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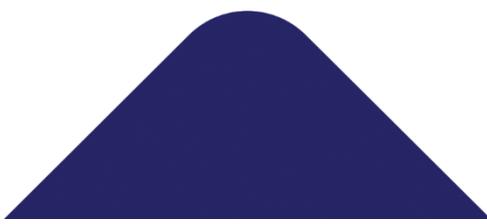
Dissertation By

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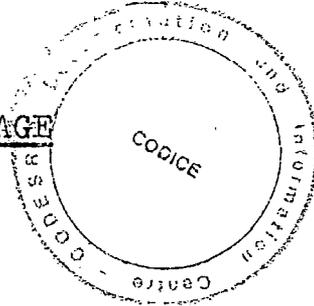
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TITLE PAGE

SOCIAL WORK TECHNIQUES IN THE TREATMENT OF MARITAL PROBLEMS: A CASE STUDY OF NSUKKA ZONAL SOCIAL WELFARE AREA

BY

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1994

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The above student has satisfactorily completed
the Degree of Masters in Social Work and Community
Development. The work embodied in this project is
original and has not been submitted in part or full
for any other diploma or degree of this or any other
University.
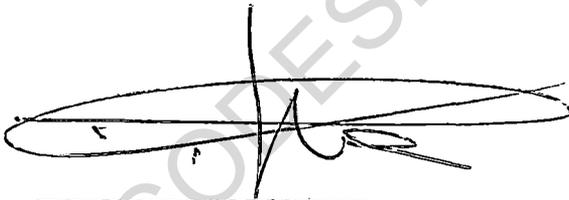
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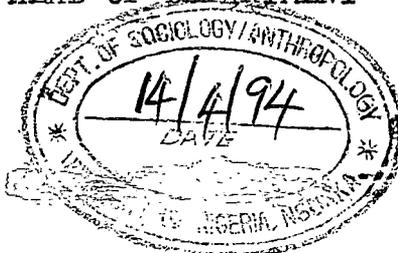## DEDICATION

This project is dedicated to my beloved parents Mr. and Mrs. Godwin I. Uzuegbu.

ACKNOWLEDGEMENT

I wish to express my profound gratitude to the following people who in one way or the other contributed to the success of this work.

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in the study for their co-operation in supplying the information needed.

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To all these people and others too numerous to mention here, I say God bless you.

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ABSTRACT

This project was principally concerned with social
work techniques for the treatment of marital problems
in Nsukka Zonal Social Welfare Area. The basic aim of
the study, was to identify the techniques that were
effective for the treatment of marital problems among
couples in Nsukka.

Nsukka Zonal Social Welfare Area is made up of four
Social Welfare Agencies namely Igbo-Eze, Nsukka, Igbo-
Etiti and Isi-Uzo Social Welfare Agencies. The study
covered all the four Social Welfare Agencies.

In order to guide the study, five hypotheses were
tested. Questionnaires were used to collect data for the
study. The findings of the study, showed that the most
common marital problems among couples in Nsukka were lack
of maintenance, infidelity, cruelty, childlessness,
fighting/insubordination, divorce, and ejection. The most
effective techniques used for treating these problems
were Family Therapy, Task Centered Treatment Model, Crisis
Intervention, and Behaviour Modification.

Other findings of the study are as follows:
a) When couples report their marital problems to social
workers at the beginning of the problems, the counselling
services they receive prove to be more effective than when

they report late.

b) Cordial relationships between social workers and the couples, enhance the quality of counselling services.

c) Highly professionally trained social workers use more effective techniques of treating marital problems when treating their clients more than social workers who are less trained.

d) There is no relationship between marriage counselling effectiveness and the educational attainment of the couples.

e) Marriage counselling services given to couples living in urban areas are not more effective than the counselling services given to couples living in the rural areas.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER ONE

1.0   INTRODUCTION

1.1 BACKGROUND TO THE STUDY

In recent years, counseling has become a popular
term and its practitioners are found in a variety of
settings - schools, hospitals, industries, and welfare
centres. The rapid increase and demand for counselors
arose as a result of the rapid changes taking place in
our society and the impact they have on human lives.
Affirming this, Hughes (1974) stated:

> If we lived in a static society in which
> people were expected to occupy their proper
> station in life and remain there; if there
> were little movements between classes, if the
> extended family still remained intact, if
> there were no technological expansions only
> strictly limited career opportunities and no
> future in striving to better one self, if
> children and young people had no personal
> needs and were not expected to measure up to
> social demands...., counseling would not
> command the attention that it is now receiving.

However, we live in a transitional society of
increasing complexity which has created new and more
serious difficulties for its members. The growing
counseling services represent an effort to provide help
for individuals to cope successfully with these changes
and the accompanying difficulties.

Marriage counseling as a social science was esta-
blished as a result of the rapidly increasing rate of

marital instability and divorce experienced in many homes
and their accompanying difficulties to couples and their
children. (Stone, 1950). Marital instability is a major social source of
disintegration and this has attracted much scholarly
attention. In Nigeria, recent studies have shown that
there is an increased rate of marital instability and
divorce among couples both in cities and rural communities.
A study, carried out by Iro (1976) on divorce among
Nigerian Elites at Lagos, found that the divorce rate
among Nigerian couples increased from 2.0% of marriages
recorded in 1961 to 13.6% recorded in 1973. Adegbe
(1989) found that a total number of three thousand and
sixty eight (3,068) divorce suits were filed at a Mushim
Customary Court within a period of five months (August
1988 to January 1989).

In Nsukka, marital instability is a frequent occur-
rence. Data obtained from the case books of Nsukka
Social Welfare Agency showed that total number of
15,306 cases were treated within Nsukka Local Government
Area between 1971 to 1991. The causes of these marital
conflicts range from constant fighting between couples,
to lack of care for children of the marriage by one of
the partners; and lack of respect for in-laws.

In relation to the problems of marital instability
and divorce, social workers offer various marriage

counseling services to couples with a view to promote
marital stability in the society. In this study, an
attempt will be made to identify and examine the
marriage counseling techniques used by social workers
in treating marital problems among couples in Nsukka,
the techniques that are most effective and the factors
that contributed to the effectiveness of the techniques.
The study will be carried out within Nsukka Zonal Social
Welfare Area.

1.2 STATEMENT OF PROBLEM

Mower (1939) stated that studies on marriage, both
successful and unsuccessful, have revealed the fact
that what makes for or against success in marriage is
not confined to the factors within the marriage relation-
ship but include elements in the life experiences of the
individuals prior to marriage. Furthermore, such studies
he said have shown the problem of marital conflict to
be a complex one both from the standpoint of the personal-
ity organization and conflict patterns involved in the
marriage relationship. It is essential therefore in
the interest of making marriages more successful that
there be clinics to which both those persons contempla-
ting marriage and those already married can go to as
problems arise between the couples and to prevent

future problems. Here, whatever knowledge is available can be utilized by the couples or affected individuals both directly or indirectly in modifying attitude which hinder rather than facilitate adjustments between them.

According to Stone (1949) marriage counseling, as a serious social science and arts first gained recognition in Germany and Austria immediately after World War I. The first center for information and Advice on Sex", was established at the Institute for Sexual Science directed by Magnus Hirsctfied in 1919. Three years later in 1922, the social services of the Muncipality of Vienna, founded a public and official center for sexual advice in Vienna under the sponsorship of Dr. Karl Kausky. In 1929 a similar center was opened in Berlin. Later a number of leagues for sexual hygiene were established in Germany, Sweden, Austria, Denmark and other countries and a number of marriage consultation services began to be organised under their auspices. There are at present many organizations which have an interest in marriage counseling. These according to Burgess (1943) include "the churches, schools, colleges, family welfare centers, child-guidance centers, medical clinics, community organizations and youth clubs". These organizations, according to Clarke (1975) have the following

objectives:

1) To make available sufficient number of suitable persons to give advices.

2) To encourage unmarried people to seek competent advice in preparation for marriage.

3) To encourage married couples to seek competent advice as soon as a serious conflict arise, and

4) To encourage a reconciliation when a break occur".

Marriage counseling has been defined by Mudd (1955) as the "process through which a professionally trained counsellor assist two persons (the engaged or married partners), to develop abilities in resolving to some workable degrees the problems that trouble them as they move into a marriage, live with or (in a small number of instances) move out of it." The focus of the counsellor's approach is on the relationship between the two persons in the marriage. The goal is to enhance marital happiness. The marriage counsellor, deals with the various marital problems as they affect the marriage relationship. These problems according to (Stone, 1950; Mower, 1939) may range from finance to sexual adjustment, budget, infidelity, in-law relationship, religion, communication and loneliness. The marriage counsellor, focusing upon the marriage problem and

the role relationship of the spouses, offers help in
solving the problem. The couple may need no more than some
information; they may also need help in seeing the
reality of their emotional involvement. The marriage
counsellor focusing upon the marriage problem and the
role relationship of the spouses, offers help in solving
the problem. The marriage counsellor may have to offer
support and clarification for them to see this reality.
In this way, the couple may be able to find a sound base
for taking decisions together. The marriage counsellor,
according to Cuber (1945) performs four different kinds
of functions. These are:

        a)   The Advice Giving Function

        b)   The Decisional Function

        c)   The Definitional Function

        d)   Re-organization of Behaviour.

The Advice Giving Function: The distinguisting feature
of this type of function is that the "problem" of the
client consist solely of a need for information, some-
times technical and sometimes lay information. The
counsellor provides the needed information to the client
which serves as solution to his problem.

The Decisional Function: The counsellor according to
Cuber (1945) helps the client to take a decision. The

counsellor's task is to assist the client to take a social inventory of himself, his ideas and beliefs, his needs and limitations together with those of the person or persons most directly concerned. The client is guided to take a decision which is always his. Of significance are:

a) shall we marry now or wait a little bit longer.

b) shall we have a child now or after a few years.

c) how far shall we go before marriage?

The Definitional Function: The definitional function consists largely of helping a client re-define a situation which is harmful to him. If some act comes to be defined as "bad", "sinful", or "indecent" and one commits the act, he may acquire a serious maladjustment which may affect him. The counsellor helps the client to redefine the circumstance or situation to reflect a workable rationalization to the act or situation.

Re-organization of Behaviour: This function consists of helping a client to change a behaviour which he (the client) defines as problematic but which he cannot easily change by himself easily. The counsellor helps the client to change the identified behaviour.

Stone (1950) said that marriage counselling services are both supportive, preventive, and curative in function.

Preventive services are provided for clients who are
not married with the aim of avoiding future marital
conflicts. Couples who are not having any marital con-
flict also benefit from this service. Preventive
marital counseling provides clients with information on
marriage and family living usually during pre-marital
counseling services which help them to avoid marital
conflicts. Supportive and curative services are pro-
vided mainly to married couples. They are meant to
treat "sick" marriages. Most marriage cases treated in
Nigeria's Social Welfare Agencies fall into this category.

Marriage counseling is essential in modern
societies because of the great changes now taking place
in the family. Burgess (1943) said that family life is
in transition, from the authoritarian family life of the
colonial period, to the companionship form. In the
authoritarian family, the husband and father were
dorminate, the wife and mother had a subordinate role
and children were "seen" and not "heard". Marriage
if not arranged by parents was largely influenced by
them. Traditions and customs of parents and parent-in-
laws pre-determined the action of the couple. The
companionship type of family is based upon affection,
common interest and love. Husbands and wives are

assumed to be equal and children as they grow older are given more and more voice in the family affairs. The young people on marrying do not turn to their parents for advice.

They feel that they are on their own in marriage and wish to control their destiny; some however seek for available information about marriage and family life. Marriage counseling services provides young people with the knowledge and assistance necessary for successful marriage.

Secondly, marriage counseling services provide a big resource for dealing with family problems. They ensure marital stability and promote human happiness consequently providing sound emotional and personality development for children. Marriage counsellors also help to prevent hasty and ill-adviced marriage unions among the unmarried through the various information and advices provided.

Marriage counsellors, when treating their clients, use various marriage counseling techniques. Some of these techniques include Behaviour Modification, Family Therapy, Crisis Intervention and Transactional Analysis. The counsellor adopts the technique(s) that he considers / most useful and appropriate in view of

the client's problems. This study will attempt to identify and examine the marriage counseling techniques used by social workers in treating marital problems among couples in Nsukka with a view to identify the techniques that are most frequently used and the techniques that are most effective. The study will also examine the factors, that contributed to the effectiveness of the techniques.

1.3 OBJECTIVES OF THE STUDY

The objectives of this study are as follows:

1) to identify the techniques that are used in treating marital problems among couples in Nsukka.

2) to identify the techniques that are most effective for the treatment of marital problems among couples in Nsukka.

3) to identify the factors that contribute to the effectiveness of the techniques.

1.4 THE IMPORTANCE OF THE PROBLEM PRACTICAL AND THEORETICAL

In this age and time, family conflict and instability are on the increase. The rise in the number and intensity of these problems seem to stem from the hard times, but with proper skills for intervention, most family problems would be remedied. The need for a study on the effectiveness of the different techniques

of treating marital problems cannot be over-emphasized.
This study, it is hoped will enhance future counseling
services provided for Nigerian couples by identifying
and providing information on the techniques that are
effective for treating marital problems which other
marriage counsellors can also adopt while counseling
their clients. The study will also provide information
on the factors that contributed to the effectiveness of
these techniques which other social work practitioners
can also adopt and use while counseling their clients.

To the best of the researcher's knowledge there
has been very little research on social work techniques
in Africa. Therefore, this study will also help to
identify the social work techniques that are applicable
and effective within the context of the African culture.
Social Workers from other African countries which have
similar socio-cultural background to Nigeria will find
it very helpful in their social work practice.

Theoretically, this study, will hopefully serve
as a reference or source material for future researchers
who may be interested in carrying out similar research
work, knowledge obtained from this study, will provide
a beginning foundation on which future researchers can
base their studies.

1.5 THE SCOPE OF THE STUDY

This study, was carried out within Nsukka Zonal Social Welfare Area. It examined the marriage counseling techniques that were used in treating marital problems among couples in Nsukka. It covered all the four Social Welfare Agencies within Nsukka Zonal Social Welfare Area namely Nsukka, Igbo-Eze, Igbo-Etiti, and Isi-Uzo. The social workers who worked in these Social Welfare Agencies and the clients who received marriage counseling services from these agencies were studied.

1.6 RESEARCH QUESTIONS

The study, attempted to answer the following questions.

1) Who are the users of marriage counselling services in Nsukka?

2) What types of marital problems do couples within Nsukka Zonal Social Welfare Area have.

3) What are the social work techniques used in treating these mariral problems!

4) Which techniques are effective for treating the marital problems.

5) What factors influence the effectiveness of the techniques?

1.7 HYPOTHESIS

The following hypotheses were tested in the study:

1) Couples who approach social workers for help at the onset of their marital problems will receive more effective counseling services than couples who do not approach social workers for help at the onset of their marital problems.

2) Cordial relationship between the social workers and the client is a factor in the effective treatment of the clients.

3) There is a relationship between marriage counseling effectiveness and the level of education of the couples.

4) Marriage counseling services given to couples living in the urban areas will be more effective than the counseling services given to couples living in the rural areas.

5) The level of professional training and experience of the social workers is related to the intervention techniques used.

1.8 LIMITATIONS OF THE STUDY

There were certain limitations to this study. One major limitation to the study was the non-availability of literature. The subject of this study is a new one

and very few people have carried out research works on it as a result, the researcher had only very few books to consult. This affected the work as the researcher was forced to concentrate on only few authors.

Another major limitation was the shortage of time. The time alloted to this research work was short as the researcher attempted to meet up with the demands of her other academic works. This made the researcher not to carry out an indepth study of this work as she should.

Finally, there was also the problem of assuring the couples that their cases will be treated confidentially. They felt that they might be exposing their family life and as such, some of them were reluctant to provide answers to questions asked.

Inspite of these handicaps, the researcher made an attempt to bring this work to a successful end.

CHAPTER TWO

2.0   LITERATURE REVIEW

The literature will be reviewed under the following
sub-headings:

a)   Marital relations in Nigeria.

b)   Clients.

c)   Types of problems treated.

d)   Techniques of marriage counseling.

e)   Effectiveness of the marriage counseling techniques.

f)   Principles of social work.

2.1   MARITAL RELATIONS IN NIGERIA

Literature review shows that marital instability
is high in Nigeria. Sofolome (1965) observed that a
great majority of the civil cases treated at an Ibadan
based customary court were concerned with matrimonial
debts. Out of the 390 cases treated within the period
of study, 225, involved divorce and matrimonial debts
while the remaining 165 cases were concerned with various
other civil matters. 708 divorce cases were recorded
at an Ibadan based Grade B Customary Court within a
period of three months (Okediji et al 1966). Netting
(1965) noted that forty - two percent of the adult women
used for his study have been divorced at least once
in their life time. The causes of this high rate of
divorce have been attributed to a number of factors

some of which include "childlessness, sexual depriva-
tion, cruelty by one of the spouses, poverty and
adultery". (Otite and Ogionwo, 1976). Korngeilb (1979)
stated that divorce, causes serious undesired consequences
for both parents and their children. He stated that
children from divorced homes feel unloved, neglected,
perform poorly in school and get into more delinquent
acts. Their parents experience low self-image, self-worth
and life-style crises. Awareness of the increasing
rate of marital instability and divorce in the country,
led to the establishment of marital counseling services
aimed primarily at reducing the rate of marital
instability and divorce among couples in the country.

2.2 CLIENTS

Stone (1950) said that marriage counseling services
aim at providing information and guidance on marriage
related problems to those about to be married and to
those already married. Stroup and Glasser (1959) indica-
ted that the marriage counsellors provide services for
people who have pre-marital and marital problems.
Mower (1939) stated that "an adequate programme of
marriage counseling must be broad enough to reach two
groups of persons: first those contemplating marriage
and second those already married".

The analysis of the activities of some marriage
council agencies, will give more information on the
clients who benefit from marriage counseling services.
A study of the activities of the Australian Marriage
Guidance Council between 1960 - 64, conducted by Polke
and Stroller (1965) showed that a total of two thousand,
two hundred and eight four (2,284) cases were treated
between 1960 - 64.

Out of this number, Polke and Stroller (1965) indi-
cated that 91.4% of the cases were marital cases,
5.6% were pre-marital cases, and 0.3% were court refenals.

In another study carried out by Mogey (1961) on the
marriage counseling services of England; he showed that
1,770 of the 1,817 cases treated were marital cases, while
only 87 cases were pre-marital cases. Mogey (1961) also
conducted a study on the Family Welfare Services of
Manchester. He observed that 80% of the clients were
made up of married people while the remaining 20% were
made up of unmarried people. This finding, just as those
of Polke and Stroller (1965) and Mogey (1961) shows that
more married people receive marriage counseling services
more than the unmarried clients.

The findings of the studies so far revivewed, showed
that marriage counseling services are provided for both

the married and unmarried clients. The married clients,
however, as indicated above receive marriage counseling
services from the agencies more than the unmarried clients.
This may be as a result of the idea held by people that
marriage counsellors are available to help recouncile
couples who are having some problems in their marital
relations. The marriage counsellors are rarely seen
as people who can provide valuable services to the un-
married people (Stone 1950).

2.3 TYPES OF PROBLEMS TREATED

As regards the types of marital problems treated
by these agencies, Mogey (1961) identified separation,
disharmony, and sex difficulties as some of the most
common marital problems among couples. Turner (1954)
indicated that nagging, sex and husband irresponsibility
constituted the major problems that married couples
usually have. Hall (1959) noted that temperamental
differences between couples, sexual incompatibility
between couples, money, discipline of children, occupation,
leisure, and religion consisted the most frequently
occurring marital problems among couples.
Dyer et al (1950) identified the problems of petting,
dating, indecision about money matters, religious
differences, attitude of parents, physical examination

before marriage, broken engagements and questions of work
after marriage as some of the problems treated among
unmarried people. With reference to the African setting,
an Annual Progress Report submitted by the Nsukka Social
Welfare Agency for the year 1990, identified some of the
marital problems to include lack of maintenance, ejection,
refund of bride price, desertion, child neglect, mal-
treatment and divorce. In Igbo-Eze Social Welfare
Agency, the Annual Progress Report of 1991 identified
cruelty, starvation, financial difficulties, and keeping
of late hours, as some of the family problems treated
among couples at the agency.

A summary of the review, shows that some of the
marital problems that couples have include lack of
affection, religious differences, lack of maintenance,
and discipline of children.

2.4 TECHNIQUES OF MARRIAGE COUNSELING

A. NIGERIAN INDIGENOUS METHODS OF MARITAL COUNSELING

In the traditional setting, marital disputes between
couples are settled through various cultural groups,
cults and social units within the village. These units,
represent authority figures in the various communities;
and decisions taken by these units are binding on the
couples. Meek (1937) noted that among the Owelle people
of Agwu Division of Enugu State, marital dispute between

husbands and wives are settled by the entire kindred
of the man's family. In cases of serious marital dis-
putes, Meek (1937) stated that the offended house wife
summons all the other wives of the kindred. The man
(husband), also summons all the senior men of the
kindred. The two groups summoned by both the man and
the woman, form a council. This joint council, accord-
ing to Meek (1937), meets in the husband's compound and
discuss the couple's problems. If the council decides
in favour of the husband they will warn the wife to mend
her ways such as to take more care in preparing her
husband's food. Nevertheless, they will call on the
husband to display more patience with the wife.

The male members of the council may suggest that
the wife should pay a small fine, but this is normally
opposed by the female members of the council on the
grounds that the wife had been taken away from her
parents and protectors. In settling these cases, the
husband provides palm-wine for the members of the council.

Meek (1937) also observed that among the Nsukka
people, matrimonial conflicts are settled by the entire
members of a man's family, commonly referred to as the
extended family, or the Onyishi (most elderly man of the
village) depending on the gravity of the matrimonial
dispute. Meek (1937) indicated that very minor offences

like wife beating are usually settled by the extended
family members. If a woman considered that she was being
badly treated by her husband, she will appeal to a
tribunal composed of the "sisters" and "wives" of her
husband who after investigating the case, may advice
the husband to rectify his conduct and direct him to
give a gift to her. If on the other hand, they found out
that the wife was to be blamed, they will warn her and
advise her to mend her ways of return to her home.

Meek (1937) noted that in very serious offences
like adultery, the husband, reports the case to the
Onyishi. The Onyishi, summons the accused persons and
listens to the case in the presence of other elders of
the kindred. If the evidence was sufficient for summary
conviction, the guilty person will be fined the value of
one cow and the proceeds will be divided among the
Onyishi, the titled men of the kindred, and the aggrieved
husband. In most cases, women do not report their
husbands for having committed adultery. This is because
it is assumed that a man has the right to have sexual
affair with any woman that he wishes.

Serious disputes between a husband and wife in
Igbo land are sometimes settled by means of ritual acts.
Henderson (1972) observed that among the Onitsha people,

ritual acts (such as chicken sacrifice) are used to
settle disputes between a husband and his wife. If a man ,
in a fit of rage smashes his wife's hearth (the clay
pedestal on which she does her cooking), he will be
expected to sacrifice a chicken to the family god to
appease the god before he can eat the wife's food unless
he wishes to dissolve the marriage. When the man breaks
the wife's hearth, the man buys a chicken and ask the
senior sister or Ada of his family to sacrifice it on
his behalf to the family god. The senior sister (Ada),
will sacrifice the chicken after which she will rebuild
the broken hearth.

Meek (1937) also reported that similar rites exist
at Owerri. The man takes a cock, places it against his
wife's throat and against his own, presses it on the
rebuilt hearth and says "may no harm come to either of
us when we eat again together". The cock is thrown away
alive into a grove popularly known as Iyi-Afor (A river
cult).

Similar modes of treating marital problems are also
practiced in other parts of Nigeria. Hopen (1959) reported
that among the Fulbe group in Gwandua of Northern
Nigeria, marital disputes are settled by the woman's
parents and Alkali (district head of each district).

Hopen (1959) indicated that when a woman has a complaint against her husband, she first of all reports the case to her parents who attempts to settle the case between them. Where the parents of the woman live for away, she reports to an Alkali (district head) who summons the husband and treats the case. Minor disputes are settled casually by the Alkali. In some cases, fines are paid. Although a man is the head of the family in Gwandua, Hopen (1959) reported that he is expected to protect the wife and treat her with kindly consideration. He is not expected to maltreat the wife. He is only allowed to carry out such punishments like flogging, only when she obviously and deliberately fails to fulfill her obligations such as cooking and sexual obligations.

Braduary(1957) observed that among the Ishan speaking people of Bendel State, marital disputes are settled by members of the family and the Onogies (Head of the villages). He noted that in a case of marital conflict, the couples involved are invited and the family members discuss and treat their problems depending on the nature of the problems. The family according to Braduary (1957) only treat minor disputes. He stated that the Onogies (Heads of villages), treat very serious

cases such as divorce. According to him, when a man wishes to divorce his wife, he sends her to the Onogies who sends her home. Women however, are entitled to obtain divorce from criminals or men with dreadful diseases like leprosy only by returning the bride price through the native courts.

Generally, these methods so far discussed in the review serve as modes of settling disputes between couples within various communities in the country. They helped to maintain stability within the families.

B. SOCIAL WORK TECHNIQUES

The social work techniques that are used in marriage counseling are Behaviour Modification (Fischer and Gochros 1975), Transactional Analysis (Murriel 1977), Task Centered Treatment (Reid 1977), Crisis Intervention (Rapoport 1970), and Family Therapy (Schers 1970).

i) Behaviour Modification: It can be described as a technique that is used to modify an individual's undesired or maladaptive behaviour. (Saxon, 1957). Fischer and Gochros (1979) noted that the behavioural exchange model of marital treatment offers answers to couples who are experiencing problematic marriage relations that resulted from the perfectionist, expectations of the union. Knox (1971) indicated that it is used to treat problems

in the following areas - conflicting roles, money, affection, sex, time, social activities, child care and division of labour. The model according to Macfarlan (1971) was derived from the learning theory. The process in the behavioural approach takes the following steps:

Problem specification: Saxon (1957) said that problem specification involves the identification and specification of definite behaviours to be changed. In most cases it is not the therapist who first identifies a problem. More often the problem has been known for sometime to some else - the client himself, those who have been adversely affected by his behaviour (in marriage counseling it may be the wife or husband) or possible some agent of the society who is concerned about the individual's disturbing behaviour. The problem intially presented to the social worker may be an inappropriate focus of the ultimate intervention.

In family agencies, problems may be described to the social worker by an angry spouse. The counsellor's first task will be to identify the target behaviour to be changed.

Baseline: in order to understand the target behaviour more fully and to set the stage for evaluating the results of intervention, baseline data on the incidence of

behaviour prior to intervention is collected by the
social worker or self-modifying client.

Fischer and Gochros (1975) described baseline data,
as a "count of the frequency or the measurement of the
duration of the target behaviours prior to intervention".
These data aid in assessment and are essential in
accurately describing the current level of the behaviour
in its natural state.

Assessment: Fischer and Gochros (1975), stated that a
description of the various complaints is obtained to
develop some conceptions of the range of problems.
This according to Stuart (1979) include the "identifica-
tion of the controlling antecedents and consequences,
of the specific problem behaviour". The antecedents,
Travers (1977) noted, represent the "stimuli or event/
occurrence that precedes the behaviour and the con-
sequences represent the effects of the behaviour".
Establishing goals: Using all the previous information,
ranging from the presenting complaints to assessment,
(Fischer and Gochros, 1975) stated that ultimate and
terminal goals are set. These goals (Saxon, 1967;
Fischer and Gochros, 1975) observed may be tentative
but they are identified in terms of relevant behaviour
patterns to be performed. The goal may include

specifying the exact behaviour that will be achieved,
how the client will behave when it is achieved and
conditions under which the behaviour can be expected to
occur. Knox (1971) noted that, the behaviour approach
offers an array of specific techniques for dealing with
marital problems some of which include:

Positive reinforcement: Fischer and Gochros (1975) said
that positive reinforcement refers to the presentation
of a stimulus contingent on the occurrence of a behaviour
so as to strengthen the behaviour. Positive reinforce-
ment, has been used as the primary technique in almost
every type of social welfare setting - both marital and
non-marital. It has been used with children (Patterson,
1979) and in hospitals and clinics (Ashem and Poser,
1973). Sturat (1969) said that positive reinforcement
is usually provided in two general forms: directly or
through the use of tokens. In direct use of positive
reinforcement, the social worker would upon the per-
formance of some specified behaviour, immediately
present the actual rewarding stimulus or reinforcer.
In a token system, he would present a symbolic object
which would be exchanged at a later time for desired
reward. The stimuli actually used as reinforcers
include such ones as praise and attention, food activi-
ties and privileges and a variety of forms of personal

compliments including sexual relations between spouses.
Satiation: Satiation refers "to the provision of a
stimulus to the extent that it is no longer desired
by the **individual**" (Thomas 1970). The goal of satia-
tion according to Fischer and Gochros(1975) is to eli-
minate a problem behaviour emitted by an individual
constantly seeking a particular **reinforcer** by providing
so much of it that he no longer desires it.

The social worker helps the client to plan on the
necessary **reinforcement** to be used. The partner using
satiation, provides so much of the desired object to
his/her spouse until the spouses no longer desires it.
Differential reinforcement: On differential reinforce-
ment, Fischer and Gochros (1975) noted that it consists
of the **reinforcement** of certain pre-specified behaviours
and the concurrent non-reinforcement of certain other
pre-specified behaviour. The first step in differential
reinforcement according to Thomas (1970), involves
the selection of both behaviours that are desired and
to be increased and those behaviours that are undesired
and maladaptive. To the desired behaviour, Thomas
(1970) said that positive reinforcement is applied upon
its occurrence, and to the undesired behaviours rewards
are withdrawn when they occur. The undesired behaviours
are carefully examined to identify the sources of

reinforcement, and the contingent relationship between the reinforcement and the undesired behaviours are terminated.

Other techniques used in behaviour modification include shaping (Stuart, 1969) covert reinforcement (Fischer and Gochros, 1975), negative reinforcement (Thomas, 1970) punishment (Thomas 1970), and systematic desensitization (Marquis, 1971).

Behaviour modification in marriage counselling is mainly used in changing behaviour patterns of couples which they find undesirable. When using the behavioural model, the marriage counsellor assesses the behaviour patterns of the couple. The goal of the assessment according to Fischer and Gochros (1975) is to determine:

1) The behaviour each partner wants to be changed in the other in terms of direction, duration or intensity.

2) The procedure each has been using to elicit these behaviours such as nagging, battering with physical attacks, seeking support from other relatives etc.

3) The factors that seems to be maintaining the undesired behaviours of each.

4) The sources or potential reinforces each has that might be used effectively to alter the other's behaviour.

On the basis of his assessment the social worker
may proceed to change the reinforcement patterns of
the couple and teach them how to provide more of each
other's reinforcement at as little a cost as possible.
Undesired behaviour patterns are identified and pro-
cedure for changing them worked out.

(ii) Transactional Analysis:

Berne (1972), defined Transactional Analysis as
a "theory of personality and social action and a
clinical method of psychotherapy based on the analysis
of all possible transactions between two or more persons
on the basis of specifically defined ego states".
Murriel (1977) said that Transactional Analysis involves
"Four (4) different types of analysis". These are
the:

a) Structural Analysis

b) Transactional Analysis Proper.

c) Game Analysis.

d) Scrint Analysis.

Structural Analysis: Murriel (1977) stated that
structural analysis involves the "segregation and
analysis of the Parent, Adult and Child ego - states
of an individual which comprise the individuals
personality. Berne (1972) indicated that it is usually
the first step of treatment that is carried out by a

therapist on a client when using Transactional Analysis as a treatment model. The structure of the personality is shown in Fig 1 below.

Fig I: EGO - STATE STRUCTURE

Parent Ego State

Adult Ego State

Child Ego State

P

A

C

Transactional Analysis Proper: Berne (1972) identified transactional analysis proper as the second step to be carried out by a therapist when using the Transactional Analysis model as a model of treating his client. According to Murriel (1977) it involves the analysis of transactions that go on between one or more people. Harris (1973) stated that the goal of transactional analysis proper is to determine "the ego state in one person that is transacting with another ego state in another person and in what ways".

Complementary Transactions: Complementary transactions according to George and Cristiaini (1981) occur when communications between two persons proceed smoothly and the responses are as expected. This shown in Fig 2.

Fig 2:   COMPLEMENTARY TRANSACTIONS BETWEEN TWO PERSONS.

P

A

C

P

A

C
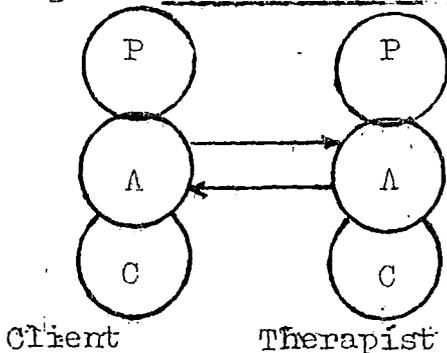
Client   Therapist

This is a transaction between a therapist and client.

Client: Dr. What is your fee?

Therapist; It's ₦30.00 an individual session.

Crossed Transactions: Murriel (1977) said that crossed transactions occur "when a message from one person gets an unexpected response from another person". This is shown in Fig. 3.

Fig. 3:   CROSSED TRANSACTION: This is a transaction between a therapist and client.

P   P

A   A   Client: Dr. What is your fee?

C   C   Therapist: Can't you see the price posted on the wall?

Client   Therapist
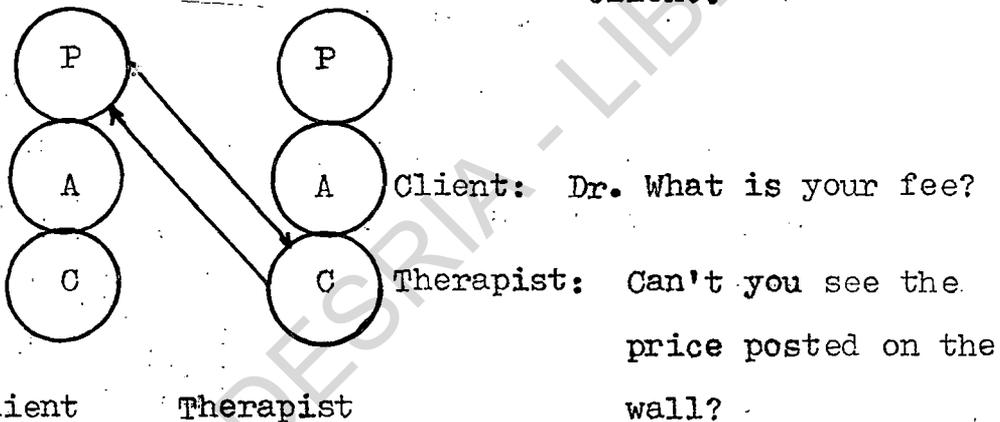
Ulterior Transactions: Ulterior transactions, according to George and Cristiaini (1981) occur when a message from an individual is sent on "a social level and an implied message is sent on a psychological level.

Brencheser (1972) noted that the spoken message is usually different from the non-spoken message. The message on the psychological level is not usually spoken but implied in what transpires on the social level.

Harris (1973) observed that there are two types of ulterior transaction: angular which involves three ego states (Fig. 4) and duplex which involves four ego states (Fig. 5).

Fig. 4: ANGULAR ULTERIOR TRANSACTION: This is an angular ulterior transaction between two friends.
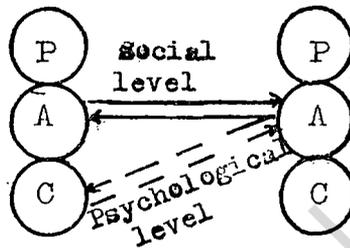
Social Level

Adult to Adult:

This stero is much better, but of course it costs a lot of money.

Adult to Adult

How much more would the monthly payment be?

Psychological Level

Adult to Child

You can't afford this one.

Child to Adult

I will show her that I can buy anything I want.

Fig. 5: DUPLEX ULTERIOR TRANSATION: This is a duplex ulterior transaction between two friends.
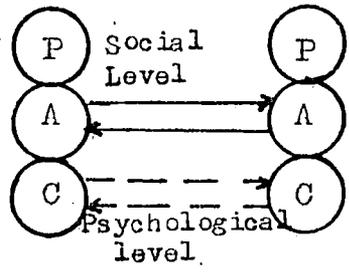
Social Level

Adult to Adult

I have a new album we can listen to at my apartment.

Psychological Level

Child to Child

Let's go to my apartment and make out.

Child to Child

I 'd like that.

Game Analysis: Game analysis, according to Berne (1972) is the third step that is carried out/by a therapist when using the Transactions Analysis Model as a technique in treating a client. Murriel (1977) stated that game analysis, involves the analysis of a series of psychological games that people play. The analysis of the games according to Berne (1972), leads to well-defined pay off. The pay-off determine the reactions of the client.

Script Analysis: This according to Berne (1972) is the fourth and final phase of the Transactional Analysis

treatment. Script analysis, Murriel (1977) asserted involves the analysis of life scripts that people usually without awareness act out compulsively. Script analysis, helps the client to discover and change behaviours which are based on early childhood decisions.

Engagement of patient in therapy: Transactional analysis, is a contractual therapy, Brencheser (1972), stated that during the first interview between the therapist and the patient, a clear verbal contract is established that outlines the goals and methods of the therapy. This session is active and helps the therapist establish understanding of the patients needs. It also enables the patient to understand what the therapist can offer to him and the method of treatment. The contract according to Berne (1972) relieves many of the fears of the patient concerning "strange things", that might happen to him on a mental health unit. Few interviews are needed. Harris (1972) noted that patients are normally seen for an individual session and sometimes in group work. The intervening time is filled with actibities and "home work". The concept of home work according to Brenchenser (1970) represents activities that the client will carry out at his

private time. The therapist lists certain tasks or problems to be worked out by the couple during their private time. These activities Corbun (1979) indicated may include writing down "a description of what the child in him is like, listing all the significant parent messages he can recall or analyzing transactions with significant others in his life. The couple carries out the agreed upon activities and treatment is concluded when the desired change in a patient is achieved.

(iii) Crisis Intervention:

Rapoport (1970) posited that the term crisis refers to "a disturbance in an organism's equilibrium that is characterized by disorganization and ineffectiveness". Lukton (1972) noted that the concept of crisis theory, was produced on certain assumptions:

(a) "Every individual goes through many crisis situations in his lives".

(b) For every hazardous event producing stress that may lead to a state of crises, there are identifiable situation components.

(c) An individual who is in a state of active crises is more emotionally accessible and more open to change than at other times.

(d) Not every individual is able to solve the problem

presented by the events leading to a crisis state;

but an outsider who intervenes to give help in

problem solving may enable the individual in crisis

to solve not only the problem but possible other

problems as well.

The basic work on the crisis concept was carried

out by Gerald Caplon (1964), Eric Linderman (1944),

and Golan (1969). Golan (1969) identified four (4)

components that make up a crisis situation.

These include:

a) The hazardous event,

b) The vulnerable state,

c) The precipitating factor and

d) The state of active crisis (disequilibrium).

The hazardous event, is "defined as the initial

blow or internal change that triggers a chain of

reactions leading to a crises. The vulnerable state,

refers to the subjective reactions of the individual or

family in the initial blow both at the period it

occurred and subsequently; the precipitating factor in

a crisis situation is the final link in the chain of

events that converts a vulnerable state into a state of

disequilibrium.

The term state of active crisis, applies to the
state of disequilibrium, when tension and anxiety have
risen to a peak and the individuals built - in home -
static devices no longer operate. It is the key element
in crisis theory and the criteria for determining
whether crisis intervention is the appropriate approach
(Golan, 1979).

The strategy in crisis intervention is to provide
the individual with appropriate behaviour patterns that
will enable him to deal effectively with the specific
crisis. Both Lydia Rapoport (1970), and Howard I.
Parad (1965) have provided models for direct clinical
intervention in crisis. Rapoport (1970) indicated that
the therapist using the crisis intervention model, first,
understands the precipitating events that can be taken
by the client and his family to resolve it. He, (the
therapist), carries out a strong, educative, active and
direct teaching activity with the client, aimed at making
the client autonomous to deal effectively with his pro-
blem within a very short time span. Parad (1965) concurs
that the therapist must reach out actively for the
client. He asserts that the therapist should demonstrate
helpfulness immediately by meeting specific needs of
the client, communicate a sense of confidence and hope

that the client will deal with his problem, and dis-
courage repressive transference ractions. Various
treatment techniques are used in treating the client.
These include teaching, coaching, prompting, modeling,
role rehearsal, advocating and anticipatory guidance
(Golan. 1979).

In marriage counselling, and the treatment of
marital problems, crisis intervention is mostly used
in treating problems of divorce, desertion by a spouse
or separation. These situations according to Wiseman
(1975) represent crisis cases in the family and the
marr iage relationships. The couples affected go through
serious emotional crises, have feelings of denial, loss,
anger and depression. (Dixon and Sands, 1983). The
social worker helps them to acquire a new orientation
to life and have new identity and acceptance.

(iv) Task Centered Treatment Model:

Hellenbrand (1979) said that the Task Centered
Treatment (T.C.T.), evolved from a model of brief,
time-limited cases work treated in the mid-sixties at
the Community Science Society of New York. The use of
the Task - Centered Treatment (T.C.T.), is base upon
the assumptions that brief treatment is preferred and
most useful for the largest proportion of clients known

to social workers, clients have the right to decide
upon what they want help with, and that the use of time
limits has a motivating effect upon client change.
(Meyer 1931).

Reid (1978) recapitulates the essential elements
of the task - centered model: the primacy of the client's
expressed request and of his activity in problem re-
solution.

Thus, while for the most part, the practice here
will need to explore, clarify, define and sometimes
challenge the clients formulations, it is the client
who must define and acknowledge the problem(s) for which
he wants help. These target problems, clearly specified
and delimited, must be the ones the client can alleviate
through his own action.

In its use as a therapecitic technique, the model
specifies target problems, and treatment goals, emphasi-
zes the establishment of the treatment contract and
promotes focus in intervention through carefully worked
out procedures. The social worker according to Reid
(1971), helps the client to explain and clarify his
problems. The problems Reid (1971) noted are stated
in terms of specific conditions to be changed. An
agreement, is reached on the duration and amount of

services to be given which usually consist of six to twelve interview sessions over a period of two to four months time span. Tasks, Epstain and Reid (1972), indicated are planned and the client performs the planned tasks to solve his problem.

Cormicon (1977) posited that the task centered treatment model, is preferred above other models because of its short time span and the use of task. Placing time limits on the brief service enhance effectiveness by mobilizing efforts, both of, the practitioners and the clients. Effectiveness is further argumented by concentrated attention on delimited problems in which the practitioners helps the client to formulate and carry out problem solving actions.

(v) Family Therapy:

Family therapy according to Scherz (1970) is a treatment model in social work practice that is designed to treat family problems through the modification of elements that are interfering with the management of the family and its members. The unique feature of this model, Curry (1966) posited is that it sees the family as the unit of attention for exploration and treatment. It is derived from the General System theory.

Two major theoretical assumptions underly this treatment approach. The first assumption according to Scherz (1970) is that the family is a system here defined as two or more units relating to each other in such a way that if there is a change in one it affects the other. The second assumption is that the family developmental task parallel individual development task. This means that the same developmental tasks that the individual must master such as self-control, self-responsibility, intimacy, separation, dependency, individuation and inter dependence must be mastered by the family if both are to achieve self-realisation.

The process of family therapy, Shearman (1979) indicated, starts with an interview with the family unit, the marital pair or individual depending on the problem of the family. The overall purpose, Ackerman (1969) stated, is to understand the place of the problem for the family as a whole and for the individual members. Following the initial interview, Shearman (1979) said, that the social worker conducts on assessment of the family in order to understand the structure of the family.

The assessment, Satir (1964) indicated helps the social worker to "understand the members of the family, their ages, relationship to each other, work, educational status, economic status, religious affiliation,

presenting complaint and reasons for application for help. The assessment further leads to a mutually agreed upon treatment contract. The treatment plan, Ackerman (1969) noted, indicates the members of the family that will be involved in the treatment, the tentative goals of the treatment plan and the use of therapeutic time.

Family therapy, seeks to modify or change those aspects in the family relationship that although are stabilized are for some reasons no longer functional or satisfying and hence are interfering with the management of the family life task. Following the assessment of the family, (Bells, 1969; Satir, 1964) indicated that the social worker helps the family to breakdown dysfunctional communication pattern, triads and dryads among them. He teaches them how the communicate. The following techniques, Bells (1969), posited are used in family therapy - demonstration, guidance, advice, education, reflection, suggestion, clarification and interpretation.

Having reviewed the models and techniques used by social workers in the treatment of marital problems, the next section of the literature review focused on the principles of social work. These principles were examined in this study because they enhance the effectiveness of counselling services.

2.5 PRINCIPLES OF SOCIAL WORK

Pincus and Minnehan (1973) asserted that there are seven (7) known principles of social work practice. Those are the principles of client self-determination, non-judgemental attitude, acceptance, purposeful feelings, and confidentiality.

(i) Client self-determination: The principle of client self-determination according to Comption and Galaway (1979) states that clients should be permitted to make decisions for themselves. This option for client self-determination originated from the belief of social workers in the dignity and value of individual. (Ferguson 1979). The principles of client self-determination demands that the social workers should allow their clients to take decisions for themselves. The social worker in the counselling process, provides the client with alternative courses of actions and allows him to take his own decisions. Levy (1979) asserted that client self-determination, helps and encourages a client to participate actively in the treatment process, trust the social worker and make use of the treatment given to him. It facilitates the counselling process. When the principle of client self-determination is violated, Hollis (1957) said that the client may terminate the treatment being given to him.

(ii) Non-judgemental attitude: The principle of non-judgemental attitude is related to the principle of client self-determination. According to Ferguson (1975) the principle of non-judgemental attitude states that a "social worker must accept the client irrespective of the the need or problem of the client".

Levy (1979) said that the social worker has no ethical backing to judge, assign guilty, or innocence or to apportion judgement in any way to the client. The role of the social worker, Bangjeree (1969) indicated is to discuss the counsellor's problems, clarify his problem, evaluate his problem and allow the counsellee to reach a conclusion on whether his behaviour was appropriate or not. The principle of non - judgemental attitude is very important in the counselling process because it enables a social worker to build a harmonious and cordial relationship with his client and helps the client to accept the treatment given to him.

(iii) Acceptance: Acceptance according to Levy (1979) means that the "social worker should respect his client irrespective of what the client is". This Hollis (1957) posited, means that the social worker should deal with the client as he really is, recognizing all the clients strengths, weaknesses, agreeable qualities and disagreeable qualities. Compton and Galaway (1979) asserted

that the social worker guided by this principle, guards against letting personal interest or bias affect his professional decisions and actions in relation to his client. He respects the counsellor's beliefs, ideas and feelings, and treats him as his equal, and as an individual with work and dignity.

Counsellees thus treated, accept and use the counselling given to them. Where there is no acceptance, the counsellee may stop attending or going for counselling services.

(iv) Confidentiality: Confidentiality, Levy (1979) stated, demands that "all information given by a client in the treatment process must be treated confidentially.

In social work practice, Ferguson (1979) said that the social worker who adopts this principle, must maintain or keep secret any information affecting his client that can be regarded as personal. He does not disclose any information about the client to other clients without the consent of the client. This principle is adopted because sharing such information may "ruin" the client's reputation and prevent him from fully participating in the counselling process.

v) Individualization: The principle of individualization according to Compton and Galaway (1979) states that a social worker should be interested in the client and his problem as a "particular person having a particular problem, whose treatment should not reflect strictly speaking any other person and his own particular problem – no matter the resemblance". Singh (1969) stated that the social worker guided by this principle, treats the problem of every client as a unique one, he does not compare any client with other clients, he does not strictly use the same treatment models for the clients irrespective of the similarities.

Individualization, helps the social worker to classify a client, and adopt the treatment model most suited for the need of the client where the principle of individualization is violated, the social worker may not effectively diagnosis and treat the client.

vi) Purposeful feelings: Singh (1968) said that purposeful feelings means that a client should be allowed to express his feelings in the counselling process.

These feelings according to Hollis (1957) include both positive and negative feelings such as laughter, smiling, crying etc. Bangjeree (1969), indicated that the counsellor guided by this principle, allows his

client to express his emotions as he wills. Compton and
Galaway (1979) said that expression of these helps to
eliminate the problem of transferance which usually
occur between some clients and their social worker. The
principle of purposeful feelings, helps the client to
effectively ventilate his opinion and relives him of some
emotions that may be painful to him and hinder effective
counselling service.

vii) Controlled Emotional Involvement (Empathy): The
last principle adopted in social work practice is the
principle of controlled emotional involvement, otherwise,
referred to as empathy. Bangjeree (1969) said that
empathy refers to the ability of "a counsellor to sympa-
thize with his client without losing emotional control
of himself". The counsellor guided by this principle
will be able to experience his client's feelings confusion,
timidity, anger, fear or suspicion without allowing these
feelings to influence his personal comportment. The
counsellor's ability to experience his client's "feelings"
or "inner - world" and communicate them to the client
helps to build a lasting "bond" and "trust" between the
counsellor and the client and aids the client to parti-
cipate effectively in the counselling process.

2.6   EFFECTIVENESS OF THE MARRIAGE COUNSELLING TECHNIQUES

Bellveille et al (1969) used the co-joint family

therapy in counselling 44 couples who had problems of
communication and inadequate sexual life. The treatment
lasted for a period of four months (16 interview sessions)
The result of the treatment at the end of the 16
interview sessions, showed that the couples had increased
sexual relationships and communication in their marital
relations.

In another case treated by Cardillo (1971) he also
used the co-joint family therapy in treating 20 couples
who had poor self-concept and inaccurate perception of
their spouses. Cardillo (1971) reported that at the
end of five interview sessions, the couples achieved a
positive increase in their personal perception and had
more accurate perception of their spouses. In a case
treated by Goldstein (1971), he used the behaviour
modification technique in treating ten (10) wives who
wanted to modify some of their husband's undesired
behaviours. The study, showed that at the end of the
of the training sessions, the women were able to change
some of their husband's undesired behaviour. Some of
the behaviours changed included excessive drinking, lack
of attention, and neglect of the family.

Finally, Heaman (1977) in her case used transactional
analysis in treating women, ranging from vaginisims to

lack of organisms and disinterest in sexual intercourse. She treated 5 women who had various sexual problems with their husbands - these problems included painful intercourse, anger and resentment towards their husbands at any attempt to have sexual intercourse and indifferent feelings towards their husbands. Herman (1977) reported that at the end of the treatment sessions, the women experienced positive and favourable changes towards their husbands. She reported that at the end of the treatment the clients had more desire for sexual intercourse, showed lower resentment towards their husbands and had more pleasurable intercourse.

SUMMARY

In summary, the literature so far reviewed has dealt with the various aspects of the study - the types of clients who make use of marriage counselling service, the types of marital problems that couples sometimes have, the techniques that are used in treating these problems, and the principles of social work that guide the social workers while counselling their clients.

The review, showed that in most marriage counselling agencies, the married people make use of the marriage counselling services more than the unmarried people, some of the problems that couples usually have include

problems of sex, finance, religion and discipline of
children. The social work techniques that are used in
treating these problems include Behaviour Modification,
Transactional Analysis, Crisis Intervention, and Family
Therapy.

2.7 THEORETICAL FRAMEWORK

In this study, the General System Theory of Ludwig
Von Bertalanfy was adopted as the theoretical framework.

Bertalanfy (1956) defined a system as "a whole con-
sisting of inter-dependent and interacting parts" or
a "set of units with relationship among them. Buckley
(1967) in his own words, defined a system as a complex
of elements or components directly or indirectly relating
in a casual net-work such that each component is related
to some others in a more or less stable way within a
particular period of time. The inter-relationship of
the components creates a whole that is greater than the
sum of its part. The interaction of the elements of the
system, impact to it aggregate characteristics that are
not only different foc , but often not found in the com-
ponents. Thus the sum of the parts does not refers to
the particular parts of the units added or summed but to
aggregate of the units and the transactions and relation-
ship between them. The inter-relationship of the units
parts gives rise to new qualities that are functions of

the transactions within the system. Because of the wholeness of the system, a change in any part of the system affects the system as a whole and all its parts.

Systems theory, was adopted for this study because in the treatment of marital problems, the couple who are involved in the counselling process are seem as consisting a system made up of sub - units (husband and wife). Marriage counselling is concerned with the relationship between the two units (husband and wife) and the counselling activities are carried out in relation to the spouse as they interact. A change in any part of the system, (husband or wife), is assumed to have an effect on the other.

Systems theory is also adopted because in marriage counselling, the therapist sees the family as a system made up of various sub-systems. The family is seen as an open system in which members enter and leave during the family's life cycle. The family is also seen as a unique system influenced by unique biological, cultural and social forces with its own recognised role formation, patterns of behaviour and communication, patterns of emotional activity, coping patterns, values and ways of relating to the larger social community. In marriage counselling, the family is seen as a "whole" which

possesses characteristics that are not found in any of
its component parts.

Each person is seen as an integrated but different
part of the total family unit. Because the family is
seen as a system, the marriage counsellor in his inter-
vention does not focus on the individual person rather,
he repects the individuality of the person, but treats
the problem as an expression or distortion in the family
and seeks to intervene at that level. Systems theory,
was also adopted for this study because most of the
techniques used in the treatment of the marital problems
were derived from the systems theory, and adopt the
systems theory approach in their application in the
therapeutic settings. The family therapy,transactional
analysis, and crisis intervention were all derived from
the systems theory, and adopt the systems theory approach
in the treatment of the clients. The counsellor who
uses these techniques in the counselling process, sees
his clients - (the couple) as "elements" within a system
which can only be understood and treated at that level.
Counselling activities are carried out towards under-
standing the couple and their relationship with the
environment. This in technical term is referred to as
"the person - in - situation configuration". Even where
the techniques do not have a system base as in the

behaviour modification, the therapist still adopts a
system approach in its application to a clients problem.
The diagnosis of a couple's marital problem is carried
out towards understanding the relationship of the
problem with the client's children, father, mother-in-
laws, husband or wife.

These make up some other systems which the couple
interact with and which are nost likely to influence
their behaviour and problem. This nature of diagnosis,
looks at the composition of the person's environment
and the relationship that exist both within the personali-
ty system of the individual and the various other
systems which influence the person. The diagnosis,
helps the counsellor to decide on what is contributing
to the person's difficulty, and at what point in the
person or situation to intervene and effect a change.
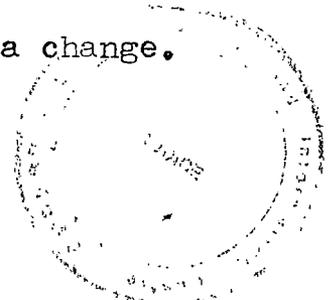
CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 STUDY POPULATION

This study was carried out within Nsukka Zonal Social Welfare Area. Nsukka Zonal Social Welfare Area, comprises of four Local Government Areas namely Nsukka, Igbo-Eze, Isi-Uzo and Igbo-Etiti. Each Local Government Area has a Social Welfare Agency. These are the Nsukka. Igbo-Eze, Isi-Uzo and Igbo-Etiti Social Welfare Agencies. All these four social welfare Agencies were used for the study. The population for the study, consisted of the seven social workers who work in these Social Welfare Agencies and the married clients who received marriage counselling services from these Social Welfare Agencies between 1985 to 1991.

Records obtained from the Zonal Social Welfare Office, indicated that a total of 10,120, clients, with different marital problems, received marriage counseling services from these different agencies between 1985 to 1991. This shown on table 1 below.

TABLE 1:   NUMBER OF CLIENT POPULATION BY YEAR

YEAR	Igbo-Eze Social Welfare Area	%	Nsukka Social Welfare Area	%	Igbo-Etiti Social Welfare Area	%	Isi-Uzo Social Welfare Area	%	Total	%
1985	520	15	510	16	322	19	217	13	1,569	15
1986	500	14	410	13	310	18	327	20	1,546	15
1987	522	15	523	15	141	9	217	13	1,403	14
1988	513	15	500	15	213	12	238	15	1,404	15
1989	572	17	521	16	267	16	318	19	1,578	15
1990	520	15	315	10	248	14	214	13	1,397	14
1991	323	9	511	15	219	13	110	10	1,163	12
Total	3,470	100	3,290	100	1720	100	1,640	100	10,120	100

SOURCE: NSUKKA ZONAL SOCIAL WELFARE OFFICE.

3.2   STUDY SAMPLE.

In this study, the researcher used the entire social worker population of seven and a proportionate sample of two tifty-two (252) clients representing 2.5% of the total client population. This sample size was decided upon after due consideration had been given to the available fund which made it imperative for the questionnaires to be administered personally by the researcher. The total sample aize of the study, therefore consisted of two hundred and fifty-nine (259) persons made up of seven social workers and two-hundred and fifty-two clients.

2.3   SAMPLING STRATEGY:

For this study, the researcher used all the social workers in selecting the client sample, the researcher

adopted the stratified random sampling technique. The four local government areas, within Nsukka Zonal Social Welfare Area, formed the basis on which the clients were stratified. The clients were classified according to the four local government areas within Nsukka namely Igbo-Etiti, Isi-Uzo, Igbo-Eze, and Nsukka Local Government Areas and from each, local government area, the researcher using the simple random sampling technique picked the total number of clients required for the study.

The total number of two-hundred and fifty-two (252) clients was shared out among Nsukka, Igbo-Eze, Igbo-Etiti and Isi-Uzo local government areas in the ratio of 2:2:1:1 based on the number of clients in each local government area. From Nsukka and Igbo-Eze local government areas, the researcher picked eighty four (84) clients respectively and from Isi-Uzo and Igbo-Etiti local government areas, the researcher picked forty-two (42) clients respectively as shown below on Table 2.

TABLE 2: NUMBER OF CLIENTS SELECTED FROM DIFFERENT LOCAL GOVERNMENT AREAS.

Local Government Area	Number of Clients	Sample	%
Igbo-Eze	3,470	84	33
Nsukka	3,290	84	33
Igbo-Etiti	1,720	42	17
Isi-Uzo	1,640	42	17
Total	10,120	252	2.2

3.4 INSTRUMENTS FOR DATA COLLECTION.

The researcher used the questionnaire to collect data for the study. Two sets of questionnaires were prepared for the study. One set of the questionnaire, was used to collect information from the social workers, and the second set, was used to collect information from the clients. The questions in the questionnaire were structured to collect information on the personal characteristics of the respondents, types of marital problems treated, social work techniques used in treating these marital problems, and effects of client's place of residence, education, etc on the counseling services given to the clients.

3.5. DATA COLLECTION PROCESS.

The questionnaires for this study were personally administered by the researcher. The questionnaires for

the social workers were distributed to them in their
offices and collected after three days.

For the clients, the questionnaires, were distribu-
ted to them in their homes. These were collected from
them after two weeks. For the clients with low
educational attainments, that is, those who had no formal
training, the researcher asked questions directly from
the questionnaire and filled in their responses.
Complex questions were cross-checked to ensure that all
the relevant questions were correctly answered. The
data collection process lasted for a period of three
weeks.

Almost all the questionnaires distributed were
collected. Out of the two-hundred and fifty-nine (259)
questionnaires distributed, that is, seven (7) question-
naires for the social workers and two-hundred and
fifty-two (252) questionnaires for the clients; twelve
(12) questionnaires were discarded because they were
incomplete or wrongly filled. Two-hundred and forty-
seven (247) questionnaires were fully and correctly
completed and formed the basis of analysis in the work.

CHAPTER FOUR

4.0   DATA ANALYSIS

In this chapter, the data collected from the
study are presented. The chapter is divided into
two sections. Section A presents information on the
personal characteristics of the respondents; and
Section B, shows the answers to the research questions
and hypotheses.

4.1 SECTION.A.

1. DESCRIPTION OF SOCIAL WORKER RESPONDENTS.

Out of the seven social workers used for the
study, there were 57% male and 43% female. In terms
of age, 14% were between 20 to 30 years, 57% were
between 31 to 40 years and 27% were above 50 years.

With regards to their marital status, 57% were m
married, 29% were single and 14% had been divorced or
separated. In terms of their religious affiliation,
71% were Roman Catholics and 29% were Protestants.
None of the social workers, practiced the African
Traditional Religion (A.T.R.). As regards their
education, 14% had a diploma in social work and 29%
had a B.Sc. degree in Social Work and other related
fields such as Sociology or Political Science.

Finally, in terms of their working experience,
28.5% of the social workers had worked as professional

social workers for a period of 1-3 years, 29% for a period
of 4-6 y ars, and 14% above 17 years.

SECTION A.

2. DESCRIPTION OF CLIENT RESPONDENTS.

Out of the 240 clients used for the study, there
were 40% male and 60% female. In terms of education
21% had no formal education, 40% had primary education
and 21% had higher education which included such
qualification as Teachers Grade Two (T.C.II) and
University education. As regards the number of children
that the clients had, 12% had no child, 15% had between
6-10 children, and 90% had above 11 children.

In terms of age, 5% were below 20 years, 46% were
between 21 - 40 years, 39% were between 41 - 60 years,
8% were between 61 - 80 years, and 3% were about 81
years. As regards their religious affiliation, 56% were
Roman Catholics, 34% were Protestants, and 10% practiced
the African Traditional Religion (A.T.R). In terms
of their place of residence, 41% lived in the urban areas,
while 58% lived in the villages.

Finally, in terms of their occupation, 23% were
farmers, 37% were traders and 27% were civil servants.
Thirteen percent of the client respondents were not
engaged in any formal occupation. This represented

mainly the full time house wives and the aged men.

4.2 SECTION B.

1. RESEARCH QUESTIONS.

Five research questions were used for the study
and the answers are shown below.

QUESTION 1: Research question one aimed at finding
out the category of clients that mostly received
marriage counseling services from the social welfare
agencies within Nsukka Zonal Social Welfare Area.
It was answered with item 7 of the questionnaire for
the social workers.

The findings of the study, showed that married
people mostly received marriage counseling services
given within Nsukka Zonal Social Welfare Area, more
than the unmarried clients. This is confirmed by the
fact that 86% of the social workers used for the study,
indicated that married people mostly come to them for
counseling while only 14% indicated that unmarried
people mostly come to them for counselling. The reason
for this difference between the married and unmarried
clients in the use of the counseling services, may
stem from the fact that marriage counsellors are seen
as people who provide only curative services to couples
who are having marital conflicts. They are rarely
seen as people who can give valid and useful services

to the unmarried people.(Stone, 1950).

QUESTION 2: Research question two aimed at finding
out the types of marital problems that couples living
within Nsukka Zonal Social Welfare area had. The
findings of the study, showed that the most common
marital problems were lack of maintenance (29%),
cruelty (21%), infidelity (22%), divorce or ejection
(12%), fighting or insubordination (9%), and child-
lessness (7%).

QUESTION 3: Research question three aimed at finding
out the social work techniques that were used in
treating the marital problems indicated above. It
was answered with item 9 of the questionnaire for the
social workers. The findings of the study, showed
that the social work techniques that were used in
treating the above mentioned problems were the Task
Centered Treatment Model (25%), Family Therapy (53%),
Behaviour Modification (12%), and Crisis Intervention
Model (10%).

Question 4: Research question four aimed at finding
out the techniques that were effective for the treat-
ment of the identified marital problems. It was
answered with items 11 of the questionnaire for the
social workers and items 9 and 10 of the questionnaire
for the clients. The responses showed that the most

effective techniques were Family Therapy (35%), followed by Task Centered Treatment Model (30%), and Crisis Intervention Model (30%). Behaviour Modification was the least effective with 15%.

Question 5: Research question five aimed at finding out the factors that contributed to the effective of the techniques. It was answered with items 11 and 12 of the questionnaire for the clients, and items 12 and 13 of the questionnaire for the social workers.

The findings, showed that the Family Therapy technique was the most effective technique in the treatment of the marital problems because it enhanced communication among family members and enabled them to discuss their problems freely with each other, there by, having greater understanding of one another. This was followed by the Task Centered Treatment Model because it is very brief, and Crisis Intervention Model which is also brief and convenient for treating clients in crisis situations such as divorce or separation.

SECTION B. 2 HYPOTHESIS

In this study, the results of some hypothesis tested are shown below:

Hypothesis 1: Hypothesis one stated that couples who approach social workers for help at the on set of their marital problems would receive more effective counseling

services than couples who do not approach social workers
for help at the on set of their marital problem".

The chi-square (x^2) analysis of the counseling services
given between couples who reported their problems at
the beginning, and clients who reported late, showed
that the calculated chi-square (x^2) value was 34.5.
The calculated value (34.5), tested at 0.05% level
of significance was found to be greater than the table
value of 3.841 required to uphold the hypothesis.
Hence we accept the hypothesis. It can therefore be
said, that marriage counseling services given to couples
who report their marital problems to the social workers
at the beginning of the problems are usually more
effective than the counseling services given to couples
who do not report their marital problems to the social
workers at the beginning of the problems.

Hypothesis 2: Hypothesis two stated that "cordial
relationship between the social workers and the client
is a factor in the effective treatment of the clients".
The chi-square (x^2) analysis of the effect of cordial
relationship on counseling services, showed that the
calculated chi-square (x^2) value of 29.5, tested at
the 0.05% level of significance, was greater than the
table value of 3.841 required to uphold the hypothesis.

Hence we accept the hypothesis. It can therefore be said, that marriage counseling services given to couples who report their marital problems to the social workers at the beginning of the problems are usually more effective than the counseling services given to couples who do not report their marital problems to the social workers at the beginning of the problems.

Hypothesis 2: Hypothesis two stated that "cordial relationship between the social workers and the client is a factor in the effective treatment of the clients". The chi-square (X^2) analysis of the effect of cordial relationship on counseling services, showed that the calculated chi-square (X^2) value of 29.5, tested at the 0.05% level of significance, was greater than the table value of 3.841 required to uphold the hypothesis. Hence we accept the hypothesis. This finding, showed that cordial relationship in any counseling service is essential for the effective treatment of the client. This is because when the counsellors maintain cordial relationships with the counsellees, the counsellees, respond more effectively to the counsellors', advice and accept the treatment.

67.

Hypothesis 3: Hypothesis three stated that "there is a
relationship between marriage counseling effectiveness and
the level of education of the couples". The chi-square
(X^2) value, was 0.01. This calculated value is less than
the table value of 3.841 required to uphold the hypothesis.
So we reject the hypothesis. This means that educational
attainment of the couples, does not have any effect on the
counseling services given to them.

Hypothesis 4: Hypothesis four stated that the "marriage
counseling services given to couples living in the urban
area, will be more effective than the marriage counseling
services given to couples living in the rural areas". The
chi-square (X^2) analysis of the effectiveness of the
marriage counseling services between urban and rural couples,
showed that the calculated value was 1.2. This calculated
value is less than the table value of 3.841 required to
uphold the hypothesis, hence we reject the hypothesis.
It can therefore, be said that the place of residence
of the couples does not have any effect on the marriage
counseling services given to the couples.

Hypothesis 5: Hypothesis five stated that "the level of
professional training and experience of the social workers
is related to the intervention techniques used". It was

tested with items 5 and 9 of the questionnaire for the social workers. The answer, showed that (100%) of the highly educated social workers used the Task Centered Treatment Model. One hundred percent (100%) of the highly trained social workers also used the Family Therapy while 67% of the low trained ones used it. Eighty percent, used Crisis Intervention and 20% of the low trained ones used it. The figures obtained, showed that the social workers with high professional training used more effective techniques of treating marital pro- blems (which are the Family Therapy, Task Centered Treatment Model and Crisis Intervention) more than the social workers with low professional training.

With regards to the effect of the experience of the social workers on the types of techniques used in treating the marital problems, the findings showed that one- hundred percent (100%) or all the highly experienced social workers used the Task Centered Treatment Model, while only 50% of the low experienced ones used it. One- hundred percent or all the highly experienced social workers used Family Therapy while 75% of the low experienced ones used it, and 67% of the highly experienced social workers used Crisis Intervention while 37% of the low experienced social workers used it. The figures, showed

that the highly experienced social workers use more effective techniques of treating marital problems more than the social workers with low experience.

From the analysis made above, it can thus be said, that the level of professional training and experience of the social workers is related to the intervention techniques used.

CHAPTER FIVE

5.0 CONCLUSION

There is no question that the study yielded plausible
conclusions. First and foremost, the family has been view-
ed as the most basic unit in the society. This is because
of its role in the rearing and socialization of children
into the society. In view of it's important place in the
society, the researcher deemed it necessary to carry out
a study on the techniques that are effective for the treat-
ment of these marital problems and make suggestions that
can enhance future marriage counseling services provided
for couples.

Apparent in the study, is that marital problem is a
common occurrence among couples in Nsukka. The most common
marital problems among couples in Nsukka are lack of
maintenance, infidelity, cruelty, childlessness, fighting
and insubordination. The social welfare agencies within
Nsukka, aid the families to regain their stability by
offering them various marriage counseling services. They
use different treatment models. These models include the
Family Therapy, Task Centered Treatment Model, Crisis
Intervention and Behaviour Modification techniques. The
most effective of these techniques were the Family Therapy,

Task Centered Treatment Model, and Crisis Intervention. They help the couples to reconcile by identifying potential areas of conflict, assist family members to understand fully their various roles and the need to work on them.

From the study, it was observed that marital problems are most effectively treated when the social workers get to know about them at the beginning of such problems and when the couples maintain cordial relationships with the social workers who are counseling them.

5.1 RECOMMENDATIONS FOR FURTHER RESEARCH

Based on the findings of this study, the following recommendations were made.

1. Social workers should organise public enlightenment programmes, such as seminars, and workshops on the role of social workers in the treatment of marital problems. This will make the public more aware of the social workers roles in the treatment of marital problems, and encourage them to report their marital problems to the social welfare agencies for help.

2. Couples should report their marital problems to the social workers as soon as such problems occur. This will aid the social workers to provide more effective counseling services for them.

3.   Since social workers play a very vital role in the treatment of marital problems in the society; more professionally trained social workers should be employed in the various social welfare agencies to provide marriage counseling services to the couples. In-service training schemes, should be organized for social welfare workers to equip them with better and more professional techniques of treating marital problems.

Further researchers can be carried out in the following areas: -

a)   the role and influence of culture in the treatment of marital problems.

b)   the role and influence of parental opinions in the treatment of marital problems.

c)   this study, can also be repeated in other parts of the country to get a more comprehensive view of the subject.

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APPENDIX   1

QUESTIONNAIRE FOR SOCIAL WORKERS

Department of Sociology/Anthropology
University of Nigeria,
Nsukka.

May, 1992.

Dear Sir/Madam,

LETTER TO SOCIAL WORKERS

I am a Postgraduate student of the Department of Sociology/Anthropology in the University of Nigeria, Nsukka.

I am carrying out a research on the techniques used in treating marital problems among couples. The questions are designed to collect information on the techniques that you use in treating marital problems among couples in your agency.

It will be appreciated if you could answer the questions in order to supply the information required. The information you give will be treated as confidential.

Thank you for your co-operation.

Yours faithfully,

Charity N. Uzuegbu (Miss).

INSTRUCTION: Tick (/) where applicable.

1. Sex (a) Male /_____/ (b) Female /_____/

2. Age (a) 20 - 30 years /_____/ (b) 31-40 years /_____/
        (c) 40 - 50 years /_____/ (d) 51 and above /_____/

3. Marital Status:

   a) Married /_____/ (b) Single /_____/

   c) Divorced /_____/ (d) Separated /_____/

e) Other, specify ....

4. Religion:

   a) Roman Catholic /_____/
   b) African Traditional Religion /_____/
   c) Protestant /_____/ d) Other, specify ....
   ....

5. Education:

   a) No formal education /_____/ (b) Primary Education /_____/
   c) Secondary education /_____/
   d) Diploma in Social work /_____/
   e) Post graduate Diploma in social work /_____/
   f) Degree (Social Work/Sociology) /_____/

   g) Other, specify ....

6. How long have you worked as a Social Worker?

   a) 1 year /_____/ (b) 2 years /_____/
   c) 3 years /_____/ (d) 4 years /_____/

   e) Other, specify ....

7. In your agency which category of clients mostly
   comes to you for counselling services?

   a) The unmarried people /_____/
   b) The married people /_____/
   c) All of the above /_____/

8. What types of marital problems do you commonly treat
   in your agency (Tick as many as applicable).
   a) Cruelty /_____/ (b) Lack of maintenance /_____/

   c) Childlessness /_____/ (d) Divorce /_____/
   e) Infidelity /_____/
   f) Other, specify ....

9. Which of the following techniques of treating marital problems do you use in your agency? (Tick as many as applicable).

a) Working out and assigning to couples specific tasks to carry out /____/

b) Counselling a husband and wife together /____/

c) Counselling a couple some times with their children /____/

d) Counselling a couple sometimes with members to their extended family /____/

e) Training couples to give incentives to each other /____/

f) Training couples to adopt new behaviours that their partners desire /____/

g) Training couples to give up behaviours that their partners desire /____/

h) Training couples to develop the ability of making independent decisions /____/

i) Training couples to acquire the skill of adjusting to crisis situation /____/

j) Other, specify ....

10. Which of the following techniques do you use most frequently.

	Very frequently used	Frequently used	Seldomly Used	Never used.
a) Working out and assigning to couples specific tasks to carry out.				
b) Counselling couples together with their children and/or members of their extended family.				
c) Training couples to adopt new behaviours that their partners desire or drop behaviours that their partners find distasteful.				
d) Training couples to acquire the ability to make independent and personal decisions.				
e) Training couples to acquire the skills of adjusting to crisis situations.				

11. Which of the following techniques do you consider most successful in the treatment of marital problems in your agency?(Rank them in order of effectiveness using the figure 5 for the most effective and figure 1 for the least effective).

    a) Working out and assigning to couples specific tasks to carry out ̷̶̶̷

    b) Counselling couples together with their children and/or members of their extended family. ̷̶̶̷

    c) Training couples to acquire the ability of making independent and personal decisions ̷̶̶̷

    d) Training couples to acquire the skills of adjusting to crisis situation ̷̶̶̷

12. Why do you think, that the technique you have specified in No. 11, is usually effective in the treatment of marital problems?

    a) ....

    b) ....

    c) ....

    d) ....

13. In the course of counselling the couples which of the following do you do? (Tick (_̷) where appropriate).

    a) Encourage suggestions from couples ̷̶̶̷

    b) Accept and use suggestions from couples ̷̶̶̷

    c) Critize couples ̷̶̶̷

    d) Judge couples ̷̶̶̷

    e) Respect the couples beliefs and ideas ̷̶̶̷

    f) Listen and pay attention to couples' problems ̷̶̶̷

    g) Discuss a couple's problems with other couples ̷̶̶̷

    h) Compare a couple with other couples ̷̶̶̷

    i) Allow a client to laugh or cry in your office ̷̶̶̷

    j) Suppress a client from laughing or crying in your office ̷̶̶̷

      k)   Take correct and adequate professional decisions
           irrespective of your clients emotions /_____/

14. When do most couples report their marital problems
    to the agency for help?

    a) At the beginning of the problem /_____/

    b) When they have tried other sources such as courts,
        police and failed /_____/

    c) When they have decided to separate or divorce /_____/

    d) Other, specify ....

15. Would you consider the time a couple report their
    marital problem to the agency for help to have any
    effect on the outcome of the counselling service you
    give to them?

    a) Yes /_____/ (b) No /_____/

16. Would you say that if the couples ask for help as
    soon as their problems occur, their marital problems
    would be more effectively solved?

    a) Yes /_____/ (b) No /_____/

17. How would generally describe the relationship between
    you and the couples you have helped?

    a) Cordial /_____/ (b) Not cordial /_____/

18. Do you think that if the social workers maintained a
    cordial relationship with the couples while counsel-
    ling them, the outcome of the counselling services
    would be more effective than when they are not able
    to maintain a cordial relationship with the couple?

    a) Yes /_____/ (b) No /_____/

19. Would you consider the marriage counselling services
    that you give to highly educated couples to be more
    effective than the counselling services that you give
    to low educated couples?

    a) Yes /_____/ (b) No /_____/

20. Would you consider the marriage counselling services,
    that you give to couples living in the urban area to be
    more effective than the counselling services that you
    give to couples who are living in the rural areas?

    a) Yes /_____/ (b) No /_____/

APPENDIX II

QUESTIONNAIRE FOR CLIENTS

Department of Sociology/Anthropology
University of Nigeria,
Nsukka.

May, 1992.

Dear Sir/Madam,

LETTER OF INTRODUCTION

I am a student of the Department of Sociology/
Anthropology in the University of Nigeria, Nsukka.

I am in the process of collecting information on the
social work service provided for families in Nsukka. You
have been selected to participate in the study. The
information collected will be treated strictly as confi-
dential.

I am therefore solciting your co-operation in
supplying the information required for the study.

Thank you.

Yours faithfully,

Charity N. Uzuegbu (Miss)

INSTRUCTION: Tick (∕) where applicable.

1. What is your sex?

   a) Male ∕⎯⎯⎯∕ (b) Female ∕⎯⎯⎯∕

2. What is your educational qualification?

   a) No formal education ∕⎯⎯⎯∕

   b) Primary education ∕⎯⎯⎯∕

   c) Secondary education ∕⎯⎯⎯∕

   d) Post-secondary education (such as TTC, NCE, Univer-
      sity education) ∕⎯⎯⎯∕

3. How many children do you have?

   a) 1 - 5 /_____/ (b) 6 - 10 /_____/

   c) 11 and above /_____/ (d) None /_____/

4. What is your age?

   a) Below 20 years /_____/ (b) 21 and 40 years /_____/

5. Where do you live?

   a) Town/City /_____/ (b) Village /_____/

6. What is your occupation?

   a) Farming /_____/ (b) Trading/Business /_____/

   c) Civil servant /_____/ (d) None /_____/

   e) Other, specify ....

7. Religion:

   a) Catholic /_____/ (b) Protestant /_____/

   c) A.T.R. /_____/

8. What is the nature of the marital problem between you and your husband/wife?

   a) Cruelty /_____/ (b) Lack of maintenance /_____/

   c) Childlessness /_____/ (d) Divorce /_____/

   e) Infidelity /_____/ (f) Other, specify ....

9. How did the social worker treat the problem between you and your spouse? (Tick just one).

   a) He worked out and assigned specific task to us /_____/

   b) He counselled us (My spouse and I) together /_____/

   c) He counselled us together with some of our children /_____/

   d) He counselled us with some members of our extended family /_____/

   e) He gave us some instructions on how we can change some of the behaviours that were causing the problem between us /_____/

f) He gave us some instructions on how to cope
    with the crisis situation in our marital
    relationship ⟋▱⟍

g) He trained us on how we can take independent
    and personal decisions ⟋▱⟍

10. Did you have any improvement in the marital rela-
    tionship with your spouse as a result of the
    counselling services given to you?

    a) Yes ⟋▱⟍ (b) No ⟋▱⟍

11. If you had an improvement in the marital relation-
    ship with your spouse, what factors do you think
    contributed to it.

    a) ....
    b) ....
    c) ....
    d) ....

12. If there was no improvement in the marital rela-
    tionship with your spouse, why do you think that
    you did not have any improvement?

    a) ....
    b) ....
    c) ....
    d) ....

13. How would you describe the relationship between
    you and the social worker?

    a) Cordial ⟋▱⟍ (b) Not cordial ⟋▱⟍

f) He gave us some instructions on how to cope with the crisis situation in our marital relationship /_____/

g) He trained us on how we can take independent and personal decisions /_____/

10. Did you have any improvement in the marital relationship with your spouse as a result of the counselling services given to you?

   a) Yes /_____/ (b) No /_____/

11. If you had an improvement in the marital relationship with your spouse, what factors do you think contributed to it.

   a) ....

   b) ....

   c) ....

   d) ....

12. If there was no improvement in the marital relationship with your spouse, why do you think that you did not have any improvement?

   a) ....

   b) ....

   c) ....

   d) ....

13. How would you describe the relationship between you and the social worker?

   a) Cordial /_____/ (b) Not cordial /_____/

14. When the social worker was counselling you, did you feel free to discuss your marital problems with him?

    a) Yes /_____/ (b) No /_____/

b)   Trust him (a) Yes /_____/ (b) No /_____/

c) Respect him and have confidence in him?

    a) Yes /_____/ (b) No /_____/

15. Did the relationship between you and the social worker have any influence on you?

    a) Yes /_____/ (b) No /_____/

16. Do you think that if the social workers maintained a cordial relationship with the couples, the counselling services they give to the couples would be more effective?

    a) Yes /_____/ (b) No /_____/

17. When did you come to the agency for help with regards to your marital problem?

    a) At the beginning of the problem /_____/

    b) After we had tried other sources such as police, courts, and failed /_____/

    c) When we have decided to separate or divorce /_____/
    d) Other, specify ....

APPENDIX III

DEFINITION OF CONCEPTS

Some concepts used in this study are defined under this section.

1. Counselling: Counselling according to Mac Danial (1956), is that part of a guidance process in which a counsellor assists an individual with a problem to think through his situation and develop plan and attitude which will effectively help him to solve his problem.

2. Counsellor: A counsellor is a professionally trained individual who helps another individual with a problem to develop plans of actions that will be carried out to help the individual solve his problem.

3. Counsellee/Client: A counsellee or client, is an individual with problem who goes to a counsellor for professional help.

4. Marriage Counselling: Marriage counselling is a "process through which a professionally trained counsellor assists two persons, the engaged or married partners to develop abilities in resolving to some workable degrees the problem that trouble them in their inter-personal relationship as they

move into a marriage, live with or (in a small number of cases) move out of it " (Mudd, 1955).

5. Users of Marriage Counselling Services: This refers to the engaged or married partners who receive counselling services from a marriage counsellor.

6. Technique/Model: This refers to the treatment strategies used by social workers in treating the problems of their clients.

7. Effectiveness: A marriage counselling technique is said to be effective if it is able to bring about some improvement in the marital relationship of a couple who were previously having some marital problems.

8. Task - Centered Treatment Model (T.C.T.): Task centered treatment model, is a "short - term model of social work designed to alleviate specific problems of individuals or families through helping the individuals define and carry out courses of actions or tasks intended to solve their problems" (Reid, 1977).

A social worker adopts the Task Centered Treatment Model when he engages in the following activities:
a) He helps couples to design and carry out specific tasks to solve their problems.

b) He assigns specific tasks to couples to carry
out to help them solve his problem.

9. Task: A task according to Reid (1979) is a speci-
fically defined activity which a client carries out
to solve his problem.

10. Behaviour Modification: Behaviour modification is
the "planned systematic application of experi-
mentally established principles of learning to the
modification of maladaptive behaviour" (Fischer and
Gochros, 1975).

A social worker adopts the behaviour modifica-
tion model in treating marital problems when he
engages in the following activities.

a) Trains couples to drop undesired behaviours that
their partners find distasteful.

b) Trains couples to give incentives to each other
to help them behave in ways that their partners
desire.

11. Family Therapy: Family therapy, is a "treatment
technique in social work designed to modify or
change elements of the family relationship system
that are interfering with the management of the life
tasks of the family and its members". (Scherz, 1990).

A social worker, adopts the Family Therapy technique in treating marital problems when he engages in the following activities:

a) He counsels a couple together.

b) He counsels a couple sometimes with the children.

c) He counsels a couple sometimes with members of their extended family.

12. Transactional Analysis: Transactional analysis, is a social work treatment model, aimed at making people autonomous based on the analysis of all possible transactions between one or more people on the basis of specifically defined ago states (Berne, 1972).

A social worker, adopts Transactional Analysis in the treatment of marital problems, when he engages in the following activities:

a) Train couples to develop the dominant adult ego state of their personality.

b) Train couples to acquire the ability of making independent and personal decisions.

13. Crisis Intervention: Crisis Intervention is a treatment model used in social work practice to help individuals or families adjust to situations of agency and stress. (Rapoport, 1970).

A Social worker, adopts the Crisis Intervention Model in the treatment of marital problems when he engages in the following activities.

a) Trains couples to acquire new skills of coping with unexpected crisis situation.

14. Client Self – Determination: Client self – determination in social work practice, refers to the act of allowing a client to make personal decision and participate actively in the treatment process designed to help him (Compton and Galaway, 1979).

A social worker, adopts the principles of client self –determination in practice when he carries out the following activities.

a) Encourages clients to give suggestions.

b) accepts and uses suggestions from clients.

15. Non – Judgemental Attitude: Non – judgemental attitude in social work practice means that a social worker must accept his client irrespective of the problem of the client. (Ferguson 1963).

A social worker, adopts the principle of non-judgemental attitude in practice when he adopts the following behaviours.

a) He does not critize the client

b) He does not judge the client.

16. Acceptance: Acceptance according to Levy (1979), means that a social worker must accommodate his client irrespective of how the client is. He recognizes the clients strength and weakness.

    A social worker, adopts the principle of acceptance in practice when he carries out the following activities:

    a) Respects the clients belief and ideas.

    b) Listens and pays active attention to a client's problem.

17. Confidentiality: Confidentiality, according to Levy (1979) refers to the act of keeping secret any information affecting a client which can by the most minimal of criterion be regarded as secret, personal or private.

    A social worker, adopts the principle of confidentiality when he engages in the following activities.

    a) He counsels his client in private office.

    b) He does not discuss his client's problems with other people.

17. Individualization: Individualization according to Compton and Galaway (1979) means that a social worker should be interested in the client and

his problem as a particular person, having a
particular problem, whose treatment should not re-
flect strictly speaking any other person and his
own particular problem no matter the resemblance.

A social worker, adopts the principle of
individualization when he adopts the following
behaviour:

a) He does not compare a particular client with
another client.

19. Purposeful feelings refers to the act of allowing
a client to express his feelings during the
counselling process. This include both negative
feeling such as crying, or frowning and positive
feelings such as laughing (Singh 1969).

A social worker, adopts the principle of
purposeful feelings when he allows a client to
express such emotions as crying, laughing and other
related emotions in the counselling process.

20. Controlled Emotional Involvement: Controlled
emotional involvement, according to Bangjeree (1969)
refers to the ability of a counsellor to experience
his clients feelings such as anger, confusion and
fear, without allowing these feelings to influence
his self-comportment.

A social worker, adopts the principle of controlled emotional involvement when he engages in any of the following behaviours:

a) Controls his own emotions.

b) Tasks appropriate professional decisions irrespective of his clients emotions.

21. Onset of Marital Problems: Couples are said to approach social workers for help at the onset of their marital problems if they report their marital problems to the social workers at the beginning of such problems.

Couples who report their marital problems to the social workers only after having tried other sources and failed or when they have decided to separate or divorce are regarded as those who do not report their marital problems to social workers at the onset of the marital problem.

In this study, they are represented with the word "LATE".

22. Experience: This refers to the length of time the social workers have practiced as professional social workers.

23. Professional Training: This refers to the professional education acquired by the social workers.

24. Cordial Relationship: Cordial relationship is a harmonious relationship that exists between a social worker and his client during the counselling process which enables the client to trust and have confidence in the social worker (Kapor 1966).

A **cordial relationship exists between a social** worker **and his client when a client is** able to:

a) **Discuss his problems freely with** the social worker.

b) **Respect and have confidence in the** social worker.

25. Urban Residence: Couples who are regarded as urban dwellers in this study, are those couples who are living in the towns or cities.

26. Rural Residence: Couples who are regarded as rural dwellers in this study, are those couples who are living in the villages.

27. High Educational Attainment: This refers to couples with secondary and post secondary education such as Teachers Training (T.C.II), and University education.

28. Low Educational Attainment: This refers to couples with primary education and those who had no formal training.