

# A Nontraditional Approach to Family Violence

Carole A. Robinson, Lorraine M. Wright, and Wendy L. Watson

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Family violence has often been conceptualized as a linear phenomenon in which perpetrators commit acts intended to hurt victims. Intervention in these circumstances involves treating the perpetrator and the victim individually. In contrast, this article presents a Systemic Belief Approach to the situation of mutual family violence. A case example illustrates the influence of beliefs on the occurrence of violent acts between family members (in this case, sole-parent mother and adolescent daughter). Family systems nursing interventions such as reflective questions and reflecting teams are used to challenge the family's constraining beliefs, which enables the coevolution of facilitative beliefs that invite healing.

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**T**HE IMPACT of family violence on the health of persons and families is, by definition, an issue of concern to nurses. Nursing practice attends to "... individual's and family's responses to actual and/or potential health problems" (Wright, Watson, & Bell, 1990, p. 98). Violence may be viewed as a response to health problems, as a health problem, or as a social problem with sequelae for the health of persons and relationships. The critical point is that violence is related to health (Dodge, Bates, & Pettit, 1990) and this is the legitimate purview of nursing. However, there is a dearth of nursing literature that gives direction for effective nursing interaction in the circumstance of family violence. The purpose of this article is to present an advanced practice approach to working with families experiencing violence based on Systemic Belief Therapy. The focus of attention will be on specific family configuration, that of sole-parent, mother-headed families with adolescents.

## SOLE-PARENT FAMILIES, ADOLESCENTS AND VIOLENCE—A TRADITIONAL VIEW

There is general agreement among investigators writing and researching in the area of family vio-

lence that concern and attention has predominantly focused on child abuse and spouse assault (Agnew & Huguley, 1989; Gelles & Maynard, 1987). Two additional forms of family violence, that are both prevalent and largely ignored, are parent and sibling abuse (Agnew & Huguley, 1989; Harbin & Madden, 1983; Livingston, 1986; Roscoe, Goodwin, & Kennedy, 1987). The literature tends to show little concern for the global phenomenon of family violence as a pattern of family interaction except in terms of theoretical models (Cappell & Heiner, 1990; Dodge et al., 1990; Witt, 1987). Instead, a linear perspective is often taken in research and practice such that each form of violence is treated separately and remains relatively unlinked to other forms.

Watson (1992) clearly identifies the differences between a linear perspective which informs a traditional approach to family violence, and a systemic perspective, which informs the nontraditional approach that is presented in the case study that follows. A linear perspective is concerned with the individual, intentions behind actions, particular events, and linear causality, which proposes that A causes B. In contrast, a systemic perspective focuses on relationships, "... the effects of one person's behavior on another and the effects of the effects," patterns among related events, and a circular effects model of causality (Watson, 1992, p. 381). When problems are viewed from a circular effects framework, interaction, and reciprocity are taken into account. A is seen to influence B and

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*From the University of Calgary, Faculty of Nursing, Alberta; and University of British Columbia, Vancouver, B.C. Address reprint requests to Carole A. Robinson, RN, MSN, 4222 Gilpin Crescent, Burnaby, B.C. V5G 2K2, Canada.*

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0883-9417/94/0801-0005\$3.00/0

B is seen to influence A. Thus, as Watson (1992) points out, in terms of violence, the question becomes "How are persons involved?" rather than "Who is to blame?" A systemic perspective does not absolve persons of responsibility for their actions nor does it blame the victim. However, it does take into account complex influences on behavior.

Reflecting traditional, linear thinking, the different kinds of violence that may be expressed within sole-parent households will be presented in the review of related literature that follows.

#### Child Abuse in Sole-Parent Households

Gelles (1989) notes that "research on the factors associated with child abuse and violence toward children consistently reports that children in single-parent households are at high risk of being abused" (p. 492). His own research gives clear empirical support for this contention and also links "the high rate of abusive violence among single mothers . . . to the poverty that characterizes mother-only families" (p. 498; see also Dodge et al., 1990; Kalmuss & Seltzer, 1989). This is of concern both in relation to the short-term well-being of the child and the long-term consequences for relationships. Current research supports the "common wisdom . . . that a 'cycle of violence' is learned within the family and is passed down through the generations" (Cappell & Heiner, 1990; Kalmuss & Seltzer, 1989). Cappell and Heiner (1990) found that when daughters experience parental aggression, there is increased likelihood that they too will show aggressive behaviors with their own children. These investigators propose that a socially inherited "vulnerability to interpersonal family aggression" (p. 149) is transmitted rather than the learned role of aggressor. "Vulnerability might involve learning to provoke violence; learning to tolerate violence; learning to select aggressive partners for marriage" or learning to select aggressive responses to children (Cappell & Heiner, 1990, p. 147). This is supported by the work of Dodge and colleagues (1990) who found that a child's experience of being physically harmed is predictive of later aggressive behavior, "above and beyond any correlated contribution that family ecology and child biologically related characteristics might make" (p. 1681). In addition, they found that daughters were at risk for problems such as withdrawal and isolation.

Martin and colleagues' (1987) study of two-parent families with adolescents found that families who show violence are less likely to successfully resolve conflict than nonviolent families. In general, the adolescents' level of anger towards parents in these families was proportional to the level of violence. As well, maternal violence was associated with a significant decrease in family satisfaction as reported by the adolescents. One wonders whether maternal influence on satisfaction might be even greater in the case of sole-parent families. It can be seen that violence, both witnessed and experienced by adolescents, has the potential for influencing both personal and interpersonal health problems over time.

#### Parent Abuse by Adolescents

Agnew and Huguley (1989), in a National Survey of Youth, found that 11.7% of adolescents reported having assaulted a parent at least once in the last 3 years. These adolescents most often (92.4% of incidents) used their hand to punch, slap, push, or scratch with only slight physical injury resulting to the parent, who was typically the mother. The data show that girls tend to engage in assault more frequently as they age. These researchers found no relationship between parent assault and gender of the adolescent; socioeconomic status; or family structure, which is in marked contrast to the findings regarding the circumstances of child abuse. In terms of family structure, the incidence of parental abuse was not significantly different between two-parent and single-parent families.

In terms of related factors, one can speculate "that adolescents begin to express violence in the same environment where they learned it—the family of orientation" (Agnew & Huguley, 1989, p. 700); however, data were inadequate to support or refute the hypothesis. These investigators distinguished between trivial and nontrivial incidents from the adolescents' perspective, which represents a linear focus on intent. This discrimination must include the recipients' perspective, in other words, a systemic focus on effects. Physical injury is only one aspect of how violence may be experienced; it is imperative to acknowledge the psychological and emotional sequelae as well. As Agnew and Huguley (1989) recognize, physical assault may be the ultimate challenge to a parent's authority. The work of Agnew and Huguley (1989)

vividly shows one of the limitations of a linear, unidirectional approach to the problem of family violence. Multiple perspectives are usually not obtained.

We are beginning to understand what is and is not related to aggressive behaviors of adolescents. For example, Brownfield (1987) found that father absence is unrelated to male adolescents' self reports of violent behaviors. This lends support to the idea that family structure is unrelated to adolescent aggression within the family. Agnew and Huguley (1989) found that adolescents who assault parents are more likely "(1) to have friends who assault parents; (2) to approve of delinquency, including assault, under certain conditions; (3) to perceive the probability of official sanction for assault as low; (4) to be weakly attached to parents; and (5) to be white" (p. 710). Further, there is some evidence that family decision-making patterns are related to aggressive behavior shown by male adolescents. Harbin and Madden (1983) found that families with an assaultive teenager when contrasted with families where these behaviors were absent had: (1) less agreement when making choices as a group; (2) less agreement between mother and violent son when making choices about activities; (3) sons who had less influence in the families' choice of activities; and (4) mothers who dictated the families' decisions more often (p. 109).

A theme emerges over several studies regarding the importance of mothers' interactional patterns with adolescent children who show abusive behaviors. However, because of the correlational design, it is impossible to determine whether these patterns preceded or were in response to children's abusive behaviors.

A child's witnessing of violence against the sole-parent mother is related to a significantly higher probability that the child too will strike the mother (Livingston, 1986). This modeling of violence is also related to increased frequency and severity of violent behaviors toward the mother. It is interesting to note that Livingston (1986) had the opportunity to address reciprocal violence in that he quotes one parent saying: "My little girl hit me with the car door after I spanked her" (p. 931) but, instead, the author maintained a linear, unidirectional perspective of child to parent violence rather than the circular parent to child to parent violence evidenced in the quote.

## Sibling Violence

Conflict is a common facet of sibling relationships and has been interpreted as serving a positive function in creating "a context where age-appropriate issues of individuation and differentiation are played out" (Raffaelli, 1992). The acceptance and normalization of aggression between siblings (Raffaelli, 1992) has made it difficult to identify when and if the conflict involves violence. As a result, we know little about the frequency and pattern of sibling violence over time (Roscoe et al., 1987). One study of adolescents by Roscoe and colleagues (1987) shows alarming findings: "Eighty-eight percent of the boys and 94% of the girls stated they were victims of sibling violence at some point during the last 12 months, and 85% of the boys and 96% of the girls admitted they were perpetrators of sibling violence. The most frequently reported acts of violence which subjects stated they received were being pushed/shoved/pulled, kicked, and having an object thrown at them" (p. 130).

Although adolescent boys and girls engaged in violent behaviors to an almost equal extent, boys were more likely to use harsher forms of physical force to resolve conflict and girls were more likely to use ignoring behaviors. The investigators speculate that this may reflect "society's encouragement of one form of behavior for males and a second form for females" (Roscoe et al., 1987, p. 135). It would be interesting to know how parents did and did not participate in the violent interaction; however, consistent with a linear perspective, this was not addressed. Results from the work of Roscoe and colleagues (1987) support the belief that violence between siblings is the most prevalent form of family violence.

Raffaelli (1992) found that sibling conflict most frequently occurred in relation to power issues, property disputes and to a lesser extent, abusive behavior. Verbal and physical aggression were frequent responses to the precipitating action. Parents intervened in the majority of property disputes and conflicts over shared resources; however, were much less likely to become involved when quarrels centered on abusive behavior. Aggressive acts were much more common in conflicts when parents intervened (Raffaelli, 1992, p. 659). These findings support the idea that abusive behavior between siblings has become a normalized aspect of

family living. Further, when the findings are linked to form a pattern, they suggest that parents tend to intervene in relation to nonviolent conflict, which increases the likelihood of subsequent violence between siblings that is then ignored by the parents.

This selected review of the literature highlights many of the limitations a linear perspective presents for clinical work with families experiencing violence. An either/or, black or white focus is encouraged. For example: it is either child abuse or parent abuse or sibling abuse; it is either mother or child who is to blame; and, a person is either a perpetrator or a victim. Despite the fact that explanatory models of violence have moved from an "individual/psychopathology model to a multidimensional model which examines the individual, the family system and the society," (Gelles & Maynard, 1987, p. 271) treatment of family violence has lagged behind. Thus, within the traditional perspective and approach to family violence, "the individual as victim or offender is still the major focus of treatment efforts" (Gelles & Maynard, 1987, p. 271).

#### A NONTRADITIONAL APPROACH TO FAMILY VIOLENCE

Systemic Belief Therapy as practiced at the Family Nursing Unit (FNU), University of Calgary, offers a nontraditional approach to work with families experiencing violence that is based on a systems perspective coupled with attention to individual and family beliefs. The therapeutic approach is particularly well described by Watson and Lee (1993), Wright & Nagy (1993), and Wright and Simpson (1991). In the FNU, the family system is the unit of care, which means the nurse attends to both the individual and the family simultaneously. "The focus is always on the interaction and reciprocity" (Wright & Leahey, 1990) particularly in relation to the problem and beliefs about the problem (Wright et al., 1990). One of the assumptions is that family members hold beliefs that serve to constrain problem solving by restricting options for the generation of alternate solutions (Wright & Simpson, 1991; Wright et al., 1990). Conversely, facilitative beliefs are those that increase options for alternate solutions (Wright & Simpson, 1991). During assessment, questions are asked by both nurse and family that draw forth beliefs pertinent to the problem

(Wright, 1989). Facilitative beliefs may be embellished or coevolved and constraining beliefs may be perturbed by "... introducing new connections between beliefs and behaviors" (Wright & Simpson, 1991, p. 167). Change occurs when the new connections fit for the family member(s) and there is a shift in constraining beliefs. This shift enables the family to discover its own solutions. It is the nurse's aim to create a context for change by drawing forth the family's strengths and resources, at the same time offering new connections that may perturb the organization of the family around the problem. Systemic Belief Therapy has proven useful with a variety of health problems (Watson & Lee, 1993; Watson, Bell, & Wright, 1993; Wright & Nagy, 1993; Wright & Simpson, 1991).

Some authors (Gelles & Maynard, 1987) argue the use of a systemic approach but caution that it is only appropriate in cases of mild to moderate violence. This rests on the inadvisability of conducting conjoint sessions with persons who are extremely dangerous. However, this does not in itself negate the use of a systemic approach to the problem when working with individuals. In the following case example, a Systemic Belief Approach to one family's problematic organization around violence is explored.

#### CASE EXAMPLE

The Samm family (identifying names of the people involved have been changed to protect their confidentiality) was referred to the FNU by a mental health worker. The family consisted of the sole-parent mother, Rebecca (44), daughter Sara (15), and son Jared (12). Intake information indicated that, according to Rebecca, Sara had an attitude problem related to a physical abnormality. Frequent, bitter, angry episodes occurred between mother and daughter with Sara showing physical aggression toward Rebecca. The police had been involved in some of these incidents. Rebecca reported that Sara would not deal with her problems.

#### Context for Care

Rebecca and Sara have been seen twice in the FNU at the University of Calgary. Care is in progress, with a contract for four sessions. The FNU is a unique educational and research unit that "offers assistance to a family when one or more members are experiencing difficulties with a health problem" (Wright et al., 1990, p. 96). A team approach was used whereby the senior author interviewed the family with live supervision pro-



vided by the coauthors who observed from behind a one-way mirror with other graduate nursing students.

## SUMMARY OF SESSIONS AND INTERVENTION

### Session One

The goals of the first session were to engage Rebecca and Sara and to define the problem from the perspective of both family members (Watson, 1988). A genogram was completed and it was found that Rebecca had been divorced for 4 years. Sara's father continued to live in the city but contact between the two was infrequent and unplanned. When questioned about the level and kind of involvement she desired with her father, Sara replied that things were just as she liked them.

Problem definition was initiated with the question "What problem is concerning each of you most at this time?" As far as Rebecca was concerned the problem was a lifelong one of either "clicking or clashing." The problem had worsened over the last 2 years as the relationship between Rebecca and Sara became dominated by conflict. At the top of Rebecca's list of what was concerning her most was "losing control. Sara makes me so mad that I totally lose control to the point that we have had the police involved." From Sara's perspective, the problem was that her mother was constraining her freedom. This involved Rebecca's closely monitoring Sara's activities by listening to telephone conversations, reading correspondence, looking through Sara's room, telephoning Sara's teachers, and setting curfews.

The occurrence, extent and consequences of violence in their relationship were explored. Rebecca was adamant that the violence was mutual; whereas Sara stated the violence was one-sided and she only blocked her mother's actions. Sara may have been making a distinction between violence that occurred in self-defense and violence initiated in rage (Gelles & Maynard, 1987) such that even self-defensive actions causing injury were not construed as violent. The violent acts involved pushing, shoving, slapping, pulling hair, punching, and kicking, which resulted in bruising. One solution that had been contemplated was for Rebecca and Sara to live apart.

Multiple realities were presented in relation to the violence. The intake information stated the situation to be one of parent abuse; whereas the assessment drew forth both the situation of child

abuse and the situation of mutual child-parent abuse. However, the interaction and reciprocity became clear with one example of Rebecca ripping Sara's phone out of the wall and Sara then taking Rebecca's phone and television. Simply the fact that Rebecca believed mutual violence occurred is important considering that "physical assault of a parent represents the ultimate challenge to that parent's authority" (Agnew & Huguley, 1989, p. 699).

The team participated in the family's conversations of mutual negative characterizations, accusations, and recriminations to draw forth the constraining beliefs underlying the problem. At the same time, individual and family strengths were recognized and acknowledged to create a context for change.

### Problematic Beliefs Which Constrain Solutions

As Rebecca and Sara were invited through the team's questions to tell their stories, it became evident that both held beliefs which constrained their ability to find solutions to the conflict and violence permeating their relationship.

#### *Rebecca's Belief*

Rebecca held a number of beliefs that supported her experience of negation in relationship with her daughter.

*My daughter does not respect me.* Rebecca experienced Sara's challenging behaviors as lack of respect, which she deserved as a parent.

*My daughter is more intelligent than I am.* Rebecca believed that Sara was "intellectually on a different scale than I am" and that Sara responded to this with arrogance, which further diminished Rebecca's sense of self.

*My daughter is hard-she shows no emotional softness, no caring for me.* Sara's style was to hold things to herself, both thoughts and emotions. In instances of conflict, Rebecca wanted Sara to show tears, remorse, sadness, and to say she was sorry. Rebecca believed that the absence of these acts showed an absence of caring for her as a mother.

*My daughter is not interested in me or my interests.* A good daughter is one who spends time with her mother and enjoys doing things that are enjoyable to mother. Again, Sara's lack of interest in spending time with her mother or pursuing in-

terests similar to her mother's was construed as evidence of lack of caring. "I want a daughter to look up to me, to want to do things my way—instead of having a daughter who does things the opposite of what I do."

*My daughter does not like me.* When asked about how her daughter would be if a magic wand could bring about an ideal world, Rebecca answered "basically she is everything I want except the happiness isn't there. Because I've had this control on her she's angry with me but I still want her to like me."

*I have lost control of my daughter.* Rebecca reported having lost control in her relationship with Sara over the last couple of years. She needed to do a "lot of arguing in order to get any control," which left her feeling worn-down and defeated. Sometimes she even caved in and said "do your own thing" with the surprising result that Sara came home on time.

*I have lost control of myself.* Rebecca believed that the violence was beyond her control. It just happened in response to the anger that erupted during arguments.

#### *Sara's Beliefs*

Sara too had a constellation of beliefs that supported and perpetuated her sense of negation in relationship with her mother.

*My mother does not trust me.*

*My mother wants me to be perfect but I am not perfect.* Rebecca's close monitoring of Sara's activities invited her to feel untrusted and vulnerable to making mistakes.

*My mother believes I am younger than I am.*

*I have no freedom.* These two beliefs invited Sara to push for more privileges commensurate with her own sense of age and to challenge Rebecca's rules.

The problem was one of mutual negation. It can be seen that the beliefs perpetuated the problem and the problem perpetuated the beliefs.

#### *Interventions*

Twice during the session the supervisor spoke directly to family members from behind the one-way mirror via the telephone. One conversation involved Rebecca and one conversation involved Sara. During each of the conversations, specific commendations were offered. This serves to draw forth individual's strengths, which creates a con-

text for change while it enhances the family members' engagement with the team.

As the end-of-session intervention, the reflecting team (Andersen, 1987, 1991) was offered and accepted. This involved the family and interviewer exchanging places with the team so that the family could listen from behind the one-way mirror to the team discuss their ideas. Commendations from the team included the observation that Rebecca and Sara were a loving mother and daughter who showed quick forgiveness after "fireworks" and friendliness even in some of their conflicts. It was acknowledged that both were concerned about their situation and both wanted things to be better between them. Sara was characterized as a "brilliant 15 year old" who could appreciate some things from her mother's perspective—"Sara is a tribute to her mother." Rebecca was commended for her sensitivity to boundaries in not wanting to be a friend to her daughter. Following the reflecting team, the family was asked to comment on anything that stood out for them from what the team had said. Both Rebecca and Sara had little to say. The one thing that stood out for Rebecca was "the fact that there is a lot of caring."

#### *Session Two*

The session began with a request to know what stood out for Rebecca and Sara from the first session. Again, Sara had little to say—nothing really had stood out. Rebecca thought differently: "Well I know what came up for me was the fact that they said there was so much love between us they could see it in our eyes. I have always felt it but when someone brings it to your attention you sort of think maybe there isn't this bitterness that you see. There is care there." This shift in belief had resulted in a remarkable turnaround in perspective. Rebecca talked about seeing things in a "totally different way." She now believed Sara to be a "really good girl. She's home, she's reliable . . . she tells the truth, she's honest . . . she's got feelings." Rebecca's "eyes had been opened" and she was beginning to appreciate just how close they were. Not only had Rebecca's thinking changed but she had also been able to reduce her monitoring behaviors with Sara.

The team was astounded and responded by exploring this positive turn of events at length so that the change could be both solidified and magnified. A conversation of affirmation and affection be-

tween Rebecca and Sara was enabled by actively stopping Sara's verbal negations and at the same time attending to and embellishing positive statements each said about the other. Rebecca's habit of negating any positive statements she made about Sara (shown in the first session) was completely absent in the second session. Rebecca was commended by the team for the flexibility she had shown based on only a single session. This was identified as a hallmark of good parenting.

When asked again what had stood out for her, Sara replied "the wand thing." This refers to an imaginary scenario that was created with the image of a magic wand where Sara could have her ideal world. In the first session this involved living on her own. In the second session, Sara talked about now thinking she would not want to move out on her own even if she had the chance.

Another remarkable interactional change was recounted. Sara was no longer triggering her mother's loss of control by going to her room and locking her mother out during disagreements. Rebecca was responding to this by leaving Sara alone when requested. Each and every positive change was explored at length by drawing forth the family's explanations, facilitative beliefs about self, other, and their relationship. This was a way of punctuating the changes such that they could be conserved.

A final piece of news was that both Rebecca and Sara now realized they could get along quite well if left to their own devices; however, much of their conflict occurred in relation to Jared. Interestingly, Jared was also characterized as showing violent behaviors, particularly in interaction with his sister. An invitation was extended by the team for Jared to attend the next session. Almost 1 year after the initial two sessions, all three family members were seen again in relation to a new problem. It is interesting to note that violence is no longer an issue in this family.

### CONCLUSION

A traditional perspective of family violence offers the nurse cues as to relative risk among families as well as clues about social beliefs regarding violence. However, this perspective does not adequately direct intervention. Systemic Belief Therapy has shown promising results in this single case. The use of reflecting teams is a powerful way of introducing new ideas to family members, as

observing the team's comments from behind a one-way mirror serves to magnify remarks selected as significant. The family is offered the possibility of taking a meta-position to their own interaction. In this case, the use of a reflecting team permitted us to perturb Rebecca's core belief that her daughter did not love her. She was invited to change what she knew to be true and showed remarkable flexibility in accepting the invitation. We believe that this was a response to the nonblaming stance promoted by a systemic perspective. The power of influencing beliefs that underly problematic behaviors is clear. This family was enabled to find its own solutions to the problem of violence so that love could guide interactions. What we believe is indeed the most powerful option of all (Wright & Simpson, 1991).

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