

1-1-1988

Intervention in Cases of Woman Battering: An Application of Symbolic Interactionism and Critical Theory

Cheryl Anderson
Baylor University

Linda Rouse
University of Texas at Arlington

Follow this and additional works at: <http://digitalcommons.wayne.edu/csr>

Recommended Citation

Anderson, Cheryl and Rouse, Linda (1988) "Intervention in Cases of Woman Battering: An Application of Symbolic Interactionism and Critical Theory," *Clinical Sociology Review*: Vol. 6: Iss. 1, Article 17.
Available at: <http://digitalcommons.wayne.edu/csr/vol6/iss1/17>

This Practice of Clinical Sociology is brought to you for free and open access by DigitalCommons@WayneState. It has been accepted for inclusion in Clinical Sociology Review by an authorized administrator of DigitalCommons@WayneState.

Intervention in Cases of Woman Battering: An Application of Symbolic Interactionism and Critical Theory

Cheryl Anderson, Baylor University

Linda Rouse, University of Texas at Arlington

ABSTRACT

The purposes of this paper are to acquaint readers with a number of existing approaches to the problem of woman battering and to examine clinical interventions against the background of several relevant sociological theories. Specifically, techniques for counseling female victims and male batterers are discussed from the perspectives of symbolic interactionism and critical theory. Symbolic interactionism provides an understanding of the self concepts and definitions of the situation which perpetuate abusive relationships, and suggests how they might be changed. Critical theory calls attention to the unequal power relations underlying systematically distorted communication, which can be addressed by interventions "enlightening" and "empowering" battered women.

Domestic violence is one of the problems that medical, social service, and private practitioners are likely to encounter in working with individual clients and families. Following the identification in the 1970s of "wife beating" as a social problem, incidence research led to a conservative estimate that serious violence against the adult female partner occurs in at least one out of ten families (Flynn, 1977). Each year over 1.8 million women in the U.S. are severely beaten by a husband or boyfriend (Freeman, 1979). Repeated threats of violence and actual use of physical force in these relationships form a pattern known as "battering." We have come to realize that battering is not a rare and isolated occurrence, and increasing efforts are being made to provide services to victims. Though males are also subjected to physical abuse by female partners, Straus (1980) noted that more of the violence by wives is self-defensive; men are more

likely to escalate the level of violence, and women are more likely to be hurt. For present purposes, the focus will be on spousal battering of female victims.

The aims of this article are to: (1) acquaint readers with a number of existing approaches for stopping wife abuse and some basic safety issues in all clinical interventions involving battered women; (2) consider the relevance of sociological theory for practitioners working with cases of battering; (3) examine the implications of two sociological perspectives—symbolic interactionism and critical theory—for counseling female victims and male batterers; and (4) increase general awareness among clinical sociologists of woman battering.

Existing Approaches for Intervention in Woman Battering

The primary intervention strategy to date has been the development of shelters for battered women, based on a feminist analysis of woman battering (Schechter, 1982). Shelters are designed to provide safety from immediate threat of physical harm and “empowerment” for victims. Since the feminist analysis emphasizes the origins of wife beating in the social structure of patriarchy (Dobash and Dobash, 1979), efforts of the battered women’s movement to address this social problem have always been mindful of the need for social change and not simply individual “therapy.” More generally, the sociological perspective on family violence has emphasized social psychological and sociocultural over psychological causes. In a discussion of the application of knowledge about family violence to prevention and treatment, Gelles (1984) noted that social factors are considered to explain as much as ninety percent of the variance in family violence. “Consequently, individual psychiatric treatment is not the only, or even the main intervention for treating the problem of domestic violence” (Gelles, 1984:8).

In addition to efforts at social reform—including such diverse strategies as eliminating sexism, reducing unemployment, improving family life education, and even gun control—a number of counseling approaches have been developed. Szymanski (1985), for example, outlines a “curriculum for empowerment” used to counsel battered women at shelters. Ball and Wyman (1978) suggest applications of “feminist therapy” for battered wives. Follingstad (1980) described one successful cognitive and behavioral modification intervention with a physically abused female client, and a number of articles addressing the treatment implications of spousal violence have appeared since 1976 in *Social Casework*. A recent issue of the *Journal of Psychosocial Nursing* also included an article on nurses’ responses that facilitate or inhibit change in abused women. The therapeutic relationship with abused women was observed to be most beneficial when helpers: asked if abuse was occurring; believed the woman’s account of her experience; acknowledged the seriousness of abuse; told the man to stop the abuse; conveyed clearly that abuse is not deserved;

listened actively but avoided telling the woman what to do; helped her assess internal strengths; increased her awareness of available outside resources; and encouraged her to consider the full range of available options (Limandri, 1987).

In a review of types of programs for men who batter, Gondolf (1985:15) notes that "the conventional mental health programs employ primarily psychotherapy, stress management, anger control, and conflict resolution techniques." From a family counseling perspective, stopping violence may be viewed as requiring change in the marital interaction which sustains the violence. Practitioners should be aware, however, of reservations voiced by activists in the battered women's movement. Counseling approaches that begin with an assumption of shared responsibility may lapse into "victim blaming." Female victims are placed at greater risk of further abuse, if the batterer's perception that the spouse is responsible for his behavior is inadvertently reinforced by the counselor. Keeping a couple together and working on changes in marital interaction patterns, if the violence itself does not stop, jeopardizes the victim's safety. To avoid "collusion" in maintaining an abusive relationship, counselors need to be explicit and unequivocal in stating that violence is unacceptable and must stop as a condition for counseling.

Becoming familiar with existing literature on the dynamics of battering would be useful for clinicians. On the practical side, Kremen's (1980) recommendations for changes in professional practice include becoming knowledgeable about existing community resources which can be used for referral and support (e.g., locate and develop a working relationship with staff at the nearest shelter or domestic violence program). To identify the presence of domestic violence, which may not be the presenting complaint, clients seeking help with marital or medical problems should be asked specifically about use of physical force. Assessing the potential lethality of the situation and "developing a protocol of safety procedures for women to follow who are living with abusive spouses" (Kremen 1980:129) are other important steps in all interventions with battered women.

Clinical Practice, Theory, and the Problem of Battering

As counseling practitioners, clinical sociologists have a unique contribution to make in providing services to battered women and their partners. The sociological perspectives which they bring to counseling are well suited to intervention in cases of woman battering, because social factors play an important part in creating and maintaining patterns of domestic violence. Sociological theories provide a useful framework for conceptualizing the interactional dynamics of battering and for understanding the actions of batterers and victims in a social context.

In an earlier issue of the *Clinical Sociology Review*, Johnson (1986) out-

lined the relevance of sociological theory for treating clinical problems. Johnson argued that theories highlight particular aspects of a problem and, correspondingly, suggest certain types of solutions. Familiarity with sociological theories “provides considerable flexibility to practitioners in terms of the types of problems they can diagnose and potential interventions they can implement” (Johnson 1986:58).

Attention to the theoretical foundations of intervention strategies is beneficial for a number of reasons. Sociological theories offer basic models of social behavior which can influence counseling *goals* and provide a *rationale* for selection and use of particular techniques. Theories serve to clarify and open to critical evaluation the *assumptions* about social reality implicit in practice. Theories make available to practitioners conceptual frameworks for *understanding* how, or why, certain interventions lead to, or fail to produce, desired changes. Theories also help to *organize* various techniques and exercises into a consistent, integrated approach.

If Johnson’s (1986) contention is correct, that sociological theory is a major part of the knowledge base needed by clinical practitioners, then it will be worthwhile to consider how several of the theories he analyzed might contribute to clinical practice in cases of woman battering. Discussion of techniques for counseling female victims and male batterers should be more meaningful against the background of theory. The presentation which follows is intended to illustrate the usefulness of at least two theoretical models—symbolic interactionism and critical theory—for practitioners confronting cases of spouse abuse. For each theory, a brief review of selected concepts is presented and implications for the problem of battering are considered. Several case illustrations are also provided.

Symbolic Interaction and the Battered/Battering Self

The concept of the self is central to the theoretical framework of symbolic interactionism. The self develops via communication with others on a symbolic level through the ability to see one’s self imaginatively from the standpoint of the other (Mead, 1934). Language is a particularly important system of significant symbols facilitating communication and shaping self-awareness. Johnson (1986) noted that according to symbolic interactionism, “people are sensitive to one another for support for their self concept.” As captured by Cooley’s idea of the looking glass self, an individual obtains a concept of self through reflective role taking. In this way the perceived appraisals of others influence individual identity and self-esteem. The self arises only in social context, and is an ongoing process—changing to the extent that an individual’s social experience changes (Stryker, 1980).

Another key concept in symbolic interactionism is the definition of the

situation. Mead's social psychology begins with observable activity, but does not ignore the inner experience of the individual (Mead, 1934). Ongoing action is considered as a whole; encompassing stimuli in the social environment, individual motor responses, and the mediating internal processes defining and interpreting the situation. Individuals use cues from others to construct the meaning of a social situation and determine an appropriate course of action. According to Johnson (1986), one kind of clinical problem symbolic interactionism might highlight would be "lack of consensus or clarity in people's definition of the situation," in which case appropriate action will also be inhibited. Finally, since individual acts reflect socially constructed meanings, the behavior of the individual can only be understood with reference to the larger social units of which s/he is a member (Mead, 1934).

Consider the problem of "wife beating" from this perspective. What does abuse do to a woman's sense of self? Even for women who enter what will become a battering relationship with good definitions of themselves, the experience of repeated abuse can negatively alter self-concept (Kinard, 1978). For other women involved in battering relationships, an already low sense of self-worth is reinforced by the batterer's behavior. Loss of social identities is a typical pattern for a woman in a battering relationship since men intent on controlling their partner's behavior, will try to isolate her. When the batterer accompanies physical assault with verbal abuse the victim's sense of self is further eroded by constant criticism. The existence of violence in the relationship and the spouse's shifting of blame to the victim—for provoking him—also threatens her primary remaining identity as a wife.

Lacking social supports, the battered woman is more dependent upon her spouse to validate her sense of self and define their relationship. Battered women sometimes report a stage of emotional numbness and robotlike behavior that grows out of confusion about the meaning of violence in the relationship and reluctance to admit the failure of her coping strategies to prevent the violence. Mills (1982) described this as a loss of observing self. It is a suspension of critical judgment in response to internal contradictions in the situation, which simply does not "make sense" to the victim at this point. There are a variety of factors that keep women in a battering relationship, but symbolic interactionism sensitizes us to the victim's difficulty in determining an appropriate course of action when her sense of self is weak and her definition of the situation is unclear.

In keeping with Johnson's (1986) conception of the relevance of theory for practice, we find that symbolic interactionism provides a perspective on social reality highlighting certain aspects of the problem of spouse abuse and, additionally, suggests particular approaches for clinical intervention. The role of the clinician in cases of domestic violence is *not* as an impartial mediator. The

clinician needs to serve as a significant other in unambiguously defining violence as inappropriate. From the perspective of the battered woman, the support she receives in re-evaluating the relationship is crucial. The counselor can provide her a standpoint outside herself and separate from the batterer, to enable her to realistically assess the situation she is in and to validate her own perceptions: e.g., her efforts to placate the spouse are not ending the violence because his demands are unreasonable and impossible to meet; the man is not changing despite his promises; the level of violence is escalating over time; she is not the cause of the battering; and so on.

Another goal of counseling with battered women, from a symbolic interactionist standpoint, is to support the woman's efforts in restructuring her sense of self: e.g., recalling positive identities prior to this relationship; recapturing lost social identities outside of the marriage; recognizing competencies on which to rebuild self-esteem. This may be a lengthy process. Counselors should not be discouraged to find women leaving temporarily and then returning to the battering relationship more than once before developing adequate resources to leave permanently, if the violence does not stop.

From interviews with women who have left battering relationships, Mills (1982; 1985) provides examples of how shifting definitions of the situation changed their responses to the husband's assaults. One of the cases in which outside validation was an important contributing factor was Deb. Deb decided to leave her husband . . . after talking with a therapist: "She convinced me that my life was in danger. I realize now that it was. I was ignoring a lot of signs even though I was in the middle of it." For Pam redefinition of the situation was suggested by a psychiatrist: ". . . the funny thing about it [was that] he said the problem was my husband and not me. He said that if I got away from him I'd be better off. That was pretty good, because I thought maybe I was the one that was crazy."

The impact of abuse on the self, when physical battering is accompanied by severe or continual verbal criticism, is illustrated by Jane: "I felt like I had done everything I could. But he got me feeling so inadequate I was wondering, "God, am I so inadequate that I don't even know I'm not doing it right?" Restructuring the self was a long and difficult process for these women. Success appeared to depend on having positive identities to draw upon along with support networks that allowed them to see themselves in a favorable light. Brenda says that since moving "I've had a lot of firsts. First job. First time ever being on my own. I got my driver's license for the first time . . . I'm depending on me for a change!" New friends and co-workers, who did not know her as a victim, accepted her new presentation of self. For Deb, work was therapy: "It was safe and I could forget all the rest. . . . I could pour everything I had or was into the job."

Therapeutic interventions with these battered women promoted more effective behavior in dealing with their circumstances by altering internal perceptions of themselves and their home situation.

In counseling men who batter, the clinician again plays an important role in clarifying and promoting redefinition of the situation. For batterers, accepting responsibility for violent behavior is the first step in changing (Gondolf, 1985). This requires breaking through the client's denial, obtaining an accurate description of the extent of violence enacted, unequivocally locating responsibility with the batterer for his own behavior, and helping the batterer understand the dysfunctional consequences of his violent actions. Additionally, batterers' counseling typically rests on the assumption that alternatives to violence can be learned. Cognitively, this involves redefining situations of stress and conflict as amenable to nonviolent coping strategies so that he is open to developing alternative lines of action. Specific techniques presented in Gondolf (1985) which are relevant include: questionnaires; time-outs; anger logs; guided imagery; a feeling inventory; and positive self-talk. The men learn to distinguish feelings from action, pick up on arousal cues, and build "evasive action" skills.

Batterers also need support in altering their self-concepts. The prolonged interaction, intimacy, emotional closeness, and intense investment of the self in family life expose the vulnerability of both partners (Gelles, 1972). Behind the batterer's facade of masculinity may be dependency conflicts, abandonment anxieties, feelings of inadequacy, helplessness or failure. Such responses may evolve from socialization patterns in society, a personal history of abuse, or childhood experiences of deprivation and neglect (Weitzman and Dreen, 1982). Pertaining to battering men, two central, interrelated issues in self-concept will be control and masculinity (sex roles). A tenuous sense of self often leads batterers to relate to the female partner as an object of control. Gondolf (1985) observed that as batterers became even somewhat "feminized" (i.e., let go of some of the overbearing sense of rigidity, domination, and control they associated with manhood), their relationships improved and their violence subsided. Counseling provides a social setting in which nonviolent aspects of masculinity can be modeled and positive, nonviolent identities rewarded.

Case profiles presented by Gondolf of participants in a group program for men who batter illustrate some of the issues batterers' counselors confront. These men came from a cross-section of occupations and displayed a wide range of personal styles, but all are described as men "fighting for control." Bill is a large man with "a temper which just snaps." He has worked twelve years at a steel plant in a job he "hates," but he sees no good options. He says he very much loves his family, but believes that "the children should obey" or he will whip them with a belt, because that is "part of being a good father." About twice a month he and his wife had serious arguments which resulted in violence against her. When his wife left, he became depressed, called the hotline, then

joined the program. Bill, who was abused by his own father, also battered his previous wife. With group support, he became less depressed, but initially still blamed his wives for his problems: "After two houses and two marriages . . . I got nothing. You know it's hard to let that go by." Another group member explained: "That's the problem. These women want everything. There's nothing for the men. We're the ones that end up getting dumped on. How much is a person supposed to take?"

Joe, also a batterer, who is unemployed, describes an argument with his wife over a game of cards: "She started arguing over nothing, so I grabbed her by the arm and told her to forget it . . . yanking her pretty hard and maybe giving her a bit of a shove." Only when pressed did he say, "I may have slapped her just to bring her to her senses." Joe's wife "thought I was about to kill her on at least five occasions" . . . "I had all these expectations that were bound to make me disappointed . . . the anger leads to violence before you know it." Joe sees himself as quiet, shy, and considerate, but as not being able to communicate very well. He describes his own father as someone who "ruled the house" and who "always put me down and made me feel stupid."

Controlling their wives provided a sense of self-esteem and privilege for these men. In the program, they learn to be more questioning of their "rights" and able to back off in arguments. Al says, "coming to the [group] meetings has changed me. I have begun to see myself as more of an individual instead of the way I thought I was supposed to be."

Critical Theory as a Framework for Understanding Battering

Critical theory is a term applied to several specific theoretical approaches which are critical of the existing social order (Johnson, 1986) and focus on issues of power. Social systems, including marriage, are regarded as based to a greater or lesser extent on inequality, repression, and exploitation. The feminist analysis of women in society has called attention to the asymmetry of social resources which creates an imbalance of power in male-female relationships (Gillespie, 1971). Conflicts of interest which arise at the interpersonal level would ideally be negotiated through effective communication and compromise. Consensus reached through discourse would be genuine and free of coercion. In Habermas's critical theory, which will be emphasized in the following discussion, the inability to enter into discourse in situations of inequality is termed systematically distorted communication (Habermas, 1970). The degree of distortion increases with the general level of repressive domination—e.g. of men over women—in society (Scott, 1978). To avoid systematically distorted communication, constraints must be absent. There must be a symmetrical distribution of chances between parties involved to express their attitudes, feelings, and intentions.

In terms of Habermas's theory, battering can be regarded as a communication disorder symptomatic of unequal power relations. Violence is used as a technique for maintaining control in a social system based on domination. While critical theory generally gives more attention to large scale social change, counseling interventions may also be developed which attempt to improve communicative competence in resolving conflicts at the interpersonal level. Therapeutic goals suggested by critical theory include recognizing conflicts of interest, empowering subordinates, and developing [nonabusive] mechanisms to deal with conflict (Johnson, 1986). Habermas (1973) proposes that "relations of power embodied in systematically distorted communication can be attacked directly by the process of critique." In shelter programs, efforts to empower battered women typically include providing a critique of sexist assumptions about family relations, particularly the husband's right to dominate and by force "if necessary." Critical evaluation resulting in the experience of consciousness raising provides a motivation for action. What action is actually taken will depend on the battered woman's individual goals and available options. Thus, another important aspect of empowerment is exploring and developing practical resources.

Consciousness raising regarding the legitimacy of having her own claims heard in communication with the spouse, ideally, should lead to more assertive communication and reduce communicative distortion. However, as Johnson (1986) mentions, there are situations in which increasing communication may actually worsen problems. This is a particularly significant caution in dealing with cases of battering, because unilateral change in the victim's behavior may be experienced as highly threatening by the spouse. Despite popular beliefs regarding provocation, the victim does not "cause" the batterer's behavior (Rouse, 1986), but his inability to deal with changes in the relationship may lead, even if only temporarily, to more, not less violent behavior.

Violence itself prevents attempts at dialogue and closes off unconstrained communication. Interventions with men who batter should address the connection between violence and domination and can provide a model of effective discourse. The battering spouse needs to be taught assertive communication skills that will enable him to express his own needs and feelings without lapsing into violence (Gondolf, 1985). Assertiveness training "is a combination of cognitive restructuring and behavioral techniques such as modeling, behavior rehearsal, role-playing, coaching, homework, and feedback . . . designed to teach the individual to express his/her thoughts without attacking the other person or denying [the other person's] feelings" (Ball and Wyman, 1978:550). Gondolf (1985) gives specific examples of techniques useful for working with men who batter to help them distinguish assertive communication from passive or aggressive communication. Cognitive restructuring for battering men includes a critical examination of male sex role socialization, and consciousness

raising concerning power issues in relationships.¹ In “working through” interpretations offered by the counselor, batterers, as well as victims, can begin to “see through” and alter their own distortions/self-deceptions.

For female victims of battering, the benefits of assertiveness training are not limited to possible improvement in marital communication. Assertiveness training has been suggested as a method to improve self-concept (Ball, 1976) and to help overcome a sense of passivity and helplessness which makes it more difficult for many women to leave a battering relationship (Walker, 1977). Assertive communication is self-reflective. In assertiveness training for battered women the counselor clarifies the client’s rights: to express her own thoughts and feelings; not to be abused; not to be isolated from others; to be angry about past beatings; to try to change her situation; to develop her own talents and abilities; to leave (Ball and Wyman, 1978). Assertive behavior training and consciousness raising for female victims of battering are empowerment exercises in line with critical theory’s notions of enlightenment and emancipation (Randolph, 1980).

While violent relationships are often characterized by poor communication patterns (Elbow, 1977), the primary goal of intervention is not simply improving communication, but ending violence. Where the battering spouse is not changing, empowerment for the victim means developing the emotional resources and social supports that will enable her to perceive alternatives and leave the relationship, if she so chooses. From the perspective of critical theories, empowerment also means that clinical interventions with battered women ideally avoid a dominant-subordinate relationship between therapist and client. Rather, the therapeutic relationship becomes a model of the kind of communication in which systematic distortions are overcome.

Case notes from a shelter for battered women describe the following intervention with Mrs. A. Mrs. A was referred to the shelter by a hospital social worker after Mrs. A was admitted to the hospital emergency room. Mrs. A, 26 weeks pregnant, was experiencing abdominal pain and vaginal bleeding as a result of being hit in the stomach by her husband. She had a history of previous visits to the emergency room and appeared anxious, but was willing to talk to the nursing staff about beatings received from her husband. Her story was initially thought to be exaggerated, because hospital staff did not believe she would still be returning home, if the beatings were so severe and frequent. Mrs. A stated: “I love my husband and he needs me very badly. How can I leave? Nobody’s marriage is perfect anyway . . . who is going to want me and a baby?” Her husband called the hospital issuing threats and insisting she be released. He spoke to her in a paternalistic, authoritarian manner. Mrs. A did not feel she had the “strength” to stay away and alternatives appeared limited at this time. Regardless of the abuse she felt dependent on her husband. However, she was fearful enough to follow through in contacting the shelter.

In sessions addressing myths about violence, Mrs. A began to understand more about the dynamics of battering. Discussions with other battered women at the shelter also impressed upon her that violence was not deserved: "I stopped really believing it was my fault, but I still thought he would change." Self-deceptions about the marriage and feelings of weakness kept her returning to him and unable to make changes. In counseling, Mrs. A was encouraged to reflect critically on the beliefs and assumptions that maintained the battering relationship. Shelter workers provided information about community resources and helped her clarify her options. Role playing was used to rehearse different styles of communication. Assertiveness training enabled her to confront Mr. A with the idea she was not deserving of abuse and would not stay with him, unless he received counseling. "I'm not ready to leave permanently, but now it seems like I have more choice. I can speak up for myself and ask for something I want, not just accept the way it is."

This intervention is viewed as providing Mrs. A with opportunity for enlightenment through systematic critical examination of beliefs that contributed to distorted communication. Increasing awareness of sources of outside help and developing skills also "strengthened" (empowered) Mrs. A, so she could begin to explore alternative courses of action.

Conclusion

Domestic violence is a multifaceted problem that can be approached in a variety of ways. Sociological theories are particularly useful, because it is clear that battering cannot be treated simply by using models of individual pathology. In addition to providing guidelines for institutional level change, sociological theories offer perspectives with implications for clinical practice. Symbolic interactionism, specifically, calls attention to the female victim's need for outside support to realistically assess the battering relationship and rebuild a positive sense of self. In addition, Habermas's critical theory argues that a critical analysis of communication patterns can provide a basis for decision making and action. The two perspectives are complementary. Counselors do not need to choose between them and may, in fact, employ both simultaneously. For example, empowerment (from critical theory) has implications for one's self-concept (from symbolic interactionism). The cognitive restructuring involved in "consciousness-raising" exercises serves to reveal underlying issues of power and control in a way that provides a new "definition of the situation" as well as reducing communicative incompetence and distortion. Counseling techniques like assertiveness training, too, have an impact on power relations as well as influencing marital partners' sense of self.

As health care and social service professionals in agencies or private practice become increasingly aware of domestic violence as a social problem, they

are more likely to identify individual cases and respond effectively. Symptoms of violence will be detected earlier and addressed directly. This is an important contribution to prevention and treatment efforts. As Gelles (1984) pointed out, milder forms of family violence frequently escalate to more severe and lethal forms encouraged by hesitation of agents of social control to intervene. Thus, interventions curbing milder violence will also help prevent more serious abuse.

NOTES

1. Another counseling perspective somewhat compatible with critical theory is the strategic communication approach outlined by Voelkl and Colburn (1984). Note the assumption underlying this approach that all social relationships involve the dimension of power; "at least some family or marital problems can be interpreted in terms of the inability of persons to resolve the issue of power or control." In the strategic communication approach, the therapist takes a directive role in "altering relationships in ways the therapist sees as more desirable for family functioning." The two case studies presented by Voelkl and Colburn illustrate interventions restoring balance of power in marital relationships. One obstacle in implementing this approach is resistance from batterers who initially perceive the directive counselor as challenging their authority and competing for control.

REFERENCES

- Ball, P.
1979 The Effect of Group Assertiveness Training on Selected Measures of Self-Concept for College Women. Unpublished doctoral dissertation. The University of Tennessee, Knoxville.
- Ball, P. and E. Wyman
1978 "Battered wives and powerlessness: what can counselors do?" *Victimology* 2:545-552.
- Dobash, R. and R. Dobash
1979 *Violence Against Wives: A Case Against the Patriarchy*. New York, NY: The Free Press
- Elbow, M.
1977 "Theoretical considerations of violent marriages." *Social Casework* 58:515-526.
- Flynn, J.
1977 "Recent findings related to wife abuse." *Social Casework* 58:13-20.
- Follingstad, D.
1980 "A reconceptualization of issues in the treatment of abused women: a case study." *Psychotherapy. Theory, Research and Practice* 17(3):194-303.
- Freeman, M.
1979 *Violence in the Home*. Westmead, England: Saxon House, Teakfield Unlimited.
- Gelles, R.
1972 *The Violent Home. A Study of Physical Aggression Between Husbands and Wives*. Beverly Hills, CA: Sage.
1984 "Applying our knowledge of family violence to prevention and treatment: what difference might it make?" Paper presented at the 2nd National Family Violence Researcher's Conference, Durham, NH, August 7-10.

- Gillespie, D.
1971 "Who has the power: the marital struggle." *Journal of Marriage and Family* (Aug.): 445-458.
- Gondolf, E.
1985 *Men Who Batter: An Integrated Approach for Stopping Wife Abuse*. Holmes Beach, FL: Learning Publications.
- Habermas, J.
1970 "On systematically distorted communication." *Sociological Inquiry* 13:205-218.
1973 *Theory and Practice*. Translated by J. Viertel. Boston, MA: Beacon Press.
- Johnson, D.
1986 "Using sociology to analyze human and organizational problems: a humanistic perspective to link theory and practice." *Clinical Sociology Review* 4:57-70.
- Kinard, M.
1978 *Emotional Development in Physically Abused Children: A Study of Self-Concept and Aggression*. California: R. & E. Associates, Inc.
- Kremen, M.
1980 "The social work profession encounters the battered woman." Ch. 6 in E. Norman and A. Mancuso, eds., *Women's Issues and Social Work Practice*. Itasca, IL: Peacock.
- Limandri, B.
1987 "The therapeutic relationship with abused women." *Journal of Psychosocial Nursing* 25(2):9-16.
- Mead, G. H.
1934 *Mind, Self and Society*. Chicago, IL: Chicago University Press.
- Mills, T.
1982 "Understanding victims of wife abuse: five stages." University of Arizona, unpublished manuscript.
1985 "The assault on the self: stages in coping with battering husbands." *Qualitative Sociology* 8(2):103-123.
- Randolph, R.
1980 *Dynamics of empowerment activity and pregnant patients' attempts to overcome distorted communication with physicians*. Unpublished Ph.D. dissertation, University of Kentucky.
- Rouse, L.
1986 *You Are Not Alone: A Guide for Battered Women*. Holmes Beach, FL: Learning Publications.
- Schechter, S.
1982 *Women and Male Violence: The Visions and Struggles of the Battered Women's Movement*. Boston, MA: South End Press.
- Scott, J. P.
1978 "Critical social theory: an introduction and critique." *British Journal of Sociology* 29:1-17.
- Straus, M.
1980 "Victims and aggressors in marital violence." *American Behavioral Scientist* 23(5):681-704.
- Stryker, S.
1980 *Symbolic Interactionism*. Menlo Park, CA: Benjamin/Cummings.
- Szymanski, S., ed.
1985 *Violence Against Women: A Curriculum for Empowerment*. New York, NY: The Women's Education Institute.

Voelkel, G. and K. Colburn

1984 "The clinical sociologist as family therapist utilizing the strategic communication approach " *Clinical Sociology Review* 2:64-77.

Weitzman, J. and K. Dreen

1982 Wifebeating: a view of the marital dyad." *Social Casework* 63:259-264.

Walker, L

1978 "Battered women and learned helplessness." *Victimology: An International Journal* 2:525-534.