disciplinary relationships. The general and, in the case of the marital field, the particular problems inherent in collaboration require better understanding. There is a need to examine the structure and organisation of services to see whether and how they help or hinder the practice and professional development of their staffs. Where the task involves staff with anxious and intense feelings, organisations are known to operate as a powerful defence against them. In so doing, the tendency is for organisations, as social systems, to inhibit both the performance and the development of the personnel involved.²⁰ The characteristics of many social systems have been evolved in large measure to deal with the threatening but unrecognised tensions within them.²¹ Attempts to change them will therefore be resisted.

8.27 The research which we call 'organisational studies' requires a social science approach, including that of operational research, to elucidate the problems involved and to implement change. It is essential to tackle organisational issues if the network of 'many doors' is to be effective in meeting the large scale and widespread psycho-social problems posed by marital and related family difficulties.

Research and the future

8.28 The foregoing analysis has had two purposes. The first, to examine the relationship between practice and research and their reciprocal influence. The essential feature underlying our approach has been that practice, training and research are closely interrelated, and that agencies and practitioners need to be helped to struggle with the implications of these interconnections. The second is to indicate areas in which research is most likely to promote effective work in the marital field.

8.29 The scope of this review has been intentionally wide, the object being to map out the field and to facilitate debate. We think that particular attention should be paid to

19 Woodhouse, D L: 'Referral from general practice to specialised agencies'. *Proceedings of the Royal Society of Medicine*, 1977, 70.

20 Menzies, I E P: *The functioning of social systems as a defence against anxiety*. London, Tavistock Institute of Human Relations, Centre for Applied Social Research, 1970.

21 Jaques, E: *The changing culture of a factory*. London, Tavistock Publications, 1951.

practice-linked research; but, beyond this, we have not seen it as our task to indicate priorities within and between the areas in which research needs to be undertaken. We hope that matter will receive consideration from the Central Development Unit which we shall propose in Chapter IX, it being recognised that the preoccupations of government and other funding bodies will be an important influence on the direction taken by research effort at any given time, as will be the interests and availability of researchers. Some areas will receive attention ahead of others; the important thing will be to have an overall and developing strategy within which to evaluate specific pieces of work.

8.30 In conclusion, we consider briefly some implications of this analysis for the future. There will be a need to adopt the concept of the network of helping agencies as an over-all enterprise and, from this vantage point, to encourage the different agencies and professional groups involved to increase their ability to respond appropriately to marital stress as it presents itself to them. Field agencies and other institutions will need help and encouragement to promote research to this end; this should include work which contributes to the integration and development of the network as an organic whole.

8.31 There is also a need for a reference point for funding bodies: government departments, the Medical Research Council, the Social Science Research Council, trusts and foundations. We believe this review outlines the desirable pattern of research and development in the marital field. It will be necessary to refine and develop it into coherent programmes of work and to assist in every way possible those whose research plans and proposals seem likely to contribute to them. These are tasks which we hope will be undertaken by the Central Development Unit which we shall suggest in Chapter IX.

8.32 Within whatever constraints they are compelled to operate, funding bodies will formulate their own policies in relation to the award of research grants. We hope that they will be helped by this document; and will take account of public and professional comment upon it and of the views which we would expect to be articulated through the forward machinery. There are, however, a number of points which we should like to make with regard to funding the type of work we see as necessary. They are:

- i. For practical purposes much of the necessary practice-linked research is exploratory at this stage in the development of marital work. Many projects are unlikely to be strong if their methods are judged by canons applicable to other, but incomparable, fields and methods of research – incomparable because of the different nature of the material studied. Indeed, a good deal of work will and should be undertaken in order to explore methodological problems; statistical techniques are unlikely to be at a premium in such circumstances. At present this kind of undertaking is especially difficult to finance, and, while we are in no sense advocating an 'anything goes' approach, we note that practice-linked proposals seem often to be judged by inappropriate criteria.
- ii. In the light of the need for practice-linked research and for close, continuing collaboration between practitioners and researchers, funding bodies should have more advice from people who are actually practising than they have at present.

- iii. Consideration of proposals for research and development work needs to include an assessment of their potential influence on practice and how this may be achieved. Unless findings can be implemented through training and institutional change, research funds will have been wasted.
- iv. It is important for funding bodies to recognise that it takes more time and therefore more money to bring about change than to assemble data which point to the need for it.

IX: Administrative proposals

The need for new administrative arrangements

9.1 It is not usual for the report of a government working party (or other form of government committee) to include anything on the administrative machinery for carrying out its recommendations. This is because the subject into which the working party is invited to inquire is already within the responsibility of a specific government department and it is this department which sets up the working party, services it, considers its recommendations, comments on them, and, if they are approved, implements them.

9.2 This is not so in our case. As the Introduction to this document records, this Working Party was set up by the Home Office in consultation with the Department of Health and Social Security, but the Home Office has not hitherto held itself to be responsible for the wide range of marital work which this document covers. The initiative for the establishment of the Working Party was taken by three independent organisations and they approached the Home Office because it is the department which carries out the limited function of administering the government grants which they have received for the past thirty years.

9.3 Marital work of the kind discussed in this document spans many disciplines, areas of concern and government departments; specific responsibility for it is not vested anywhere. Central government involvement is shared variously by the different interests of the Home Office, the Department of Health and Social Security, the Department of Education and Science (and their Welsh counterparts) and the Lord Chancellor's Office. Other central agencies potentially involved include the Social Science Research Council, the Office of Population Censuses and Surveys and the Law Commission.

9.4 As we have studied the evidence, we have become increasingly aware of this gap in central responsibility for marital work. One concomitant of this is that in the territory of marital and related family matters there is little co-ordinated study or policy-related research. As far as the provision of services is concerned, pressure for improvement is piecemeal. It is most likely to arise from sudden awareness of politically sensitive phenomena such as non-accidental injury to children or 'battered wives'; it results in action, which though of value in itself, is confined to amelioration within that limited field, and is liable to distort both the overall perspective and the rational distribution of limited resources. Our chapter on research points to large gaps in our knowledge; yet there is no inter-departmental body to provide a thrust for relevant research.

9.5 Yet marriages at risk frequently show many inter-related aspects; and so do not fit appropriately within the boundaries of one government department; nor are they amenable to single solutions. It is, for instance, not unusual for a family facing breakup to be the recipient of public help from some or all of the following statutory sources – legal aid; social security; social services; probation service; housing departments; community health services; hospital and emergency services. The

aggregate cost to the public purse is enormous. Great demands are made upon the time of skilled workers, and the amount of waste through overlap and unco-ordinated activity is considerable.

9.6 We believe that we have begun the exploration of this complicated territory, and in this document have provided a sketch-plan. It envisages the development of services, practice and training in a variety of agencies, statutory and independent; responsibility for considering this and for following up our suggestions rests with practitioners in these agencies and with a variety of employers and training bodies. It envisages the development of a strategy of research; responsibility for this and for following up our suggestions rests with a variety of agencies, grant-making bodies, governmental and independent, and individual research institutes and workers.

Central government responsibility

9.7 With this multiple division of responsibility, there is a need for a centre to co-ordinate and stimulate. The various agencies concerned have been preoccupied with difficulties and anxieties arising from their involvement with marital work for some time, but there has been no focal point for discussion and development. We recommend that responsibility for co-ordinating central government action on the development of services and research connected with marriage and marital problems should be placed on a particular minister of the Crown. He would not take over all such responsibility but would co-ordinate the activities of other ministers and their departments.

9.8 We do not consider that it is our place to recommend which minister this should be; it is a matter for political decision. The choice would, we assume, lie between the Home Secretary and the Secretary of State for the Social Services and we list below some factors which we should expect to be taken into consideration.

9.9 The Home Office is responsible for administering the government grants to the specific marital agencies. It is responsible for the probation and after-care service which has the longest experience of helping with marital problems; among the staff of the Probation and After-Care Department are some who have experience of dealing with marital work when they were practitioners, some of them having experience as trainers. The Department of Health and Social Security already includes among its direct responsibilities services provided by the NHS and the social security system, and has a less direct responsibility for the development of the personal social services. The majority of the agencies which gave evidence to us and whose roles are discussed in this document come within these responsibilities. If the latter department were chosen, it may be that the responsibility of making grants to the specific marital agencies would be transferred to it. The Home Office would continue to be concerned on account of the continuing involvement of the probation and after-care service. A decision that any one department should be the co-ordinator of marital work should not be thought of as the transfer of an existing function, but rather the creation of a new one.

A central development team

9.10 Whichever minister has broad responsibility, there will be a need for a small team at the centre, at least for a number of years, to undertake the detailed work of encouraging the agencies to develop their work in the marital field. The team might become concerned with some or all of the following action envisaged at various places in this document:

- a. the promotion centrally of the development of services, practice and training in a variety of agencies by:
 - i. discussion with employers and professional organisations and training bodies, and
 - ii. the establishment of the marital training and development groups;
- b. the promotion and co-ordination of research by a number of agencies and practitioners;
- c. the experimental extension of the attachment of marriage counsellors and/or social workers to family doctors' practices;
- d. the improvement of services for help with sexual problems;
- e. the encouragement of inter-agency collaboration;
- f. the development of provision for education about marriage.

9.11 Task (a) (ii) will involve a lot of detailed work: identifying the existing practitioner/teachers; bring them together in the regions for discussion; working out their terms and conditions of service in their seconded role with them and with their existing employers. Task (b) does not envisage any change in the present responsibilities of the grant-making bodies but there will be a need for a reference point for them. There is a further function, common to all these tasks, namely, the collection and exchange of information about the nature and quality of what is being done and the promotion of good practice (called in Chapter VI 'promotional intelligence').

9.12 One method often adopted by government for providing a central source of advice on a particular topic is the establishment of a council whose members are nominated by the organisations concerned or chosen by the minister. But, with the wide range of interests involved, a council established in this way would be very large. It would inevitably have to proceed in a formal way and would, we fear, lack the thrust which we think is required. It would soon degenerate into a 'talking shop'. We prefer a small expert body whose members are chosen by the minister for their expertise, some of them drawn from particular disciplines but not representing particular organisations as such.

9.13 An expert team of this sort could either be within the co-ordinating government department, or set up to act autonomously and funded by the government. There are various criteria for deciding between these alternatives. The team must have sufficient status to carry weight with training bodies and with the governing bodies of the agencies, and with research bodies and individuals; must provide a link between practitioners in their various agencies and the central government; should have a degree of independence of government, and close relations with the department over

administrative and financial matters. There would be advantage in the team having easy access to the government's professional staff and to be able to use, though not exclusively, its regional machinery.

9.14 We think the balance of advantage lies in having the team within the department but constituted in such a way as to give it moral independence of government. Having scrutinised the arrangements for some other promotional projects, we suggest arrangements on the following lines.

9.15 We propose the establishment within the chosen department of a Central Development Unit for Marital Work comprising a chairman, development officers, expert advisers and the administrator in the department allocated to this work. The development officers would be obtained by the secondment for a limited period of years of persons experienced in relevant work, some of them being practitioners. The chairman would be an independent person of standing with access to senior civil servants and, as necessary, to ministers. We think it likely that the tasks we envisage for the Unit would take at least a decade, but there should be a review of its performance and potential after, say, five years.

9.16 The strength of professional and agency interest in the Working Party's task is evident from the generosity with which we have been helped by written memoranda and oral evidence. Members of organisations which have contributed to our document in this way, together with three specific marital agencies to whose initiative the Working Party owes its origin, may be expected to keep a watchful eye on the progress of the Central Development Unit, and to assure, if necessary, continued and effective support for its work by Government and the public.

Summary and conclusion

1 In the Introduction, we have explained why it is appropriate for us to produce a 'consultative document' rather than a 'report', and have said that our purpose has not been to make detailed proposals but rather to indicate a new direction which the agencies can follow through in detail. We have expressed the hope that the document will be read and discussed widely by practitioners because the development of practice and of training will occur only if the argument commands conviction.

2 In Chapter I, we have briefly traced the history of the divorce law in modern times and the parallel development of a new social concern for the provision of services designed in the first place to keep marriages together and later to help couples to resolve their problems whether by reconciliation or by separation or dissolution. A landmark was the Denning Report of 1947 which recommended that it should be recognised as a function of the State to give every encouragement and, where appropriate, financial assistance to marriage guidance as a form of social service. This gave rise to the Home Office grants to the specific marriage guidance organisations. The original objective of marriage guidance work, to mend marriage, changed under the influence of a number of factors to marital counselling. We have given an account of the history of the main agencies working in the field of marital work, and have briefly indicated the great changes in the law, in public outlook, in the outlook of the agencies and in knowledge, which have occurred in the 30 years since the Denning Report.

3 In Chapter II we have made some comments on marriage and the family today which provide the background for our study. Marriage has been "never more popular, never more risky". Marital disharmony is a major social problem, and the State should exercise a responsibility – shared with caring individuals and independent initiatives – for relieving private misery and exercising social concern by the provision of services through statutory and other public agencies to help with marital problems. Though the physical and social environment is often one factor in the causing or exacerbation of marital disharmony, services for helping problems of relationships must keep pace with our increasingly complex society. We have sketched a conceptual picture of marriage, with the expectations attending it and a future seen for it, on which we base our arguments and suggestions.

4 In Chapter III, we have described the search for help made by people with marital problems. The specific marital agencies are consulted only by a small proportion of such people; many seek help elsewhere; some do not look for help at all. There is already an 'array of doors' on which a person can 'knock' and we believe that this should continue. We consider that people will choose the door which they find accessible and behind which they believe, rightly or wrongly, they will receive a sympathetic hearing; and that the best way forward is to improve the service provided behind each door so that the client on entering, will not be ill-served. There are difficulties about seeking marital help. An approach, when made, may be to a wide variety of practitioners in the caring agencies; it may be overt or shielded behind the

presentation of an issue within the normal range of work of the particular agency. Whether the real issue is pursued may depend upon the practitioner making an apt response; a too ready referral may deter. The making of an apt response, and the timing and manner of referral, deserve far more training than most agencies give it, and all workers in front line agencies should have access to an experienced consultant with whom to discuss their work. We have received evidence from a wide range of interests, professions and organisations. Its main burden was that dealing with marital problems is particularly stressful, time-consuming and emotionally demanding. Many agencies and disciplines wish to improve their service. The evidence does not suggest that practitioners generally should be trained to be marriage counsellors. But it does suggest that they should be assisted to a better awareness of marital stress and of appropriate ways of engaging with it in the normal course of their day-to-day work. From the evidence there emerges the need to increase the accessibility of the specific marital agencies, and the importance of collaboration between agencies and disciplines.

5 Chapter IV opened by inviting the agencies to consider how they can respond more effectively to the troubled marriages they meet within their work by the development of practice and the improvement of training. The type of training provided will vary from agency to agency. We have commented on the opportunities for development within some of the main agencies. The Chapter concluded with a section of importance to all agencies on collaboration. This is never easy but it is vital to our concept of a network of services of different sorts attracting different groups of clients in many varied ways.

6 In Chapter V, we have dealt with the provision of help for sexual problems. The extent to which sexuality is expressed physically within the marital relationship varies from marriage to marriage, and, within a particular marriage, from time to time. Sexual problems are presented, overtly or covertly, to a variety of agencies and there is a need here also for more than one place where sexual problems may be presented and treated. We have described various approaches which are being developed. The present arrangements are inadequate and there is a need to improve both quantity and quality.

7 In Chapter VI, we have suggested some general principles for the training of practitioners undertaking marital work of any kind. People who may need such training can be roughly divided into three categories – those who specialise; those who have a wide range of duties and who choose or find themselves obliged to undertake some marital work; those who may encounter underlying marital stress in the course of their work and must know enough to recognise it, take account of it, and perhaps make well timed and sensitive referrals. We have discussed three levels of training, giving some illustrations. In basic training, teaching about marriage and its stresses has to be given within the context of the student's role and the task of his agency. The trainer has to have a clear knowledge of the role for which the students are being prepared. The teaching should be not theoretical only but grounded in the experience of people still working in the field; it should be introduced after the student has had some practical experience. Tutors and fieldwork teachers should be aware of the likely emotional impact on their students. In-service training must take account of the practitioner's exposure to the distress and confusion of an unhappy marriage which can lead to the abandonment of the principles of a sound basic training or to their too rigid or

inappropriate application. Emotional and intellectual growth can take place only when the anxiety engendered by the study and experience is effectively contained, and when both challenge and support are available through skilled supervision and case discussion. Advanced training is required for those practitioners who assume key roles and become trainers of others. We have proposed the establishment of Marital Training and Development Groups, to be locally organised but centrally funded.

8 In Chapter VII, we have dealt with the five particular issues which warranted comment in their own right but could not be fitted naturally into the main argument.

9 Research is the subject of Chapter VIII. We have drawn attention to the paucity of research and development work concerned with marital problems and marital work. In the psycho-social and behavioural fields, research has a poor record judged by the extent to which it has influenced practice. Without an alteration in the relationship between research and researchers on the one hand and practitioners on the other, the influence of research in engendering change will continue to be marginal. Much of the data on human relations is available only to practitioners. When research and service are linked, it becomes possible to observe human relations and the behaviour of organisations undergoing change, and to gain insights into the mainsprings of the inevitable resistance to it. An important function of the research is to forge continuing collaborative relationships with service agencies. There is a need to foster a research minded attitude in these agencies. The Chapter went on to indicate five areas in which research is most likely to promote effective work in the marital field – case studies, development studies, policy studies, epidemiological and sociological studies, and organisational studies. We have not seen it as our task to indicate priorities within and between these areas; the important thing will be to have an overall and developing strategy within which to evaluate specific pieces of work. The tasks of promoting research and development work, and providing a reference point for funding bodies are for the Central Development Unit suggested in Chapter IX.

10 Finally, in Chapter IX, we have proposed new administrative arrangements. There is at present no central governmental responsibility for marital work. We make two recommendations – first that responsibility for co-ordinating central government action on the development of services and research connected with marriage and marital problems should be placed on a particular minister of the Crown. The choice would, we assume, lie between the Home Secretary and the Secretary of State for Social Services and we have listed some factors which we should expect to be taken into consideration. The second recommendation is the establishment of a small, expert Central Development Unit for Marital Work. We regard these two recommendations as crucial to the implementation of the ideas which we have been exploring. We said at the outset that the purpose of this consultative document was to indicate a new direction which the agencies can follow through in detail. But this document provides no more than a sketch-plan, and with such a broad field involving so many agencies a focal point is needed.

11 The emphasis of this document is on the better use of existing services by the development of practice and training. Our proposals would require the provision of

additional resources for development and training; but, with the exception of a plea for a modest experimental extension of facilities for conciliation in connection with court proceedings, we have proposed no new organisation. It is reasonable to suppose that over the years the expansion of work flowing from the development of practice may lead to some additional manpower requirements not separable from the ordinary manpower requirements, because the new work will be done as part and parcel of the ordinary tasks.

12 These proposals should be seen as one of many contributions to the growing discussion of family matters in contemporary society. Our brief was to examine existing services and this we have done. This emphasis, however, might leave the impression that we think no one can adequately begin, continue or end a marriage without expert help. This is not our belief. We would not wish the increasing availability and skill of experts either to undermine the help and support given by relatives and friends; or, on the other hand, to leave no couples free to manage their own lives themselves. But our evidence has shown us that large numbers of people do seek professional help with their marital difficulties. They do not do so lightly. Our hope is that the discussion and action arising from this document will contribute towards easing their distress and assisting their growth in love.

APPENDIX A

Marriage Guidance Working Party

The membership of the working party was as follows:

Chairman – Mr H W Stotesbury	Formerly Head of the Probation and After-Care Department, Home Office
Members –	
Mr S Cohen	Assistant Chief Probation Officer, Dorset
Mr J K Corcorcan	Principal Social Work Service Officer, Department of Health and Social Security
Mrs P Crabbe, OBE	Secretary, London Brook Advisory Centres and formerly Member of the Community Relations Commission
Professor The Reverend Canon G R Dunstan	Professor of Moral and Social Theology, King's College, University of London
Dr Patricia Marshall, MB, BS, MRCPsych.	Catholic Marriage Advisory Council
Lady Medawar	Director, Margaret Pyke Trust
Mr G C Orton	Superintending Inspector, Probation and After-Care Inspectorate, Home Office
Miss S Poupard	Assistant Director of Community Social Work, Wandsworth Social Services Department
Mrs E Shaw	Local Authority Social Services Division, Department of Health and Social Security
Dr Faith Spicer, OBE, MB, BS	Medical Director, London Youth Advisory Centre
Dr Prudence Tunnadine MB, BS, DObstRCOG	Medical Practitioner; Training Secretary, Institute of Psycho-Sexual Medicine
Mr N J Tyndall	Chief Officer, National Marriage Guidance Council
Mr D Woodhouse, AAPSW	Chairman, Executive Committee of the Institute of Marital Studies, Tavistock Institute of Human Relations
Secretaries – Mrs C V McMillan	Probation and After-Care Department Home Office (relinquished the post in June 1977)
– Mr D Laubach	Probation and After-Care Department Home Office (from December 1977)

The following served at earlier stages:-

Mrs E Balint	Member of the British Psycho-Analytical Society and Leader of General Practitioner Training-cum-Research Groups, University College Hospital
The Reverend B Chalmers	Formerly Director, Catholic Marriage Advisory Council
Miss J Court	Social Work Service Officer, Department of Health and Social Security
Mr R King	Local Authority Social Services Division, Department of Health and Social Security
Dr T Main, MD, DPM, FRCPsych	Formerly Medical Director, The Cassel Hospital for Functional Nervous Disorders
Mr C Wilson	Local Authority Social Services Division, Department of Health and Social Security

APPENDIX B

List of the Witnesses

Organisations

Albany Trust.

Association of British Adoption and Fostering Agencies.

Association of Chief Police Officers of England, Wales and Northern Ireland.

Association of County Councils.

Association of Directors of Social Services.

Association of Nurse Administrators.

Association of Pastoral Care and Counselling.

Bishop's Council for Social Responsibility in the Diocese of Coventry.

Board for Social Responsibility of the General Synod of the Church of England.

British Association of Social Psychiatry.

British Association of Social Workers.

British Medical Association.

British Psychoanalytical Society.

Brook Advisory Centre.

Catholic Marriage Advisory Councils at Bolton, London, Tyneside.

Central Council for Education and Training in Social Work.

Central Council of Probation and After-Care Committees.

Community Relations Commission.

Conference of Chief Probation Officers.

Council for Education and Training of Health Visitors.

Dr Barnardo's Family Institute, Cardiff

Family Planning Association.

Family Service Units.

Family Welfare Association.

Health Visitors' Association.

Institute of Social Welfare.

Jewish Marriage Education Council.

Justices' Clerks' Society.

Margaret Pyke Centre.

Marital Sexual Dysfunction Project, Rugby.

Marriage Guidance Councils at Leicester, London, Rugby and Tyneside.

Mothers' Union.

National Association for the Care and Resettlement of Offenders.
 National Association of Citizens' Advice Bureaux.
 National Association of Probation Officers.
 National Council for the Divorced and Separated.
 National Council for One-Parent Families.
 National Institute of Social Work.
 National Society for the Prevention of Cruelty to Children.
 National Women's Aid Federation.
 National Youth Bureau.

Office of Population, Censuses and Surveys.

Police Superintendents' Association.
 Portman Clinic.
 Pre-Retirement Association.
 Prison Chaplain Service.

Royal Air Force Chaplains School.
 Royal College of General Practitioners.
 Royal College of Midwives.
 Royal College of Obstetricians and Gynaecologists.
 Royal College of Psychiatrists.

Salvation Army Counselling Service.
 Samaritans.
 Society of Analytical Psychology.
 Society of Community Medicine.
 Soldiers' Sailors' and Airmen's Families Association.
 Steering Committee of the Staffs' and Principals' Conference of the theological colleges training ordinands for the Church of England.

Tavistock Clinic.

United Reformed Church (Church and Society Department).

Westminster Pastoral Foundation.

In addition the Standing Conference for the Advancement of Counselling organised a conference in which members of the Working Party and of the following organisations took part:

Association of Career Teachers.
 Association of Child Psychotherapists.
 Association of Headmasters, Headmistresses, Assistant Masters and Assistant Mistresses.

Association of Pastoral Care and Counselling.
 Association of Student Counselling.

British Student Health Association.

Committee on Sexual Problems of the Disabled.

Dympna Centre.

Forum Personal Adviser Clinic.
 Friend.

Multiple Sclerosis Action Group.

National Association of Counsellors in Education.
 National Schizophrenia Fellowship.
 National Society for Mentally Handicapped Children.

Pregnancy Advisory Service.

Spastics Society.
 Standing Conference of University Appointments Services.

University of Reading – School of Education.

Individuals

Mrs E Balint	Member of the British Psycho-Analytical Society.
Professor R Beard	Department of Obstetrics & Gynaecology, St Mary's Hospital, London
Mr R Chester	Senior Lecturer in Sociology, University of Hull
Mrs Clifford	Former Midwife, Cassel Hospital
Dr J Cohen	General Practitioner
Mrs Goubran	Midwife, St Mary's Hospital, London
Judge Graham Hall	
Mrs Harrison	Manchester Family Welfare Association
Dr H Jolly	Paediatrician, Charing Cross Hospital, London
Dr Kellmer Pringle	National Children's Bureau
Mr S Kitzinger	National Childbirth Trust
Mr M Murch	Lecturer in Social Work and Administration, Bristol University

Marjorie Proops	<i>Daily Mirror</i>
Anna Raeburn	<i>Woman</i>
Sister Judith Randall	Methodist Mission Counselling Centre, Manchester
Drs Rhona & Robert Rapoport	Institute of Family & Environmental Research
Claire Rayner	<i>Sun</i>
Miss Joan Rubinstein	Solicitor & Marriage Guidance Counsellor
Dr & Mrs A R C Skynner	Group-Analytic Practice
Dr J Sutherland	ex Medical Director, Tavistock Clinic
Professor Noel Timms	Professor of Social Work Studies, University of Newcastle-upon-Tyne
Dr E Tylden	Department of Obstetrics & Gynaecology, University College Hospital, London
Mrs A Willans	Mary Grant of <i>Woman's Own</i>
Dr R Kumar	Institute of Psychiatry

APPENDIX C

List in alphabetical order of the general agencies falling within the definition of paragraph 6 of the Introduction

Child guidance clinics

Citizens advice bureaux

Family doctors

Family planning clinics

Health visitors

Hospitals (including casualty and out-patient departments)

Local authority social service departments

Marriage councils

Midwives

Nurses working in the community

NSPCC

Priests, ministers, and church social workers

Probation and after-care service

Samaritans

Solicitors

Youth counselling services

APPENDIX D

Summary of evidence from the general agencies and others

From some advice columnists

1 Written or oral evidence was taken from Marjorie Proops (*Daily Mirror*), Anna Raeburn (*Woman*), Claire Rayner (*Sun*) and Angela Willans (Mary Grant of *Woman's Own*).

2 Although some of the personal columnists are able to read and consider personally all of the letters received, others are not, as the amount of mail may reach 150,000 letters a year and staff is needed in order to cope with the volume of correspondence. The proportion of mail about marital problems varies from 40% to 75%. Marital problems fall into several categories: sexual (including homosexuality, transvestism), lack of communication between partners, infidelity, violence, money, housing, difficulties with adolescent children and individual crises which may affect the marriage such as menopause, hysterectomy or the death of a parent. The changing status of women in society causes many marital problems too. Some correspondents seem to want some degree of insight into their troubles and are willing to seek guidance and have not in general lost communication with their partners. Others seem to resist help and insight, they may have tried unsuccessfully several agencies for help, and their real problem is their unwillingness or inability to communicate and share problems with their partners. The correspondence seems to show an increasing need for counselling help with marital problems and with personality and psycho-sexual problems in particular.

3 The amount of mail received from men now stands between 10% and 30% of the total volume of correspondence. Men can be just as affected as women by the break-up of a relationship, or just as uncertain, but they find it difficult to talk about emotional problems. The amount of correspondence from men is increasing, perhaps because of the increase in school counselling and the breakdown of inhibitions in discussing emotional problems among young people generally. This development is encouraging.

4 Over the years aspirations for marriage have changed to expectations and many people seem to have unrealistic expectations. They expect total union, that one partner will supply all their needs, that romantic love will last for ever. The media, and advertising in particular, are partly to blame for creating false impressions of marriage, tending to perpetuate 'glamourised' concepts and stereotypes of the marriage relationship.

5 The approach of the columnists to helping their correspondents is basically client centred and non-censorious. People are treated as individuals and although the reply may cover stock advice on a commonly raised problem, this advice is incorporated in a personal letter. If the problem calls for it, details of agencies (address, telephone number of local branches of the marriage council, Family Planning Association, Women's Aid or other agency) or booklists are sent to the correspondent. The columnists have an

important information function and letters which are printed tend to be rather repetitive in order to impress certain points on the reading public. There are particular difficulties in recommending help for sexual problems, owing to the lack of psycho-sexual counselling generally available and the lack of interest and knowledge in this field at general practitioner level.

6 People write to the columnists for a number of reasons:

- a. they may not have heard of the marriage council or other helping agency or they may be afraid of being seen to enter the agency's offices or they may simply be unused to making telephone calls or appointments;
- b. many correspondents do not know that the marriage guidance councils are prepared to help unmarried or divorced people, that they will counsel on adolescent or sexual problems and do not require both partners to attend the interview and that they are not concerned solely to preserve marriages at all costs;
- c. they may be afraid of face-to-face counselling, preferring to remain anonymous;
- d. the columnist is familiar and less impersonal than an agency;
- e. they can seek support for a decision already taken and ignore the advice given in a written reply if it is unpalatable. (Some people gain a feeling of relief from their own problems just by having to order their own thoughts to put pen to paper).

Child guidance clinics

1 Oral evidence was given by some practitioners working in the child guidance field invited by the Working Party.

2 Child guidance was not set up statutorily but has grown up as a movement. Local education authorities used to provide premises and some of the staff but since local government re-organisation in 1974 the trend has been towards a network of services each providing help for children with difficulties and their families. That network, consisting of the school psychological services, the child psychiatric and child health services and the social work services, have joint working arrangements and provide a team of workers to deal with those children and their families whose problems call for a combined approach. Medical, nursing and psychotherapist staff are provided by the local health authority, educational psychologists and social work staff by the local authority education department and social services department respectively. Premises may be provided by any of the services involved.

3 Now that marital disharmony is more generally recognised it is commonly found to be a contributory factor in the problems of children referred to child guidance clinics. Discussion of the child's problems provides an opportunity for exploration of marital problems which might otherwise not have been sought at this stage. One of the disadvantages of the marriage counselling agencies compared with child guidance is, in the view of witnesses, the lack of the multi-disciplinary approach. Another is that the child is generally not seen by the marriage counsellor, yet the child can have a profound effect on a marital situation, sometimes exploiting difficulties between parents. There is

a scarcity of resources, particularly of time, in child guidance clinics, but counselling of partners separately and jointly does occur, and a psychiatric social worker may see a number of cases on a regular weekly basis for casework.

4 There are an increasing number of referrals of mothers who are unable to cope with their children and who do not seem to enjoy the role of mother. They may have come from a broken home or a small family and never seen their own mothers coping with young children. Today's society makes extra difficulties for parents who have lost their traditional guidelines for discipline. More fathers attend the clinics nowadays and show more interest in their children. But in the last few years there has been a large increase in the number of referrals of children of broken marriages and in some clinics these may number almost half of the total number of referrals.

5 Child guidance clinics provide the opportunity for early acknowledgement of marital disharmony and the initiation of therapeutic counselling.

From various church bodies

1 Written evidence was received from the Board for Social Responsibility of the Church of England, the Church and Society Department of the United Reformed Church, The Steering Committee of the Staffs' and Principals' Conference of Theological Colleges of the Church of England and the Bishop's Council for Social Responsibility in the Diocese of Coventry.

The Board for Social Responsibility of the Church of England

2 The Church's understanding of the nature of marriage is not at all points shared by secular society because it entails the exercise of an act of faith, which may or may not be acceptable to everyone. While marriage may be seen by some in merely contractual terms, and by others as an oppressive institution from which people need to be liberated, the Christian view of marriage is both as a covenant between two people conveying unconditional faithfulness and commitment and as a sacrament implying the reflection of a divine relationship within a human one.

3 The parish priest is one of the few remaining generalists in the community and he must combine many duties of which the role of marriage counsellor will form only one. The clergy are selected for ordination on the basis of vocation not on the basis of counselling aptitude. However pastoral counselling is a skill which is increasingly being taught in theological colleges and post-ordination training. Specialised pastoral counselling takes place within the life of the church, generally in the vicarage, sometimes in special counselling centres. There is no single recognised qualification in pastoral counselling (though there are diplomas in pastoral studies). Some counsellors receive training through bodies like the National Marriage Guidance Council, the Westminster Pastoral Foundation and the Richmond Fellowship. Marital disharmony is one of the

major constituents of problems of personal relationships presented at counselling centres, although marital problems are seldom the presenting problem.

4 A limited survey by the Board for Social Responsibility showed that the parish clergy are not greatly used by people with marital difficulties, even from their own congregations, and that the extent to which a parish priest is used depends upon his personal qualities more than on his position in the community. Some people consult the clergy because they need an authoritative figure, others might be put off by a supposed authoritarian image of the church; but the opportunities for demonstrating the church's effective concern about marriage are many – including preparation for marriage or baptism and normal pastoral visiting. The Church is involved in providing courses for education for marriage in schools, youth clubs and in preparation for marriage, often in association with marriage guidance councils.

5 Some clergymen feel a certain ambivalence about the work of the marriage guidance movement. This is partly because the National Marriage Guidance Council no longer formally professes a particular set of value judgements about the institution of marriage as it did in its early years. It is also in part due to the fact that, because the National Marriage Guidance Council is seen by the government as representing the interests and covering the needs of the non-Roman churches in England, so the government has refused to grant-aid marriage guidance work by the clergy although it has continued to grant-aid the Jewish Marriage Education Council and the Catholic Marriage Advisory Council.

The Church and Society Department of the United Reformed Church

6 As most local churches are licensed for marriage, ministers are involved in marriage preparation for couples and most ministers require couples to attend marriage preparation sessions. Ministers are also involved in preparation for parenthood for couples and in marriage counselling, but they receive little training in these fields and the Church suggests that more financial resources should be made available to enable it to offer some training. As many couples now marry in register offices, the Church considers that such couples should be offered counselling and some form of course of marriage preparation.

7 The Church considers that the marriage counselling services ought to advertise their services to a greater extent because many people in need of help are unaware of the service offered. There are often long waiting lists at marriage guidance councils, indicative of a shortage of trained counsellors. Could the National Marriage Guidance Council include some counsellors with a more elementary (but no less professional) training in their teams of highly trained counsellors in order to give short term remedial help? There should also be improved liaison between the Church and local agencies, both statutory and voluntary.

The Steering Committee of the Staffs' and Principals' Conference of the theological colleges for the Church of England

8 The clergy may be approached by people who are in marital difficulties because they are not seen as professional social workers. They may therefore counsel clients without referring them immediately to a marriage counselling specialist as long as they realise the limits of their own competence. Many opportunities are given in the training of ordinands in the Church of England for the development of this aspect of the ministry. Some colleges include a course on general counselling of which marriage counselling forms a part; others include a course by the local marriage guidance council. The theology and ethics of human sexuality and marriage are taught as a normal part of the course of study. Pastoralia courses in colleges include instruction in the preparation for marriage.

9 Parochial clergymen take marriage preparation seriously. Some provide their own courses, sometimes with help from the local MGC, others may put couples in touch with local MGC courses. All clergymen see couples whom they are to marry at least two or three times before the wedding to discuss the general approach to marriage as well as legal and ceremonial matters.

The Bishop's Council for Social Responsibility in the Diocese of Coventry

10 This body was concerned with the inadequacy of the reconciliation provisions of the Divorce Reform Act 1969, suggesting a requirement for solicitors to explore the possibility of reconciliation between partners. In addition, use of a counselling agency should be mandatory at the stage when legal aid is sought for matrimonial proceedings. There should be an adequate supply of marital counsellors (which might imply that they should be paid) who would also be used by the courts to attempt conciliation. The probation and after-care service should remain committed to marital counselling.

Citizens Advice Bureaux

Oral evidence was taken from the National Association of Citizens Advice Bureaux.

1 The objectives of CABs are to make available, through local bureaux, accurate information and skilled advice on many personal problems; to explain legislation; to help the citizen to benefit from and use wisely services provided for him by the State. CABs are in a unique position amongst the social services to see how a wide range of legislation affects the man in the street.

2 There are over 700 CABs in the United Kingdom – a CAB in virtually every community of any size in England and Wales, with most conurbations having several branches. The number of enquiries from the public is increasing – almost 3 million in 1976/7, an increase of over 200% in 10 years (the number of CABs has increased by only 47% in the same period). A survey in 1972 showed that approximately 92,000

matrimonial problems were presented at CABs that year – of which 69,000 were referred to one or more agencies. The breakdown of referrals follows:

Solicitor	59,000
Probation officer	10,000
MGC or CMAC	8,700
Social services	4,800
Voluntary casework agency	1,500
Others	6,600

Thus the CABs dealt with 23,000 marital cases in 1973 without referring them elsewhere (and these figures amounted to more than the caseloads of MGC and CMAC), despite the fact that workers are not trained in marital counselling. The approach of CABs is to provide advice through information. Inquiries in connection with marital problems range from, for example, the legal process to long interviews bordering on counselling on personal relationships. There are a number of possible reasons why people go to a CAB for help with marital problems:

- a. It is an advice centre and close by;
- b. They have been to a CAB before and found it helpful and sympathetic; there is no stigma attached;
- c. They may test a CAB out, for example, with a consumer enquiry, but are then encouraged enough to broach their marital problem;
- d. Some might unconsciously be unwilling to face up to their marital problems and present them covertly. But some workers are wary of getting too involved in clients' emotional problems, hiding behind the fact that they are providing an information service.

3 Clients are not charged for the service. Most staff are voluntary although nearly every bureau has a paid organiser; in London 50% of workers are paid whole-time. CABs have for many years been supported by an authoritative, updated and widely respected information service from the National Association. Only in recent years have selection and training of staff improved to begin to match the information service. Despite severe lack of training resources, the National Association provides thorough introductory and basic training, in-service training in the generalist work, and a limited amount of more specialist training. Marital problems only constitute one subject in basic training; this is mainly from the perspective of rights and legal aspects. There are some in-service courses run by MGC tutors, social workers and probation officers on responding to marital problems, but CAB workers do not set themselves up as counsellors.

4 CAB workers are already overworked but there are special advantages in the generalist approach which provide a potential for helping with marital problems if it is developed with care in partnership with the marriage counselling agencies. The latter can provide training, skilled support and consultancy.

5 There are already practical difficulties as CABs are thrust into helping people bringing marital problems. Many clients' requirements are for 'crisis' counselling. These

make considerable demands on time and there is no appointments system. A client cannot be guaranteed interviews with the same worker on successive occasions.

6 The representatives of the National Association suggested some experiment in the joint selection of workers for CABs and MGCs. Some CAB workers had been rejected as marriage guidance counsellors and felt that CAB work was second best; this was not so, aptitudes for the two types of work were different.

7 There are problems in making referrals to MGCs. There is not always a MGC within easy reach of a CAB; this difficulty is aggravated by declining public transport services especially in rural areas. Many workers believe that there are long waiting lists for appointments; this is more often myth than actuality, as a research project has shown, but the perception of the waiting list affects the worker's attitude to referral, making him more reluctant to refer and the client more reluctant to go. The NMGC and the NACAB had co-operated on a joint project in which three areas were identified as wanting to improve relations between the local branches; the following were investigated:

- a. local dialogue;
- b. joint training sessions;
- c. referral procedure;
- d. gaps in combined services to the public.

Unfortunately this project was not very successful. There seemed to be a wide gulf between workers in the two organisations and a large number of misperceptions which did not necessarily disappear with increased liaison. The approach of the two organisations to helping clients was different. CAB workers prefer an appointment to be made there and then in the presence of the worker; the MGC prefer the client himself to take the initiative in making the appointment. Some small piece of monitoring research to test the effectiveness of these methods would be valuable.

Conciliation in connection with court proceedings

1 Written evidence was received from the Justices' Clerks' Society and Judge Jean Graham Hall (who also gave oral evidence), and oral evidence from a London solicitor, Miss Joan Rubinstein, who is also an active marriage counsellor.

The role of solicitors

2 All the witnesses agreed that the reconciliation provisions of the Divorce Reform Act 1969 now consolidated in the Matrimonial Causes Act 1973 are in effect a 'dead duck'. The Act merely requires the solicitor to certify whether he has discussed the possibility of reconciliation with his client and given him names and addresses of persons qualified to help effect a reconciliation between the marriage partners; there is no requirement to discuss the possibility nor to give the Court the results of the discussion. A second provision allows the Court to adjourn divorce proceedings if there seems to be any

possibility of reconciliation between the parties. These 2 provisions are seldom used in practice except at the request of the parties.

3 In many cases there is very little prospect of reconciliation. It is too late in the matrimonial dispute and attitudes have hardened. However if a solicitor only considers the law, a client may find himself inexorably caught up in the 'legal machinery' of getting a divorce although he is not certain that this is what he really wants even if he may initially say that it is. Once one of the parties has instructed a solicitor to institute divorce proceedings there is no pause during which second thoughts can be explored; in one study the average time between filing a petition and decree nisi was 9 weeks which gave very little time for reflection or any effective counselling.

4 A small proportion of clients who are still ambivalent about wanting a divorce may consult a solicitor for help about a bad situation without realising divorce is not the only remedy. One witness considered that the solicitors should be able to identify these people and learn how to offer them the possibility of help (not necessarily reconciliation) from a counselling agency. It is not a question of a solicitor trying to persuade a client to consult a counsellor. Indeed in such circumstances the solicitor may find that he loses a client because of that client's fear that the solicitor is not acting in his best interests, but if a solicitor sees his duty as 'siding with' his client, this inevitably reinforces the conflict between parties. However many clients and some solicitors are unaware that counselling services are available and/or what counselling can offer them. A solicitor may be able to be of help simply by making the client aware of the opportunity to obtain help through a counselling agency. It is of course up to the client to decide whether to avail himself of such an opportunity. Some training in personal relationships for solicitors would help them to recognize mixed feelings but the recommendations of the Report of the Committee on Legal Education about the need for training to go beyond pure law have not been implemented. Some younger solicitors do appear to be showing a greater interest in personal relationships but it has to be accepted that lawyers are trained to deal in facts and law rather than feelings and emotional relationships; it is their duty to carry out the instructions of their clients, but one witness considered that the solicitor's initial suggestions and advice when first consulted by a client as to how to proceed would inevitably affect the 'instructions' ultimately given to them by their client.

The Magistrates' Courts

5 In 1976, the magistrates' courts dealt with over 12,000 applications for matrimonial orders. This represents a reduction in the number of matrimonial cases over the last few years; and the amount of time spent on them has decreased, mainly because of legal aid which facilitates making pre-trial arrangements such as for maintenance.

6 Most matrimonial orders deal with custody and access to children and maintenance and are based on a finding of desertion, and in most cases they do not place any legal impediments in the way of reconciliation. Apart from provisions relating to children the order is not enforceable while parties continue to cohabit, and if cohabitation lasts for three months or more, the order ceases to be effective.

7 The magistrate has the power to request a probation officer or other person to attempt reconciliation and in a few courts it is the practice for all applicants for matrimonial proceedings to be seen by a probation officer prior to the proceedings.

Possibilities for reconciliation exist:

- a. When the complaint is laid before the justice or justices' clerk who may refer the complainant to a probation officer;
- b. When the case comes before the court;
- c. In subsequent proceedings, for example, for variation.

Magistrates' courts are "alive to these possibilities, sensitive to the occasions when such an opportunity is appropriate and . . . possessed of considerable powers to afford that opportunity to the parties". However one witness pointed out that there has been a decline in conciliation work in magistrates' courts and many probation officers have no experience of it.

Family doctors

1 Written evidence was received from the Royal College of General Practitioners and this is to be found in Appendix E. Oral evidence was given by a few doctors nominated by the British Medical Association on behalf of the medical profession as a whole, by Dr John Cohen (who has a marriage counsellor working on his surgery premises), and by Mrs Enid Balint (who runs case discussion seminars for groups of GPs). Dr Norell of the Royal College of General Practitioners provided a separate discussion paper of personal views at an early stage of the Working Party's proceedings.

2 Many people with emotional problems turn to their GP for help rather than to any other agency and this is perhaps because the setting in which the GP practises has a number of advantages over other settings:

- a. He is familiar to his patients.
- b. He is in the neighbourhood and accessible to all social classes. There is no stigma attached to seeing a GP, as there may be to going to other agencies.
- c. The atmosphere is informal and confidential.
- d. He gives continuity of care.
- e. He can be presented with undifferentiated problems or even 'non-problems', which means that he can intervene at an early stage and provide help which is so much more useful than in-depth counselling at a later stage when the problem has grown. The GP is in a key position to recognise the early signs of marital disharmony through covert signals (presenting problems such as headache, depression, anxiety) although he often has not enough time to counsel patients to find the root emotional causes of these presenting symptoms.

3 There are, of course, certain disadvantages for some in counselling by the GP which may deter some people from coming for help with marital problems:

- a. Some people may prefer the anonymity of an agency or to go outside their immediate locality.

- b. The GP may be seen as favouring or having a closer relationship with one partner or the other.
- c. The occasional nature of consultations with general practitioners may preclude a firm commitment on the part of the couple towards on-going work with their problem.

4 There is little training in emotional or psycho-somatic disorders in the medical schools although younger doctors and students are showing more interest in this field. The BMA representatives argued that, as not all GPs would make good counsellors, it was preferable for those GPs with a special interest and aptitude in this field to undertake post-graduate training. Case discussion seminars on the Balint model are useful and are becoming increasingly popular as more doctors take an interest in this field.

5 One way of overcoming the problem of referral to marriage counsellors (stigma and feelings of rejection of the patient by the doctor) is by having a marriage counsellor working on the surgery premises so that the GP can, if necessary, personally introduce the patient to the counsellor with perhaps a short combined initial interview between GP, counsellor and patient. Projects of this kind are very few at present. In Dr Cohen's practice, the counsellor is unpaid and works one afternoon a week. Patients are not obliged to see her if they do not want to, but nearly all keep their appointments; neither must the counsellor accept every referral if she feels that her training has not equipped her to deal with it. Other problems besides marital ones are referred – such as unemployment, children, housing – and the counsellor is given the necessary support both by her MGC tutor and by the doctor. Dr Cohen claimed that partly as a result of having the counsellor on the premises he had reduced the number of prescriptions by one quarter. One difficulty in the arrangement is the possible breach of confidence between patient/GP and patient/counsellor if the GP and counsellor need to discuss the case together. This presents no problems in Dr Cohen's practice, however, as the counsellor is seen as part of the practice and may obtain access if necessary to records of the patients referred, though in most cases this is not necessary. Both professions have equally high standards of confidentiality.

6 Although training and selection procedures of marriage counsellors are excellent, relatively few GPs know much about their work, or refer patients to them. Marriage counsellors should receive payment for their work, especially those who take up positions in surgeries, as many good counsellors are leaving the movement to take up paid employment.

From the Family Planning Association

1 The Family Planning Association is a voluntary organisation and a registered charity, its aims being:

- a. To help people to have children only when they want them and to avoid the hardship and distress caused by unwanted conception.

- b. To educate the public in the field of procreation and contraception, with particular reference to personal responsibility in sexual relationships, and to the consequences of population growth.
- c. To give advice and assistance in cases of involuntary sterility or of difficulties connected with sexual relationships.

2 The Association's work in the field of birth control advice and assistance, spanning 50 years, has made it aware of the needs and problems which can arise in marriage relationships stemming from sexual difficulties and ignorance of sexual matters. The FPA is aware that much breakdown in marriage is due to ignorance of sexual matters, and lack of information about birth control. In a sense, whilst not directly concerned with marriage guidance, every consultation about birth control is potentially a form of marriage guidance.

3 Some of the problems presented by patients in the course of consultation about family planning clearly indicate the need for special help for people experiencing difficulties in their sexual relationships, and in turn the need for training for the doctors concerned. In 1958 the FPA, with the help of Dr Michael Balint, initiated research-type training which developed into 2 and 3 year seminar training to enable doctors to give greater help to patients in the ordinary clinics and also in special marital problems sessions which were set up attached to the clinics (these were later re-styled psycho-sexual problems sessions). The majority of patients were referred to the special sessions from the ordinary clinics, and in addition some patients were referred direct by General Practitioner, hospital doctors, etc. In 1974 3 pilot schemes for psycho-sexual seminar training for nurses were started with sponsorship from the Department of Health and Social Security.

4 The FPA is aware of a considerable demand for this type of service which is not adequately being met, either by the FPA or elsewhere, and considers that given availability of funds, both for training personnel and to support the service itself, very much more could be done in this field. In the past the Association has had to charge patients for the psycho-sexual service fees above those operating for the family planning service, because of the time-consuming nature of the work, although many of the people most in need of this type of help are least able to afford private fees.

5 With the recent handover of the Association's clinics to the National Health Service, the sessions for psycho-sexual problems will in some cases also be absorbed. The Association will in future be concentrating most of its efforts in the field of information and education, including the provision of courses in sex education and personal relationships. The Association would like to be able to develop the psycho-sexual counselling service in the future in its new regions, but could only do so if financial support were available to cover at least part of the costs.

6 The FPA feels strongly that the pressures on young people to get married and to get married earlier without proper preparation or information contribute to the divorce rate of partners under 21 of 1 in 4.

7 The dilemma which faces such organisations as the FPA is the lack of recognition of the importance of training in personal relationships, and the lack of sensible guidance to enable young people to develop objective and understanding attitudes towards sex or to understand the moral values needed to provide a rational base for making decisions about their lives. Their concern is the lack of education to provide the understanding that will enable individuals to use their sexuality effectively and sensitively, whether as a spouse, parent, community member or citizen.

8 Different organisations are attempting to help in this field but most of them work by themselves and have no link with each other. It is important that these various organisations should come together to discover how they can co-operate and pool their various skills and disciplines in order to be more effective. Each has much to contribute and the work of one could complement another.

9 The FPA feels strongly that sex education in the widest sense of the phrase should be the responsibility of the teachers and parents. It has decided it should concentrate on providing courses for teachers, health educators and community workers. In the last two years the FPA has held courses for these and 700 course members have attended.

Health visitors

1 Written evidence was obtained both from the Council for Education and Training of Health Visitors and from the Health Visitors' Association (the professional association and trade union) and subsequently oral evidence was taken from some practitioners nominated by them.

2 Health visitors are nurses with a post-registration qualification, the Health Visitors Certificate. They provide a continuing domiciliary health advisory service to families and individuals. Aspects of their work include prevention of mental, physical and emotional ill-health; provision of care which includes support during periods of stress, and advice and guidance about the care of children.

3 The visit to the family following the birth of a child is probably the most usual means of contact between the public and the health visitor as health visitors routinely offer their services to the family at this time. They may provide a continuity of care in the family from when the children are born to when they grow up, leave home and beyond. They are involved with all age groups, all classes and all ethnic groups in society. The Service is seriously undermanned at present which is inevitably reflected in the amount of provision that can be offered in any locality.

4 Training, generally by a one-year post-SRN course, is geared to caring for the well-being of the people they visit, to developing skills in establishing inter-personal relations which will provide a basis for constructive work with people and to give a knowledge of the various statutory and voluntary agencies which may assist in a particular family situation. They are taught to understand family relationships and the effect upon these relationships both of major events such as births and deaths and the processes of

growth and ageing. There is some training on the sources and effects of emotional tension and factors involved in marital disharmony, although they are not expected to have very detailed knowledge of the latter as they are generalists rather than specialists and marital problems are seen only as a small part of their total workload. Their role is primarily that of a front-line preventative worker and they are particularly well placed (and trained) to notice the early warning signals of marital stress and may be the first professional worker to do so. A survey undertaken by the Health Visitors' Association of their local branches showed that the number of marital problems encountered by a health visitor ranged from 0–300 cases per year, an average of 39 cases per year. A Greater London Council Research report on health visitors in London showed that 5.2% of time with clients was spent on marital and family planning related topics. When referral was necessary the largest number of cases were referred to marriage councils. One complaint was about lack of information from guidance councils. Some confidential indication of progress, or merely an indication whether the client had made and kept an appointment with a counsellor would help the health visitor in continuing to help the family as a whole and in supporting the client in the meantime. In addition the health visitor seldom knew an individual counsellor whose name she could give to clients.

5 Health visitors are employed by Health Authorities and an increasing number of these are arranging for them to work in association with local general medical practitioners and primary care teams. The Council for Education and Training of Health Visitors would like to see more joint training of the different disciplines (general practitioner, district nurse, health visitor) in the primary care team.

6 The Health Visitors' Association also mentioned that marriage guidance councils were sometimes seen as operating for the middle class and by the middle class and that there were problems of long waiting lists in some localities which hindered referral. They also believed that domiciliary visits by marriage counsellors would be more effective in some cases especially where clients were not very good at keeping appointments.

Marriage Counselling Agencies

A. Marriage Guidance Councils

1 Visits by members of the Working Party were made to a cross-section of MGCs at Leicester, London and Newcastle-upon-Tyne and discussions held with some of the counsellors and committee members.

2 These MGCs seem to be suffering from an acute shortage of funds which prevent them from expanding the service they offer to the public. The grant from local authorities varies considerably from one area to another and fund-raising activities (time consuming for both committee members and counsellors) are necessary. The overall cost of each interview with a client (including rent and administrative costs) may be between £4 and £5 at 1976 prices and in order to cover their mounting costs many MGCs have successfully introduced schemes for charging clients or asking for contributions according to clients' means.

3 Administrative matters may have to be dealt with by counsellors, which is considered by some MGCs to be a waste of skilled resources but by others to be a positive advantage. Councils which can afford it may employ an administrator, if only part-time, to provide a focus for dynamic growth, set up new projects and to help with fund-raising activities. The London Marriage Guidance Council, which serves the 12 Inner London Boroughs, has particular administrative problems. The main offices are in central London but there are 36 sub-centres in the 12 Boroughs. As new ones are set up they generate latent demand, and soon become swamped by that demand. Whilst London MGC is not opposed to the idea of setting up separate councils in each borough there are drawbacks such as the cost of 12 separate administrations instead of one. The larger central unit can also provide stronger support and organise discussion groups led by outside experts, which smaller units might not be able to do.

4 The waiting list of clients varies from area to area; in Leicester it is sometimes as long as 6 weeks despite the lack of publicity about the service. The waiting list is always longer for an evening appointment partly because of the availability of counsellors and partly demand from those clients who cannot afford to take time off work. In some areas of London waiting time varies between centre and centre, but those able to travel to central London can normally be provided with an early appointment (in the past London MGC was obliged to minimise its publicity to avoid building up unwieldy waiting lists, but with the expansion in counselling time it has been able to modify this policy). In some areas, including parts of London, there is an acute shortage of counsellors, particularly men, and in other areas (Tyneside) there is no shortage of applicants for training but the council has difficulty in finding the money to sponsor them (paying travelling expenses to the national headquarters at Rugby for training). There is a general problem of counsellor wastage. Some trained counsellors are obliged by financial pressures to take up paid counselling jobs elsewhere. Since early 1968, the London MGC has operated a paid counselling scheme under which counsellors who undertake to offer a solid and regular commitment give a minimum of 5 hours counselling a week free, and are thereafter paid £2 an hour for any excess work done, subject to certain limits. The scheme is in fact funded out of extra voluntary contributions from clients so generated. London MGC argues that it is a waste of scarce skills to seek only 3 hours counselling a week for 40 weeks of the year (the NMGC minimum) when more could be obtained by offering an inducement, and these modest payments provided the necessary incentive. The scheme has also proved cost effective and helps to build up skills for the clients' benefit.

5 The London MGC has also put forward proposals for professional accreditation of counsellors under which a new body, such as an Institute of Marriage and Personal Counselling, would be set up and which would be able to award accreditation of a high standard. Accredited professional status would help to increase public acceptance of counselling as a recognised and valuable form of therapy.

6 Besides counselling in marital and other personal relationships on the MGC's own premises and in such places as health centres and social services area offices, some MGCs also operate a number of other services such as counselling in doctors' surgeries which is exclusively for patients of that practice, running courses for engaged couples,

providing an education in personal relationships for school children and young people, and providing comparable help for parents, teachers and professionals in the various caring services such as social workers, clergymen, GPs, health visitors and midwives. In Leicester, pre-release courses at the local prison and personal relationship discussion groups at the local borstal institution are also undertaken. The demand for these services is far in excess of what can be offered as MGCs find them particularly costly and time-consuming to run.

7 Liaison with other services varies from area to area. In Leicester relations with the local authority social services department are good particularly as the deputy director of social services is a committee member of the MGC. Here the MGC has run multi-disciplinary case discussion groups for social workers, probation officers, school counsellors and others which have proved very popular. As a result co-operation has improved and there have been more referrals. It is easier to refer when the other agency is in the same building as in Newcastle where the MGC is housed with several other voluntary social-care organisations. In London counsellors are being attached part-time to local authority social services department area offices as a resource both for the community and the social workers themselves.

B. Centres of the Catholic Marriage Advisory Council

Visits were also made to a cross-section of centres of the CMAC in Bolton, London and Newcastle-upon-Tyne.

1 The CMACs have problems of finance similar to those of the MGCs. Funds come mostly from the Church with small grants from local authorities, although in London, the main support comes from local authorities and in the present financial climate it is losing some of these grants and its financial situation is becoming serious. Clients are not asked to make contributions but any donations offered are accepted. CMACs have to finance the costs of basic training even though (at least in Bolton) they do not pay travelling expenses and costs of in-service training courses.

2 There is a nomination procedure different from that of the MGCs in that volunteers do not generally apply to become counsellors (although some consideration may be given to their candidature) and potential counsellors have to be nominated by existing counsellors or priests and are then sponsored by the CMAC for selection and training. Where there is relatively poor liaison with parishes, priests may nominate people for counselling who are unsuited in that they are parish activists and therefore have very little time for any extra commitments. Recruits can be discouraged by the amount of time they have to give to counselling and in some areas there is a high turnover of counsellors as they find the commitment of 2/3 hours counselling per week plus in-service training too much.

3 Counselling, as in MGCs, is non-directive. If a Catholic client wants a divorce the counsellor helps him to explore the situation and supports him through divorce and afterwards if necessary. The Catholic Church recognises the fact of civil divorce but

partners would still be regarded as married unless an annulment was obtained through the Church's tribunal. Similarly on questions of contraception the CMAC offers a service through medical advisers who discuss methods and help the client to decide for himself. Counsellors accept the fact that clients may decide to use methods of contraception other than those taught by the Church and do not lecture clients about it. There is some concern in one council at least that clients may talk to other Catholics and it may be seen as giving advice, so that the rumour gets about that the CMAC condones the use of artificial methods of contraception.

4 Besides counselling, CMACs also run many external courses including ones for engaged couples, for school children on personal relationships and for seminarians. The courses for engaged couples are aimed at helping couples to come to a better understanding of each other and, in the case of couples contemplating mixed marriages to help the non-Catholic partner to understand aspects of the Church's teaching which will affect them. The Church's teaching on family planning is discussed but so are the whole range of other methods of contraception so that couples are left to come to an informed decision. On courses for school children the CMACs consider that it is generally a more efficient use of resources to teach the teachers rather than the pupils. There is generally a high demand for these courses which CMACs are unable to meet as most counsellors have full-time jobs and have difficulty in leading courses during the day-time.

5 Apart from London, one of the main problems for CMACs is their under-use by the population. For example in Bolton CMAC with 8 counsellors plus advisors there were only 34 cases in 1975/76 with a total of 90 interviews. The CMAC is unsure whether this is because of lack of publicity of the service or lack of anonymity in a small Catholic community, or because people are put off by the title of the agency ('Catholic advisory' implies an authoritarian approach). It is possible that a lot of people are counselled by their own priests instead, who are in any case perhaps hesitant about referring to lay counsellors. Certainly some Catholics go to the NMGC or FPA instead or bypass all the agencies going straight to the courts. Clients of CMAC are mostly Catholic but sometimes the non-Catholic partner of a mixed marriage or even non-Catholic couples come for counselling. Some CMACs have offered to take clients from the waiting lists of over-loaded MGCs and good co-operation has been established in at least one place. One committee chairman said that there would be advantages in a merger between the NMGC and CMAC in terms of experience, and expertise and disparity in caseloads although he pointed out that this would probably not be generally accepted within the movement and the Church. The 2 councils, London for example, already work closely together, have the same ideals and are considering running joint training and case discussion groups.

The maternity services

1 Oral evidence was taken from persons nominated by the Royal College of Midwives, the Royal College of Obstetricians and Gynaecologists and some individuals in these fields and in paediatrics.

2 Pregnancy and the birth of a child, and in particular that of the first child in a family, can be a major crisis point in a marriage and is a suitable time to help marriages, as underlying marital problems may come to a head at this time. It is often possible to predict couples who are likely to have marital problems by such pointers as the individual attitudes of the parents to the pregnancy and to each other and their relationship with the child after birth. Difficulties in the relationship between mother and child often indicate marital problems between the husband and wife. The baby may be seen by the father as a rival for the mother's affections. It is quite common for emotional and sexual problems to occur after a birth. Some witnesses said that one possible contributory factor to such problems was the increased mechanisation of the birth, through induction and other methods, when the woman may feel that her body is no longer her own. Suturing after birth can cause pain on intercourse even many months after birth, which may lead to impotence and frigidity unless the couple are given ante-natal and post-natal help. Post-natal depression on the part of the mother can also have an adverse effect on the marriage, and marriage difficulties may intensify post-natal depression.

3 Obstetricians and gynaecologists, paediatricians, midwives and health visitors have a role to play in helping couples who have emotional and sexual problems at this time. As they are dealing with particularly intimate female problems, obstetricians and gynaecologists have a special rapport with their patients, a rapport which other doctors may lack, but they have very little time in which to listen to, let alone counsel, patients on their emotional and sexual problems. Midwives on the other hand are in a better position because they spend more time with the patient. They are in a good position to listen, and with training they should be able to recognise signs of marital distress and to make a referral to a suitable person such as the hospital social worker. However, they themselves should not be expected to undertake marital counselling of patients although they are able to undertake brief counselling on problems specially associated with childbirth. The midwife has a statutory duty to care for the mother and baby for a period of not less than 10 days not more than 28 days after the end of labour after which she hands them over to the care of the health visitor. The midwife works a lot in patients' homes including visiting at weekends (unlike other social and health care workers) and is therefore more likely to meet the father, and she is in a particularly good position to notice signs of marital disharmony or failure of early bonding between mother and child.

4 Signs of marital disharmony might be noticed when the social history is taken at the ante-natal clinic. General enquiries are made about the attitudes of the couple (and children if any) to the pregnancy, although questions on marital relations are not brought up routinely as some patients may construe this as meddling. Any information gleaned about marital relationships may be conveyed orally to the other helping services (eg health visitor, general practitioner), but breakdowns in communication can occur. The social history taking is followed by a series of monthly checks which allow little or no opportunity for patients broaching the topic of emotional problems. At larger hospitals, a pregnant woman may not see the same doctor or midwife through ante-natal and post-natal care and it is difficult for her to build up a personal relationship with staff. Indeed this is only likely in the case of long-stay patients who

have a difficult pregnancy. Another opportunity to help patients is during discussions about family planning. The Royal College of Midwives claimed that if sexual topics were raised in the course of such discussions midwives were much more prepared to talk than they used to be (54% of midwives are themselves married), but other witnesses claimed that this was unlikely to happen. There may be variations from area to area.

5 There is some controversy within the midwifery profession as to where their future role lay – towards more mechanical care as obstetrics itself became more mechanised, or towards more care for the emotional health of mother and child. Training is constantly changing to meet new challenges. It now emphasises the whole family unit rather than just the inter-parent relationship, and the emotional needs of a woman during pregnancy, labour and the post-natal period are stressed throughout the syllabus. There is a need for retraining schemes and midwives have to attend a refresher course every 5 years; those returning to work after a long period away are required to attend a longer statutory course. All practising midwives are required to attend a 2-day course on understanding family planning and this is now included in pupil midwives' training. Thus midwives who were trained some time ago are made aware of the need to provide emotional as well as physical care and help with sexual problems.

6 With notable exceptions, there is very little training for medical students in this area of emotional health, although many medical students want to receive it. The post-graduate syllabus of the Royal College of Obstetricians and Gynaecologists does not require any teaching of emotional and psychiatric problems connected with childbirth, let alone marital problems.

7 The witnesses all agreed that it was beneficial if the father could be involved in the birth and to have more time with the mother afterwards. More fathers are now attending ante-natal classes. The Royal College of Midwives claimed that the situation in labour wards had changed a great deal in recent years and fathers were encouraged to attend the birth if they wished to do so. Other witnesses said that hospitals were not adapting quickly enough to this trend; in most in-patient maternity units fathers were not welcome in the labour ward, and other children of the family were excluded from visiting their mother. Moreover, it is not just a question of allowing a father to share the birth experience but of actively welcoming and supporting him.

8 One or two witnesses mentioned the special need for counselling couples after a stillbirth or miscarriage had occurred. Another witness suggested that counselling facilities for marriage guidance ought to be provided at all ante-natal clinics.

The Police

1 Written and oral evidence was received from the Association of Chief Police Officers of England, Wales and Northern Ireland and the Police Superintendents' Association of England and Wales.

2 The police are mainly concerned with violence in marriage, as domestic disputes may involve a breach of the peace which they may be called to deal with. Often the primary concern is to establish evidence to support a charge, should this be the wish of either party, rather than acting solely as peace-maker. Evidence may be available to support a prosecution but a wife often retracts her statement. This may lead to complaints about precipitate or biased action by the police once a reconciliation has taken place. In cases where wives, after consideration or following counselling, wish to retract, the police have to decide whether to withdraw the case for lack of evidence or invoke the provisions of the Criminal Law Act, 1898, and the Common Law with regard to the compellability of witnesses in assault cases. The former course is invariably followed but it is not always in the best long term interest of the assaulted party or the future stability of the marriage.

3 It is the police who are usually called to domestic disturbances because they provide a 24 hour service and most marital disputes occur on Friday nights or at the weekend when other agencies, such as social services, are not available. It would be helpful to have the back-up of a social worker at these times in order to help cool the situation, that is, the police should be able to call in a social worker if necessary. In some situations the police may have to act as counsellors, but the police role in marital counselling should be a minimal one and limited to the basic responsibility of impartial enforcement of the law and some sympathetic listening to individuals when necessary. Cases may be referred to a variety of agencies such as the probation service, social services or marriage counselling but the police organisations would not like referrals to other agencies to be made as a matter of course. In the case of children, unless they are directly involved in the violence or there is a history of violence to children in the family, a referral is not made to the social services. Where advice is given, there is no follow-up to ascertain whether that advice has been acted upon. The police organisations are wary of anything which might tend to confuse, in the mind of the public, their well-defined role of preventing a breach of the peace. They do not therefore want increased liaison with the social services or marriage counselling agencies.

4 Marital disputes place a heavy burden on police time; a recent survey carried out in one city centre division showed that 22% of all weekend emergency calls to the police concerned domestic disturbances. These calls often waste police time because by the time they have arrived the situation has calmed down. 65–70% of all homicides occur in the domestic situation, it could therefore be a critical and difficult decision for a police officer, especially the relatively young and inexperienced, to leave a couple once he considered that the situation was under control. No particular training, other than the legal aspects, is given to officers in how to cope with marital disputes. Although some additional training is necessary, it cannot be a substitute for practical experience.

5 The police are more likely to be called to domestic disputes in areas with poor housing conditions and involving immature and inadequate persons. However the police believe that marital violence is equally prevalent among all classes of society. The police are rarely called to domestic disputes in middle and upper class homes perhaps because such people are better able to contain and deal with the situation themselves and the stigma of calling in the police is greater.

6 A survey was undertaken of the views of members of the Police Superintendents' Association about the idea of recording all marital problems coming to police attention on a separate register. The majority were against this scheme because it would cause a lot of extra work for the police.

National Society for the Prevention of Cruelty to Children

1 Both written and oral evidence was received from the NSPCC.

2 The NSPCC is an organisation incorporated by Royal Charter and a voluntary body given special responsibilities by statute. It has a national coverage and its 230 fieldworkers ('Inspectors') are organised into local geographical groups headed by senior social workers, who are themselves under regional casework supervisors responsible for several groups in an area covered by a regional health authority. There is a support system whereby staff are supervised regularly by regional senior staff and have day to day consultation opportunities with local group officers. Headquarters provides a 24-hour telephone consultation service to all members of the Society's staff.

3 The primary task of the NSPCC is the welfare of the child. However, to attain the welfare of a child it is essential for the fieldworkers to give parents casework support and insight in order to enable them to come to terms with their marital problems and to achieve the necessary protective service for the children involved. About 43% of all clients directly approach the NSPCC for advice and assistance on a variety of personal and family problems; the remainder are referred through a third party – a member of the public, police, health visitor etc. Court action is taken in only 1–2% of the 24,000 cases handled by the NSPCC every year.

4 In a very high proportion of referrals there are severe marital problems, many of which are acted out in physical violence. Some parents physically harm their children, others, who are destructive of each other, damage their children emotionally. For the NSPCC, the children must be the prime focus, but to achieve the physical and emotional wellbeing of the child the social worker of the NSPCC must concern himself with the unhappy and disturbed marital relationships which are, of necessity, bound to impinge on the wellbeing of the children within the family. Obviously, with more staff the Society could be of even greater service. According to good social work practice fieldworkers of the NSPCC do not offer direct advice to separate or not. The aim of the social workers of the Society is to help their clients to work out solutions that are both best for the couple and for the wellbeing of the child involved. NSPCC fieldworkers have responsibility to intervene directly in order to safeguard children and are given special training to help them work with the feelings that such intervention may evoke. The worker aims to help parents to take into account the realities of the total situation and responds to parents and children with a skilled mixture of concern, care and authority. Parents can be encouraged to work towards a solution to their problems which is least damaging to their children. For instance, a couple may be using the child as a scapegoat thus enabling their marriage to work at least superficially. The NSPCC worker would help them to find another way of achieving some marital harmony which would not need the child as the scapegoat.

5 A retrospective, descriptive study ('Yo-Yo Children – a study of 23 violent matrimonial cases') was carried out by the NSPCC School of Social Work in 1974 which revealed the desperate plight of some children living in violent families. Marital violence caused a mother to leave home taking her children with her (but generally leaving one behind as an entree for return), but she soon returned only for the pattern of violence and departure from home to be repeated all over again (back and forth like a Yo-Yo). 80% of the children were found to be emotionally disturbed, either being used as pawns in their parents' marital battles, becoming anxious and tense as they tried to contain the violence within themselves, suffering from psychosomatic conditions, failing to thrive physically, acting out their misery in disturbed behaviour at school. The NSPCC plans to set up 'Yo-Yo Units' which would both train workers in the special techniques required to help such families and have a small caseload of families to build up further knowledge. The first of these Units has been set up at Basildon as the result of a local authority grant.

6 Selection procedure for fieldworkers is stringent and demanding involving 2 sets of interviews after which successful candidates are offered a training course of 14 months duration (only 3 – 4 months if they are already professional social workers). The training course given by the Society includes human growth and development, knowledge of community resources, including child protective legislation, casework theory and practice, playgroup methods, and seeks through theory and supervised practical work placements within fieldwork teaching units, to give an understanding of problems of parents and children caught up in the 'at risk' situation. Training is given in a variety of helping techniques including both groupwork and casework and the skills of marital therapy are used in a way that takes into account all the family relationships and needs, particularly those of the children. Students on the course are only posted if they successfully pass their fieldwork placements and examinations. The training course is followed by a 12-month structured supervision in the field which is regarded as a continuation of their original 12-month period.

The probation and after-care service

1 Written and oral evidence was obtained from the Central Council of Probation and After-Care Committees, the Conference of Chief Probation Officers and the National Association of Probation Officers.

2 Probation officers have, by statute, obligations towards people who have committed an offence; they are also, under voluntary arrangements which have existed since the origins of the service, prepared to offer help to people with marital problems. Under the Probation Rules 1965, a probation officer may be requested by a court to attempt to effect matrimonial conciliation between parties in proceedings under the Matrimonial Proceedings (Magistrates' Courts) Act 1960, and they may assist the courts in making orders or provisions with respect to custody, maintenance or education of children involved in matrimonial proceedings. The voluntary matrimonial work of the service has dropped considerably since the introduction of the Divorce Reform Act, 1969 (from 22,000 cases in 1971 to 8,000 in 1974). As there is a correlation between unstable or

broken home background in the early developmental years and later delinquency and crime, and as marital disharmony and breakdown are often significant in precipitating criminality, much work with probationers and with discharged prisoners subject to statutory or seeking voluntary after-care concentrates on the marital situation. Hence marriage counselling is seen as an essential part of preventative measures aimed at reducing criminal behaviour and social breakdowns in society.

3 While many people would not approach the probation service for help with marital problems because of its association with crime, others, who see the service as controlling and authoritative might approach it in the hope that their own destructive feelings could be contained and resolved within such a controlling agency. The probation organisations argue that they have a continuing role to play in matrimonial and divorce work in spite of Government or other official opinions to the contrary (such as the Finer^{*} Report which argued that the family court welfare service which they proposed should be established in connection with their proposed family court should not be staffed by the probation service on account of their connotations with criminals). It would in any case be very difficult for the social services to take over the probation service's marital work as they are already too over-burdened. The removal of marital work from the probation service and consequent reduction in diversity of work might also act as a dis-incentive to recruitment. The individual should have the right of choice from a wide array of different agencies from which to ask for help with marital problems, and the probation service should therefore continue to be available in this field.

4 The number of matrimonial problems presented as such to the probation service has decreased over the last 5 years. This might be explained by:

- a. the growth of organised counselling services;
- b. the increased availability of legal aid and especially its spread to the domestic hearings in magistrates' courts. Before legal aid, people would approach the probation service as a cheap source of legal advice and, in the course of this, help might be given on marital problems; but nowadays people are bypassing conciliation agencies and going straight to the courts. Referrals from solicitors have decreased since legal aid was introduced, but the probation organisations consider that the present provision in the Divorce Reform Act requiring the solicitor to state whether he has or has not discussed reconciliation with a client is inadequate. In the view of NAPO, solicitors should be under an obligation to discuss more thoroughly the possibility of reconciliation with their clients;
- c. the greater mobility of probation officers nowadays. It takes time for an officer to become accepted and trusted by a community, and where changes are made there is a temporary decrease in the numbers of people seeking help with domestic problems;
- d. the public are no longer aware that the probation service undertakes marital work and mostly associate it with crime. The probation service has failed to advertise its work in this field.

5 There is a certain amount of collusion by probation officers in the diminution of marital work. Young officers lack the self-confidence to help and are increasingly

reluctant to undertake marital work, and this is mainly due to lack of adequate training. There is general dissatisfaction amongst the probation organisations with the lack of training in marital interaction on the pre-service training courses run by the Central Council for Education and Training in Social Work. Some of the tutors in the pre-service courses (CQSW) lack the expertise to teach marital work. Similarly at the in-service training stage there is a dearth of tutors with experience as practitioners apart from those on courses run by the Institute of Marital Studies and regional staff development officers. A body like the IMS should set up small marital practices in the regions which would form the core of training in marital work in each region.

6 Liaison between the probation service and the marriage guidance movement is generally good, although closer contact might result if there were probation service involvement on executive committees of all local marriage councils rather than some. There is a need to ensure that all the services which meet with marital problems (clergy, police, Samaritans etc) are drawn into a more cohesive whole, perhaps with a central agency or local bodies existing to ensure co-ordination of statutory and voluntary interests.

7 The Conference of Chief Probation Officers sees the need for a new service of front line agencies in the community, perhaps a cross between citizens advice bureaux and crisis centres. These would be open 24 hours a day and would be available as walk-in centres for all kinds of family problems ranging from simple practical advice to crises such as marital violence; and arrangements should be such that there would be no stigma attached to being seen to enter the premises. The staff would be volunteers and trained to be perceptive listeners who would be able to pick up disguised signals of distress, to understand the presenting problem, not themselves to counsel but to refer on to a suitable agency such as probation service, social services, or marriage guidance.

Psychiatrists

1 Oral evidence was taken from some practitioners nominated by the Royal College of Psychiatrists.

2 All three psychiatrists nominated have a particular interest in the treatment of sexual dysfunction and family and marital therapy. In the hospitals in which they work, in London and Nottingham, some work is being undertaken in these fields, both in in-patient and out-patient clinics. Family therapy may be undertaken in the child psychiatric department, and marital therapy may also be appropriate as children are often the covert presenting problem for marital problems in their parents. Work may be undertaken with couples or single partners, with one therapist or two. The approach to treatment of sexual dysfunction may range from behavioural to broader marriage counselling.

3 All psychiatrists should receive some training in marital therapy and every psychiatrist should be willing to consider the marital aspects of a psychiatric problem and, if not able to help himself, to know where to refer a case to.

4 Social workers, health visitors and voluntary workers like marriage counsellors are suitable for undertaking treatment of sexual dysfunction given safeguards of adequate selection and training procedures, and available consultancy supervision. Training, at least for 'lay' counsellors, should be in-service, that is seeing clients under supervision of a tutor or consultant, and might involve experiential exercises such as role play. There should be some conceptual, theoretical training as well. Once therapists are trained, consultants such as psychiatrists or other members of the medical profession should be available on a sessional basis to give advice when problems arise, especially on more difficult cases.

5 The contribution of Masters and Johnson to the treatment of sexual inadequacy has been of major importance in the field, and, as a result, patients' expectations of treatment have changed; the existing services are under some pressure and most clinics have waiting lists of between 3 and 12 months. The Masters and Johnson approach, while highly successful in the hands of its originators is expensive and time consuming. In this country some clinics have based their approaches on Masters and Johnson's work, and one witness argued that it was possible to do it more economically with almost as high a success rate. One of the most important factors in the treatment of sexual dysfunction is sympathetic listening on the part of the therapist(s), especially during individual history taking, and a generally accepting attitude to sex and sexual enjoyment. Couples are often too goal orientated in their sexual relations and need reassurance that their approach, if satisfactory to them both, is probably the best thing for them.

6 Apart from behavioural and other therapies, more general techniques have a place in the treatment of sexual dysfunction. Merely advising a man to change his job, or a woman to take employment, may improve sexual functioning. Success is more likely to be achieved if the couple are united and motivated to solve their problems, if there are no triangular relationships involved, and if there is no severe psychiatric illness or major marital problems.

7 Marital therapy, and in particular any form of sexual therapy which involves physical examination, requires of the therapist the highest standard of ethical practice. In unscrupulous and unethical hands the therapeutic relationship could easily be exploited to the detriment of the patient. Doctors and marriage counsellors already practice within a strict ethical code. If therapy in this field is to be undertaken by other workers, it would be important that they too subscribed to a similar code of ethics.

Samaritans

1 The Samaritans provided written evidence and subsequently the Working Party received oral evidence from two people nominated by them.

2 The Samaritans offer a 24 hour service of listening to and befriending the suicidal and despairing. The service is absolutely confidential and free of charge.

Lay volunteers befriend clients – on the telephone or face-to-face – under the direction and with the support of one or more skilled directors, who are on call all the time for consultation and who may themselves call upon the advice of a psychiatric consultant. The service offered is flexible and spontaneous – an interview can be arranged within 24 hours but most initial contacts are over the telephone. The main service offered is befriending – counselling taking place in only a small proportion of cases.

3 There are 167 branches in the United Kingdom and Eire manned by 19,000 volunteers. Training is continuous at branch and regional and national levels. Selection of volunteers is stringent as the qualities required include compassion, reliability, tolerance, ability to keep confidences and to work as a member of a team under firm direction. About 2/3 of the applicants are rejected.

4 In 1976 almost 209,500 people asked for help from The Samaritans for the first time with another estimated 100,000 already receiving help. 25% of clients are under 24 years of age but fewer in the age group over 65 years in which suicides are numerous. 40% of the total number of clients in big cities, and 25% in rural areas are a serious suicide risk. Many clients are probably the kind of people who find face-to-face counselling unacceptable – at least initially – but are prepared to pick up a 'phone and ask for help anonymously.

5 The largest or second largest number of problems presented at most branches are in the marital category but the proportion ranges from 10–65% of the problems presented from one part of the country to another. Clients may present marital problems at a crisis precipitated perhaps by one of the partners leaving when they may be imminently suicidal; or they may not be in a state of crisis but perplexed about the continuation of a marriage. In all marital cases clients are asked whether they had seen, or would like to see, a marriage guidance counsellor. In some branches there are some volunteers with skills in marriage counselling, but the level of skill varies. The members who gave oral evidence suggested that it would be helpful if a marriage guidance counsellor could be available at local branches perhaps once a week to offer counselling so that clients desiring counselling would no longer have to be referred away.

6 There ought to be more co-operation between agencies at the local level to improve services offered by each other, particularly as there is a high incidence of breakdown of referral of clients by Samaritans to other agencies. This might be because Samaritans are referring people to an agency unsuited to their needs so local liaison would improve knowledge of other agencies; or because of long waiting lists at other agencies. Referral is always only with the client's consent.

Local Authority Social Service Departments

1 Written evidence was received from the Association of County Councils, the British Association of Social Workers and the National Institute of Social Work; and oral

evidence from persons nominated by the Association of Directors of the Social Services, the Central Council for Education and Training in Social Work, and Professor Noel Timms, Professor of Social Work Studies at the University of Newcastle-upon-Tyne.

2 Social workers do not as a rule undertake marital counselling and many people seeking help with marital problems do not see the social service departments as appropriate. Clients present such problems overtly to a variety of social work agencies eg child guidance clinics, probation officers, hospitals. But many clients of social service departments will have marital problems many of which will be presented covertly through such unrelated problems as housing, finance, truancy or child care, in which the social worker needs some knowledge of marital interaction in order to deal effectively with the case. There is therefore an increasing recognition that an understanding of marriage and marital problems is essential to a wide range of activities of the social services. The Seebohm Committee had envisaged that the social services would provide a "community based and family orientated service which will be available for all" and that the development of "counselling in particularly difficult marital problems" would be necessary for the provision of an effective family service.

3 The Association of Directors of Social Services thought that social service departments ought in the future to equip themselves to be able to help with marital problems which were revealed in a situation with which they were already dealing, but that they could not, in the foreseeable future, provide a service for marital counselling as such. The Association of County Councils also said that it would be difficult for social services to become involved in marital work because (a) their statutory responsibilities to individuals within the family – particularly children – could make it difficult for them to act as honest brokers in a marital dispute; (b) the present emphasis on genericism in social work made it unlikely that social workers would, for some time, have the specialised skills and experience to intervene in this difficult and delicate area of personal relationships; and (c) the social services are at present greatly overburdened. The British Association of Social Workers looked towards the provision of a comprehensive family service as recommended in the Seebohm Report, and argued for a better distribution of skilled resources and an increase in the number of trained staff.

4 The work of social service departments has increased greatly over the years. For example the number of supervision orders from matrimonial courts has quadrupled since the new divorce laws took effect in 1971; in one local authority social service department alone there were 16,000 new referrals in the child/family care sector in 1974/75 which affected 28,000 children. In such circumstances many social workers concentrate on emergency and crisis work. It is difficult for them to find time to react to anything other than the presenting problem which they have an inescapable statutory commitment to deal with. Attention to marital problems as such may be seen as a luxury which cannot be afforded and the existence of the voluntary specialist marital agencies may encourage social workers to refer; otherwise underlying marital problems may be ignored and often continue to fester. There is also some resistance, particularly among younger social workers and students, to 'probing' into personal problems particularly if these are not the direct presenting problem. Nevertheless there is work being done at a deep level by isolated social workers.

5 As the majority of marital problems are presented directly or covertly to social service departments, social workers will need particular skills in recognising and identifying the problem and in deciding whether to counsel the client or refer to a specialist agency (in itself a skilful task). Apart from the fact of heavy caseloads, marital work is particularly anxiety-provoking since the subject of marital relationships and sexual problems can touch off deep resonances in the worker relating to his own family experiences. He therefore needs help in understanding marital interaction and in learning to recognise the feelings evoked in him by a marital situation if he is to work effectively with it and this points to the need for training and skilled support or consultancy supervision.

Training

6 There was some disagreement between witnesses about whether the amount of training in pre-service courses in marital interaction (which had always been small) had decreased or not. It is difficult for the teaching institutions to meet all the requirements on the pre-service training courses and in the last few years they have been authoritatively urged to include more on residential and day care, physical and mental handicap, law and other areas in their courses. Young newly qualified social workers are now inadequately prepared to meet the demands of distressing marital situations, and there are few opportunities for them to improve their knowledge by way of in-service training. There was also some disagreement amongst witnesses about whether training in marital work was best undertaken at the pre-service or at the in-service stage. Some witnesses argued that there was a need for newly qualified social workers to be at least acquainted with some of the problems they were likely to meet in the field, and others argued that the pre-service courses were already too full and that students were anyway mostly too young and inexperienced to benefit at this stage. Additional facilities for in-service training would allow those social workers with a particular interest and aptitude for marital work to learn more about this field but courses should include supervised on-going casework with couples as well as teaching about theory.

Consultancy supervision

7 Skilled support for social workers undertaking marital counselling would be necessary and hence some social workers within departments should specialise in marital work to provide advice and support to social workers on their cases and to be available for referral of particularly difficult cases within the department. Alternatively consultants could come from an outside specialist agency.

Centres of Advanced Study

8 There was a need for centres of advanced study to be set up which would undertake marital work of a high quality as well as providing properly accredited in-service training courses; the teaching staff should themselves be practitioners. In-service

courses would have to be run on a day-release basis (owing to heavy workloads, departments have difficulty in freeing workers from their normal duties to go on training courses), and they would have to be accessible on a day-release basis to workers from a wide area.

The marriage counselling agencies

9 The Association of County Councils saw the answer to the problem of marital work in overburdened social service departments in the widening of the appeal of the voluntary counselling agencies so that they are used by the less articulate and affluent. People who seek help from the social services are not in general the type who would seek help from marriage guidance. The Association of Directors of Social Services argued that voluntary agencies could only make a limited contribution to the total problem since voluntary counsellors are relatively few and had only a limited amount of time to give. The British Association of Social Workers saw the most satisfactory solution as being the provision of a more effective family service by local authorities.

10 Liaison between social service departments and independent marriage counselling agencies varies from one area to another. In some areas there are joint training sessions and case discussion. The professional/non-professional split is complicated by the fact that voluntary marriage counsellors generally have more specific training in marital work than the professional social workers.

Youth counselling

1 Written evidence was received from the National Youth Bureau.

2 The National Youth Bureau is the national resource centre for social education of young people, with functions in information and publication, training and research. It provides the secretariat of the National Association of Youth Counselling and Advisory Services which brings together about 180 localised (and principally voluntary) services in Great Britain.

3 The 180 local youth counselling and advisory services associated with the Bureau differ enormously in terms of resource, professionalism, training and staffing. The majority of them have on their regular case-load a number of young people receiving counselling in relation to sexual problems and on preparation for marriage; some are also involved in counselling some young married couples. Most have local links with the MGC, particularly in inter-referral of clients, and most use MGC trained staff to assist in the training of their own volunteer counsellors; some volunteers in the youth counselling services are themselves MGC trained.

4 Hence the Bureau's prime interest in the marriage guidance field is in programmes and education in sex education and preparation for marriage, and within this framework

in enabling youth workers (and others in the youth field) to be informed of developments and to be aware of available training.

5 The Bureau has in its archives 80,000 documents relating to the youth field. There are large sections on sex education and on youth counselling. The bulk of this material is related to the 'preparation for marriage' stage rather than for the post marriage situation.

APPENDIX E

The Royal College of General Practitioners

Views on Marriage Guidance Counselling*Counselling in General Practice*

The general practitioner is frequently consulted by his patients with problems which may in part arise from difficulties in marital (or similar) relationships, or which in part create difficulties in these relationships. The doctor may be involved in counselling as a part of his own clinical work, he may refer his patients to another competent worker, such as a social worker or a marriage guidance counsellor, or he may himself be asked by such a counsellor for help with a client who is also his patient.

There is a long tradition of so called 'family medicine' in British general practice. This term has been open to a number of interpretations, but the fundamental importance is the notion that personal relationships may influence the genesis of illness, the way in which the individual seeks help, the diagnosis of the condition and its management. Hence the nature of these intimate relationships, the reasons why things go wrong and the possibilities of improving them, are of central concern to the general practitioner. Among the educational aims of our College, we state that at the conclusion of the training programme of the future general practitioner, the doctor should be able to demonstrate:

1. His understanding of the way in which inter-personal relationships within the family can cause health problems or alter their presentation, course and management, just as illness can influence family relationships.
2. Understanding of the social and environmental circumstances of his patients and how they may affect the relationship between health and illness.
3. How to form diagnoses which take account of physical, psychological and social factors.
4. A capacity for empathy and for forming a specific and effective relationship with patients, and for developing a degree of self-understanding.
5. That he understands that helping patients to solve their own problems is a fundamental therapeutic activity.
6. The capacity to co-operate with both medical and non-medical professionals.

These educational aims are quoted from a much longer list, to illustrate something of the attitude of modern general practice to problems which are also the concern of marriage guidance counselling.

It is very difficult to measure the size of the problem in general practice. The central task of the general practitioner is to compose his diagnoses simultaneously in physical, psychological and social terms. Most of the epidemiological studies in general practice have had to rely on the standard tools of epidemiology, for example, the classifications of the International Classification of Diseases. The presentation of marital problems is

therefore hidden in a variety of morbidity labels, not only from those sections which include psychiatry and genito-urinary diseases, but from any one of the 16 sections of the ICD. Marital unhappiness can present as a depression, as a headache or a backache or a heavy period or a child who refuses to go to school. Much will depend on the sensitivity of the doctor in this area of his work, and on the quality of his training.

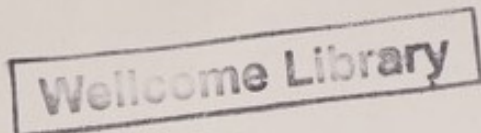
The Need for Other Counsellors

Although the diagnostic and therapeutic knowledge and skills of marriage guidance counselling form an important part of the task of the general practitioner, the size of the problem in the community is such, and the time and skills necessary to cope with these demands is so great, that the general practitioner must frequently have recourse to the help of other counsellors. The College subscribes to the view that the work of marriage guidance counsellors can make an important contribution to the health of people. There is of course little evidence of the effectiveness or efficiency of counselling because the identification of appropriate variables is difficult, and their measurement even more so. Nonetheless, at the experiential level, general practitioners are aware of the impact on family life of counselling and have the impression that not only in terms of human happiness, but in terms of economic function, good marriage guidance counselling can be of great value. The College is aware that such opinions are value judgements and not the results of empirical research. We take the view expressed by Paul Halmos and others¹ that in this sort of field, such judgements are the only evidence to which we can reasonably turn.

The College is very concerned that persons recognised as marriage guidance counsellors should work to the highest standards. There must be great care in the selection of counsellors, in their training and in the quality of their on-going case discussion. We would wish to be assured that all bodies concerned with the training and supervision of counsellors would apply the same rigorous standards as, for example, the Marriage Guidance Council, whose work in this field has been particularly impressive. We are aware that poor counselling is potentially more dangerous to the individual than simple neglect.

The College recognises how important it is for general practitioners to become more widely aware of the considerable skills and professionalism of marriage guidance counsellors. In the past one problem has been that the term marriage guidance is a rather misleading one. The marriage guidance counsellor is concerned with personal counselling, and even though the work has most often as its aim the healing of damaged marriages, marriage guidance is not synonymous with marriage conservancy. It is important for general practitioners to be aware that the marriage guidance counsellor, no less than the general practitioner, is concerned with the autonomy of the individual and with the confidentiality of the client/worker relationship. By the same token, the marriage guidance counsellor in training should perhaps be made more aware of the function and skills of the modern general practitioner.

¹ Paul Halmos *The Faith of the Counsellors* 1965, London, Constable.



Co-operation

The nature of doctor/patient or client/worker confidentiality is such that it must form an impediment to communication between doctor and counsellor. Since confidentiality cannot, and must not be broken, a great deal of trust will be required both on the part of the counsellor and the doctor. One way of achieving such trust is by sharing case discussion, in which *inter alia* the nature of the general practitioner/marriage guidance counsellor relationship is explored. Such groups may be concerned both with the vocational training of young general practitioners and with the training of marriage guidance counsellors. Both general practitioners and marriage guidance counsellors employ similar models of case discussion based on that pioneered by Michael Balint at the Tavistock Clinic. Leadership of such groups is a fairly rare skill and is possessed by only a minority of counsellors and general practitioners. In particular areas of the country, therefore, counsellors may well help vocational trainees in general practice by accepting an invitation to lead case discussion groups for young doctors. By the same token, general practitioners skilled in case discussion leadership may well be invited to lead marriage guidance case discussion groups. Recently, on an experimental basis, there have been combined case discussion groups between general practitioners, health visitors, community nurses, and social workers. In the future such groups might include membership of marriage guidance counsellors and the College would wish to support such innovations. They should be closely monitored and reported.

Further we recommend that there should be more experimentation in the provision of marriage guidance counselling on the premises of health centres.² The negative side of co-operation between health care workers is a collusion between them such that the patient or client cannot escape to alternative agencies. The positive side of such co-operation is a growing mutual trust and a greater willingness to make appropriate referrals. Many general practitioners would wish to see the inclusion of marriage guidance counsellors in the work of the primary health care team, and every effort should be made to encourage such a development.

Conclusion

In summary, this College has a high regard for the contribution to health made by marriage guidance counsellors, and would enthusiastically support the provision of more resources in the future for the development of this important service.

Marshall Marinker (Chairman)

Clifford Kay

Colin Waine

Working Party of Council

October 1976

² Marsh, G N and Barr J, (1975) *Journal of the Royal College of General Practitioners*, 25, 73-75.

Neilson, D G and Knox, J D E, (1975) *Journal of the Royal College of General Practitioners* 25, 462-463.

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