

**EXPERIENCES OF CHANGE IN THE CONTEXT
OF COUPLE THERAPY: DIFFERENT PEOPLE, DIFFERENT VIEWS**

by

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I declare that **“EXPERIENCES OF CHANGE IN THE CONTEXT OF COUPLE THERAPY: DIFFERENT PEOPLE, DIFFERENT VIEWS”**, is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

LANA LEE KAGAN

SEPTEMBER 2002

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ABSTRACT

Couple therapy is a frequently sought domain by couples who experience problems in their relationships. Couple therapy has been researched intensively, but few studies incorporate a holistic account of the therapeutic process. This study aims to explore and integrate the therapist's and the couple's experiences of change in the context of couple therapy. The ecosystemic epistemology and the narrative metaphor forms the foundation from which the therapy and the research is approached. Qualitative research methods are employed from within a naturalistic paradigm which allows for personal and unique meanings to emerge. Rich descriptions of the therapist's and the participants' stories of change are provided. Multiple perspectives are offered in the stories which reveal the reciprocal motions between the therapist's and the couples' change processes. Recurring themes are extracted from the stories which punctuate the pivotal change processes that were experienced by the therapist and the couples during the therapy.

KEY WORDS: Ecosystemic epistemology, postmodernism, cybernetics, couple therapy, relationships, change, context, stories, discourses, naturalistic paradigm, qualitative research, therapist's experiences, couple's experiences.

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CHAPTER 1

INTRODUCTION

General Introduction

There are hassles and complexities in every “close” relationship from time to time, some of which are particularly powerful instantiations of challenges. Whenever two human beings, each with needs, preferences, priorities, and so on, exist in relation to one another it is perhaps more remarkable when things work out than when they do not

(Duck & Wood, 1995, p. 11)

Even in the most stable relationships, satisfaction may fluctuate from day to day. Simple disagreements may burst into relational warfare, only to be quickly resolved and successfully managed in couple relationships. Retzinger (1995) argues that when conflict occurs in relationships there are exchanges of meaning between the partners. She explains that if the role of emotions and meaning in conflict can be described, we may have a better understanding of how relationships are built, maintained, damaged, and repaired. However, no couple can predict how their enterprise will truly fare over time. What does seem certain is that many relationships will fail, while others will vary between most satisfying to most empty and/or conflicted. Divorce rates around the world as well as in South Africa are ever-increasing and reflect the extent to which marital discord is being experienced as unsalvageable. Statistics in South Africa show that:

While the number of officially recorded marriages stayed almost the same between 1997 and 1998 (146 729 and 146 741 respectively), the number of officially recorded divorces increased slightly from 34 231 in 1997 to 35 792 in 1998

(Statistics South Africa, 2000, p. 3)

These statistics reflect those marriages and divorces in South Africa that are recognised by the law and neglects those which are consummated under cultural or traditional practice. It seems that many people now seek help in dealing with the problems that arise in their relationships (Broderick, 1983). Of the many resources available, a psychotherapist is accepted as a professional who is a credible source for help.

The topic of inquiry that has been put forward in this study is by no means simplistic. When broken down into components the subtopics of couples, couple therapy, change, therapists, and experiences have been topics of investigation individually and in combination across a spectrum of schools of thought (Bernstein, 1992; Evans, 1992; Van Houten, 1992). When journeying through this study the intertwined nature of these domains of experience becomes apparent, that is, a unique couple enters into the therapy context, enters into relationship with a therapist, and endures a process during which time they may or may not experience desired changes. Beavers (1985, p. 11) defines couple therapy as:

a strategy of psychotherapeutic treatment that arranges to intervene in a committed couple's relationship. Such a couple may be of the same sex or heterosexual, formally married or living together; in any case, one or both have requested professional help.

Smith, Carlson, Stevens-Smith and Dennison (1995) acknowledge that a challenge for therapists is deciding how to work with couple systems that may need premarital therapy, marital therapy, divorce counselling, family therapy, or individual therapy. Other authors define couple therapy in a manner that more closely expresses its process as seen by a particular school of thought. For example, Loos (1991, p. 295) defines couple therapy from a postmodern point of departure:

Couples therapy entails coauthoring (or coconstructing) a story with the couple that (a) is specific to the concerns of each spouse, (b) is meaningful to the two of them *as a couple*, and (c) provides new options for effective action in the situation confronting them.

(emphasis in the original)

Background to Couple Therapy

The origin of couple therapy, as a specific psychotherapeutic domain, is markedly uncertain. Beavers (1985) argues that the origins in psychiatry predate the development of a systems orientation, where therapists would enlist the cooperation of a spouse to assist in the treatment of a partner who was labelled as emotionally or mentally ill. In the broader field of health professionals, social workers, clergy, and psychologists were often asked to attend to couples who viewed themselves as 'healthy' but unhappy (Beavers, 1985). Marital therapy, as a unique domain, exploded in its development alongside the evolution of the field of family therapy which resulted in a more complex orientation to marital therapy. Family and marital therapy matured and became renowned during the 1980's as is evidenced by the abundance of literature, research, and practice in this unique domain (Piercy & Sprenkle, 1990). The shift towards relational theories and practice in therapy represented a distinct difference from the dominant therapeutic practice at the time, that is, individual therapy with a focus on intrapsychic qualities in an individual.

Throughout history, marriages as well as relationships which exist outside of the institution of marriage, have diversified. Over the course of time, societal discourses have evolved to include alternative definitions and roles for men and women alike. It may well be that the changing relations between men and women is one of the most significant aspects of western social development (Clulow, 1985). For example, it is now common for married women to participate equally in paid employment and career options which simultaneously shifts the role of a husband. The impact that this development has had on couples' relationships is vast. Conflicting views about relationships and marriage and the norms therein are therefore expected. Furthermore, society has become accustomed to 'non-traditional' definitions of relationships, such as homosexual relationships, step-families, and single-parent families (Smith et al., 1995). Changes are also endemic in a couple's life-cycle, such as getting married, becoming parents, becoming grandparents, and so on. Each aspect of a relationship incorporates a variety of choices and challenges which the partners encounter in their relationship journey and which are largely influenced by societal transitions. The complexities inherent in couples' relationships appear to mirror the growing complexities of an ever-evolving society (Smith et al., 1995). Moreover, each partner arrives in a relationship from unique family systems. The influence of these individual histories on a current

relationship is undeniable and greatly researched. For example, the more a spouse has experienced family conflict as negotiable, the more that person has learned that individual ambivalence is resolvable (Beavers, 1985). The converse theory is also regarded as true, that is, the more a partner is accustomed to unresolved conflict resulting in impaired family functioning, the more difficulty that person has in resolving his or her own individual ambivalence about significant relationships (Beavers, 1985). From the above-mentioned examples, one can begin to appreciate the multiplicity of influences that impact on a couple's relationship. These mounting complexities impact strongly on the increasing divorce rates.

Since its emergence as a specific domain, couple therapy has been managed and investigated by researchers and practitioners from numerous theoretical approaches, resulting in theoretical advances concerning the formation of couples' problems and therapeutic treatment. Attention is mostly directed at problem identification and problem issues that may occur during the course of a couple's relationship (Duck & Wood, 1995; Gottman & Krokoff, 1989; Gottman & Levenson, 1999). Each school of thought, such as Behavioural, Emotionally Focused, Insight-Oriented Marital Therapy, and many others, has alternative points of departure from which it understands couples' problems and from which it attemptu to deal therapeutically with couples. For example, the basic premise of Emotionally Focused Therapy is that partners' failures to be aware of, and express, adaptive underlying feelings and needs impedes communication and problem solving and results in relationship dissatisfaction (Greenberg, James & Conry, 1988). A linguistic/postmodern approach views couples' problems as co-created in language whereby meaning is contextually relevant, which implies that a problem does not exist until it is stated as such (Anderson & Goolishian, 1988). Also, researchers often attempt to isolate specific units of analysis, such as demand/withdraw interaction to correlate causally these effects on marital satisfaction. Research questions are consistently being asked, such as what distinguishes a marriage that will become more satisfying over time from one that will become less satisfying? According to Jacobson and Addis (1993) research on couple therapy can be divided into various components, including: outcome studies, process studies, prevention studies, and basic research on couple interaction. The results of these studies are used to create models of therapy which are consistent with specific schools of thought. Various research methods have been employed in pursuit of the key factors that create relationship harmony and/or dissatisfaction over the long term. The fact remains that relationship issues have been dissected into a myriad of dynamics which in many cases become the target of treatment in therapy.

The sheer volume of academic research and pop psychology available on couple therapy points to the felt need of therapists to address the issues related to couples in crisis. It also reflects the extent to which couple therapy is being sought as a viable domain for addressing relationship problems. Socially, couple therapy is perceived as successful if it results in a couple staying together while a decision to separate is equated with failure (Clulow 1985). Societal values tend to regard the break-up of a marriage as a regrettable event, particularly when children are involved. Much pressure, from therapists themselves, and societal and couples' expectations, is placed on the therapeutic domain to accomplish this perceived goal. The result of this expectation is the pursuit of change.

Many problems are brought to and/or brought up in therapy relating to the spouse's experience of the partner and their relationship. Couple therapy is unique to itself in that the realities of one partner meet the realities of the other, and both partners meet the reality of the therapist in the therapeutic domain. Numerous authors outline specific roles for therapists participating in couple therapy (Clulow, 1985; Pascoe, 1999, Shub, 1999). This is related to the overwhelming perspective that couple therapy is significantly challenging for a therapist. This is because couples often begin therapy polarised and blame each other for the misery in the relationship (Evans, 1992). Among other challenges, therapists may feel caught between the competing agendas and claims of the partners (Fishbane, 1998). The therapist's role and ability to handle the unique dynamics of couple therapy is considered to have a crucial influence on the process and outcome of the therapy (Fishbane, 1998; Loos, 1991). The therapist's role in couple therapy is instrumental in the change process, but the way in which a therapist conceptualises his or her role is inextricably bound in the epistemological approach to which he or she adheres (Gottlieb & Gottlieb, 1996; Keeney & Sprenkle, 1982). Based on this premise an abundance of literature exists on specific actions and roles that *should* be adhered to during couple therapy. Models of therapy or stage theories are often developed to assist a therapist who is working with a couple, thereby defining specific tasks and roles to be carried out during the course of the therapy. For example, [Cognitive] Behavioural Marital Therapy outlines specific goals and prescribes specific tasks that the therapist must follow with the couple in order to ensure change (Becvar & Becvar, 1996; Snyder & Wills, 1989). Here the role of the therapist is that of an educator and the target of treatment is behaviour itself. Apart from approaches which prescribe specific roles and techniques to be carried out, there are approaches, such as Linguistic Approaches, which recognise the therapist's role with

couples as a negotiated and evolving part of the therapeutic narrative, that is, an ongoing construction that involves input from all participants (Loos, 1991). In considering the question of how people change, recognition is given to the extent to which different theories emphasise different processes and conditions for change. Literature describes endless techniques of change. Techniques or methodologies are to a greater or lesser degree implied in the theoretical underpinnings of a school of thought. However, how one uses these tools and attaches meaning to their significance is also theoretically bound and has an influence on the way in which these tools will be used in a therapeutic context (Keeney & Sprenkle, 1982). What is certain is that therapists from alternative schools of thought have diverse understandings of couple therapy, the roles that they assume in such a domain, and expected outcomes.

Ecosystemic Epistemology

One relevant distinction to make is whether therapists consciously know the relation between their epistemological base and habitual patterns of clinical action.

(Keeney & Sprenkle, 1982, p. 5)

Theoretical perspectives largely determine the nature of the world that can be known (Goolishian & Anderson, 1992). The descriptive language and theoretical narratives that therapists abide by shape therapeutic actions. The psychological worlds are not simply different lenses or perspectives of the same world, but are incommensurably different worlds of action. Hence, theories generate different therapists who approach problems in countless ways. As theories of therapy have changed, so too have the descriptions of the therapist role and expertise (Goolishian & Anderson, 1992).

Auerswald (1985, p. 1) defines epistemology as “a set of immanent rules used in thought by large groups of people to define reality”. Coming to understand an individual’s epistemology implies understanding how that individual thinks about his or her thinking. Keeney (1983) explains that an epistemology is not a therapeutic model but rather a theory of knowledge, which has implications for therapy. The epistemological lens being proposed in this study is ecosystemic in nature. Ecosystemic epistemology has evolved dramatically since its inception. The evolutionary movement in the ecosystemic approach can be understood to

form part of the postmodern tradition (Hoffman, 1985), which arose out of and in reaction to the modernist tradition. The researcher therefore makes use of the ecosystemic view as a postmodern epistemology.

Enmeshed in the modernist or Newtonian epistemology is a confidence in linear causality, reductionism, and objectivity (Fourie, 1998). Furthermore, an individual is viewed in isolation from his or her environment (Keeney, 1983). In viewing couples from this approach various aspects of couples' dynamics within several domains, such as intrapsychic, behavioural, emotional, and so on, have been broken down into isolated parts in order to determine the causality between them; for example the effects of withdrawal behaviour/anger/fear of intimacy on marital satisfaction. Couple therapy has been viewed in a similar light with an emphasis on certain interventions resulting in distinct outcomes. The traditional Newtonian world view began to be viewed as too constricted because of the lack of focus on the social context in which observations are made (Capra, 1983).

Ecosystemic epistemology is revolutionary in its outlook with its roots embedded in cybernetic theory (Keeney, 1983). Ecosystemic epistemology is based on systems theory, cybernetics and ecology which means that it is attuned to holism, relationship, complexity, patterns, and contextual interconnectedness (Keeney & Sprenkle, 1982). Individuals are understood within the context of relationship ecologies (Keeney & Sprenkle, 1982). With the movement towards postmodernism, the focus shifted away from the mechanistic descriptions of the cybernetic perspectives and included a focus on language, co-creation of meaning, and multiple realities (Freedman & Combs, 1996; Hoffman, 1985). Emphasis is placed on language where reality is socially created and conversation is the primary therapeutic tool (Anderson & Goolishian, 1988). Understood in this light, a problem does not exist until it has been languaged and thereby creates the world we know (Efran & Lukens, 1985). The narrative approach, which fits harmoniously with ecosystemics, refers to the use of stories as the way in which individuals come to construct, make sense of, and know their realities. When couple therapy is approached from an ecosystemic perspective a holistic perspective of couples' relationships is sought. Couples are understood to create relationship narratives whereby some stories are more dominant than others and social discourses are understood to be embedded in these stories. Therapists therefore act as guides (as opposed to skilled technicians) to open up conversations and explore the not yet said elements of stories in order for new meanings and alternatives to emerge between the partners.

Psychotherapy has increasingly been put under the scrutiny of empirical research in order to investigate its efficacy (Levant, 1980). Testing efficacy brings into question the concept of change, which is a highly contentious issue. A detailed exploration of change in couple therapy is provided in Chapter 2, but for now it is sufficient to comment that change is viewed differently depending on one's conceptual framework. This influences what one conceives as the goal of therapy; for example insight, cognitive change, family restructuring, personality change, and so on. Regardless of the approach the implication of change is a difference or a transition, generally from one state to another (Van Houten, 1992). Depending on the underlying assumptions of a therapeutic approach one may pursue particular changes such as enhanced communication skills as in Behavioural Marital Therapy. On the other hand, postmodern schools of thought do not define specific goals for therapy as problems exist in language and contrary to the commonsense view, change is seen to evolve through language (Anderson & Goolishian, 1988) and is unpredictable. As Berg and de Shazer (1993, p. 7) claim: "What we talk about and how we talk about it makes a difference, and it is these differences that can be used to make a difference."

The principles underlying the ecosystemic epistemology are detailed in Chapter 3. However, it is important to note that the epistemology as a whole plays a role in the way in which the therapy processes (described in Chapter 5) are conceptualised and described as well as the way in which this research will be actualised, analysed, and interpreted. This implies that the research interest in understanding the process of change can be elaborated on following such a perspective of how individuals come to make sense of their experiences through stories.

Motivations For The Research

This study was prompted from both a personal and a professional level. The researcher was initially exposed to the domain of couple therapy during her Clinical Masters Training Programme. The focus of interest was specifically on couples who entered therapy with the express need for change within their relationships, that is, problems were paramount in the relationships and change was expected. At that time the researcher was particularly intrigued by certain processes of change and stability that occurred in the couples' relationships

throughout the course of the therapy. The interest in this domain was originally fuelled by the researcher's personal struggles in her own relationship at the time. These struggles evoked a need for answers and solutions in order to resolve the problems that were being experienced in that relationship. Regrettably, the relationship dissolved and left the researcher questioning relationship dynamics and the prospect of change. This curiosity intensified and evolved during the internship year and resulted in a concern for what couples and therapists regard as change and how they relate these aspects to a therapy encounter. Equipped with an ecosystemic epistemology, the researcher sought a holistic exploration of the process of change in the context of couple therapy as well as the felt and articulated outcomes of this process.

When exploring the literature, the researcher came across various concerns which seemed to have been neglected in the research domain. Johnson and Greenberg (1988) comment on the lack of research on change processes in therapy and how such processes are related to outcome in therapy. They assert that a focus on the process of change is necessary to allow practitioners to explain how a particular set of interventions invites change in a particular therapeutic context. Research in this domain moves beyond isolating predictors of marital satisfaction, and/or therapeutic outcome, and/or establishing new therapeutic interventions. The larger issue is that of understanding the therapeutically productive client performances and the processes that act as catalysts of change. Research on the change process is then crucial to the growth of psychotherapy and marital therapy in particular (Johnson & Greenberg, 1988).

The literature also exposed that in many of the approaches to couple therapy a contextual description related to a couple's problems and change is lacking. Most approaches focus the therapist's concern regarding specific elements such as problematic communication styles and/or interaction and/or emotions, and address behavioural aspects or insight as the key to eliciting change. As a result of many of the traditional approaches to couple therapy, unwarranted assumptions often emerge, for example, that therapies function in a way one expects them to, regardless of who the client is and what influences he or she brings to the therapy. Shoham-Salomon and Hannah (1991) indicate that not all researchers agree that therapeutic outcome should be conceptualised as a function of the client, therapist, or technique variables alone. Rather, techniques should not be viewed without reference to the interpersonal realm and relationship factors. Therefore outcome research should focus on the

interpersonal conditions that exist between the client and therapist, that is, it is a matter of relationship interaction (Shoham-Salomon & Hannah, 1991).

Generally, it appeared that research on the relationship between process (couple therapy) and outcome (changes) is lacking in the literature. Moreover, qualitative research which would provide in-depth descriptions is largely neglected in the field of couple therapy. Although many authors have linked the theoretical perspective of a postmodern approach to couple therapy, research in this domain is scarce. What is overwhelming in the literature, is researchers' attempts to compare the efficacy (which refers to the clinical significance of the treatment effects) of therapeutic approaches of couple therapy approach to one another, such as Behavioural versus Insight-Oriented couple therapy (Hahlweg & Markman, 1988; Snyder & Wills, 1989). However, Jacobson and Addis (1993) suggest that most comparative studies do not yield statistically significant differences among treatment models for couple therapy, either in immediate or long-term outcomes. Also, any differences that do appear seem to favour the model adhered to by the researchers (Jacobson & Addis, 1993).

Bischoff and McBride (1996) claim that studies in which couples/clients voice their experience of therapy are scarce. However, they claim that understanding couples' perceptions of therapy may lead to determining what aspects of therapy are experienced as more meaningful than others and that can contribute to a successful outcome (Bischoff & McBride, 1996). The researcher's concerns were thus directed towards providing a description of couple therapy and change from both the therapist's and the couple's perspectives. Clients have been found to be acutely aware of the process of therapy and appear to be good judges of what is helpful or not helpful to them (Kuehl, Newfield & Joanning, 1991; McCollum & Beer, 1995). Clients' experiences refer to "clients' sensations, perceptions, thoughts, and feelings during, and with reference to therapy sessions" as well as subsequent reactions to in-session experiences that have occurred outside of the therapeutic context (Elliot & James, 1989, p. 444). Therapists' impressions of their clients' experiences are essential as they provide theoretical explanations and careful descriptions of nonverbal cues which clients may not have been aware of (Elliot & James, 1989). However, Elliot and James (1989, p. 445) argue that clients have "privileged access" to certain areas of the therapy process including the "felt quality of their therapeutic relationship..., their immediate, uncensored and unexpressed reactions to therapeutic interventions or events..., and the aspects of treatment which they find most helpful...". Elliot and James (1989) assert that

making choices as to who offers the best perspective (the client or therapist) of therapy is limiting. An ideal strategy is rather to use multiple perspectives so as to take advantage of the strengths of each.

Proposed Aims of The Research

The majority of research attempts to separate investigations on process and investigations on outcome by reducing these aspects into separate units of analysis. However, this study intends to examine these two aspects collectively as they are viewed as inseparable and cannot be described without reference to each other. This is because the researcher recognises that the context within which an outcome is arrived at points to its process. The researcher does not intend to investigate this topic by reducing the process of therapy into parts, such as specific interventions or stages of therapy to be investigated with the assertion that these specific aspects linearly cause change between the spouses. Rather, a holistic perspective of the relationship between the two levels of process and outcome will be studied from the perspective of both the researcher (in the capacity of the therapist) as well as the couples.

The existing body of research, which is explored in detail in Chapter 2, gives credence to prevalent concerns within couples' relationships as well as to what therapists should or should not do in order to achieve change. It seems that little research exists on a couple's understanding of their experience of therapy and how this relates to the changes they perceive in their relationship both during and after the therapeutic venture. Furthermore, it seems that a fraction of the existing research investigates a therapist's in-depth experience of couple therapy and the perception of this influence on the couple's process of change. When considering the therapeutic experience of the client and the therapist, both parties' perceptions are necessary as the nature of the relationship is guided by a circular and reciprocal process (Sanders, 1996). A question thus arose for this researcher, namely: How do both the clients and the therapist participating in couple therapy experience this process? This question has a particular focus on the experience of change. In other words: How does the couple experience themselves, each other, and their identified problem(s) before, during, and after couple therapy? How do they account for their perceived changes and/or stability? What does a couple punctuate as the noteworthy changes that occurred in the relationship after participating in couple therapy? Of equal interest is the therapist's simultaneous experience

of these aspects as an influencing member of the therapeutic system. The aim is thus in seeking a co-created description of the experiential process regarding change and/or stability within the domain of couple therapy. The exploration of these questions serves to elaborate on the meaning that a couple and a therapist attribute to the therapeutic experience and the changes which emerge in this collaborative experience.

It is hoped that the domain of psychotherapy will be informed from this study as the research will elicit unique stories from couples who entered the therapy with the express demand for change to occur within the respective relationships. In this way, an appreciation for the complexity of each couple's process as well as for the proficiency required from the psychotherapist can develop.

Design of the Research

A positivist-empirical approach underlies the majority of studies about couple therapy and change. Quantitative research emphasises the quantification of entities which are under examination. Emphasis is placed on the discovery of laws that serve for explanation and prediction (Lincoln & Guba, 1985). In this respect investigations seek to obtain law-like explanations between therapy processes and changes, and quantify changes. This is done in order to create procedures which will predictably lead to positive changes in couples' relationships. The focus is placed on therapeutic technique, individual units and variables of analysis (intrapsychic fears of intimacy, internal belief systems, cognitive processes, behavioural skills, and so on), and the therapist's interpersonal skills.

In this study psychology is appreciated as a science and an art and the research is therefore conducted in accordance with the assumptions of naturalistic research and a qualitative method of inquiry (Denzin & Lincoln, 2000; Lincoln & Guba, 1985). A naturalistic approach requires that the obsession with *truth* and *representation* be abandoned (Becvar & Becvar, 1996; Moon, Dillon & Sprenkle, 1990). Qualitative research is cyclical and evolutionary, rather than linear (Ambert, Adler, Adler & Detzner, 1995). Qualitative research is a creative endeavour which indulges in the world of lived experiences under the notion that an objective reality can never be captured (Denzin & Lincoln, 2000; Janesick, 2000). Any description is inherently subjective and only represents a partial reality (Becvar & Becvar, 1996). This

implies that the researcher attempts to make sense of the subject of inquiry in terms of the meanings that people bring to it (Denzin & Lincoln, 2000). The essence of qualitative research suggests that all variables are viewed as part of the context in which an event or phenomenon occurs and are therefore included in the investigation. This form of research design is understood to be congruent with the epistemological lens of the researcher (Becvar & Becvar, 1996; Lincoln & Guba, 1985). From this point of departure, meanings are seen to be co-created within a conversational domain. Thus, the stories brought forth by the participants of the study do not represent a fixed and objective reality. Furthermore, the research encounter is perceived as an extension of therapy whereby all participants co-create a reality of change through languaging about this 'reality' in the respective relationships. Following from this, qualitative inquiry recognises that data and interpretation is only valid under the unique conditions of a particular study at a specific time and place (Lincoln & Guba, 1985). Thus, qualitative research is more discovery-oriented and provides thick descriptions and a holistic perspective of the topic of inquiry. A collaborative research encounter results in a co-created map of reality regarding the experiences of change within the context of couple therapy.

The research design will be explicated in detail in Chapter 4. Purposive sampling will be used to select the case study participants who agree to partake in the research. Both the researcher's process notes and semi-structured interviews (see **Appendix II**) will provide the data from which the stories will be reconstructed and from which themes will be generated. The research stories of therapy that will be reconstructed in this study will be applicable to the participants of the study, and for people who are curious about the domain of couple therapy and emerging changes.

Chapter Review

This study comprises a literature survey as well as theoretical and practical components which have been organised into several chapters. The chapter content can be summarised as follows:

Chapter 2 discusses the epistemological point of departure for this study, namely ecosystemic epistemology. Some of the pertinent shifts within this broad framework are

discussed. Certain cybernetic concepts are discussed with an emphasis on second-order cybernetics. Following this discussion, pivotal concepts from the narrative approach (as a postmodern approach) are then integrated into the conceptualisation of the ecosystemic approach. This epistemology forms the lens through which the researcher conducts her therapies and this study.

Chapter 3 explores various theoretical models regarding couple therapy. Six categories have been selected through which to provide alternative and distinct views of couples' problems and couple therapy. The first five categories survey particular theoretical models which explicate couples' problems as well as preferred models of treatment and expected changes within couples' relationships. In this way various discourses surrounding couple therapy are introduced to the reader. Finally, the sixth category explores couples' perspectives of therapy and relationship changes as determined from their experiences.

Chapter 4 describes the method of research and the research design which have been used in the study. Distinctions are drawn between positivistic and naturalistic paradigms as well as quantitative and qualitative research methods. The preferred method of inquiry, that is naturalistic and qualitative, is highlighted as congruent with the ecosystemic epistemology.

Chapter 5 contains two case descriptions of couple therapy. Each case description is a reconstruction of the stories of change within the context of couple therapy. The stories are told by both the researcher (in the capacity of the therapist) and the respective couples. The therapist's stories focus on her role during the sessions, interventions employed, and her understanding of the couples' changes. The couples' stories include their perspectives of their processes of transformation throughout the therapy sessions. These stories are discussed by utilising direct quotes from the transcribed interviews. A holistic perspective is attained by including both the therapist's and the couples' narratives of couple therapy and change.

Chapter 6 provides an overview of the emerging themes that were common in both case descriptions. The research findings are simultaneously compared to the existing body of literature. In this process, recurrent themes inherent to the research topic emerged, thus adding new dimensions of knowledge and meanings. Co-created descriptions of the experience will evolve as a result of this interactive process and will be presented in the various chapters.

Chapter 7 is the concluding chapter. The study is evaluated according to its strengths and limitations. Recommendations for future research are also made in this chapter in terms of how such a study could be enhanced by future writers embarking on a similar journey.

Appendix I contains the letter of consent as agreed to by all of the research participants.

Appendix II contains the semi-structured questionnaire that was used to guide the research interviews.

Conclusion

This study will explore the experiences of change in the domain of couple therapy. By employing an ecosystemic conceptual framework and a qualitative research design, an in-depth description of change in the context of couple therapy will be explored from both the couples' and the researcher's perspective. In so doing, an alternative perspective on the process and outcome of couple therapy will be provided, which in turn may add new meanings to the substantial body of research on couple therapy and change. The researcher would like to introduce the reader to the world of couple therapy by quoting Gottlieb and Gottlieb (1996, p. 126):

“We, with our couple clients, journey through a world of language and meaning, stories and metaphors creating unique and different outcomes. The work is exciting, new and interesting, with change and surprises for our clients and us”.

CHAPTER 2

EPISTEMOLOGICAL FRAMEWORK

Introduction

The epistemological framework of this chapter is ecosystemic in nature. The chapter will begin with the definitions of epistemology as well as the distinctions between modernist and postmodernist traditions. The ecosystemic epistemology will be elaborated on and contextualised as part of the postmodern tradition (Hoffman, 1985). Ecosystemics will be explicated using the theory of second-order cybernetics and the narrative approach. The first- and second-order cybernetic perspectives will also be delineated. Following this, the narrative approach will be introduced as a natural extension of an ecosystemic perspective. The basic tenets underlying both the second-order cybernetic perspective and the narrative approach will be explicated in order to highlight how they are complimentary to each other, thus illustrating that both of these approaches are compatible with an ecosystemic epistemology. The highlighted assumptions from the above-mentioned theories will be indicative of the researcher's therapeutic style and understanding. Lastly, an explication of the relationship between an ecosystemic epistemology and clinical practice will be presented.

The aim of this chapter is to provide a coherent theoretical framework. By exploring the epistemological stance of the researcher, a shared understanding between her and the reader may then emerge. The ecosystemic principles are seen to form the foundation for the way the researcher conceptualises therapy as well as for the way in which this research will be actualised, analysed and interpreted. The ecosystemic principles that are explained in this chapter will be used in reference to couples' experiences of change in a therapeutic context. In remaining consistent with ecosystemic thinking, the researcher's epistemological view is not presented as a fixed reality, but rather as one of the ways to frame an understanding of an epistemology and its application to the research and therapeutic domains.

Epistemological Distinctions

Gregory Bateson is considered one of the most influential writers in the development of ecosystemic epistemology and is thought most responsible for bringing the term ‘epistemology’ to the field of family therapy (Becvar & Becvar, 1996). Keeney (1983) warns of the dangers of a therapist who fails to recognise the premises underlying his or her work. The danger lies in the lack of effectiveness in therapy that may result due to deficient understanding of these epistemological premises and a tendency in this regard to become a technician rather than to focus on the embedded explanatory value of an epistemology. A therapist’s epistemology helps determine the relationship that he or she has with the system being treated (Keeney & Sprenkle, 1982). In applying the term ‘epistemology’ to the domain of therapy and/or research, one must first have a clearer understanding of what the concept entails. In this regard, several definitions emerge and include some of the following:

- Keeney (1983, p. 12-13) defines epistemology as being “...concerned with the rules of operation that govern cognition”. Further on Keeney (1983) defines the use of epistemology in a socio-cultural domain by explaining that “epistemology becomes a study of how people or systems of people know things and how they think they know things” (p. 13).
- Bateson’s definition concentrates on “how particular organisms or aggregates of organisms *know, think and decide*” (Bateson, 1979, in Keeney, 1983, p. 13), emphasis in the original).
- Gergen’s use of epistemology implies a “model of knowledge” (1985, p. 269).

The researcher’s understanding of epistemology is thus steeped in the implications of the above definitions, that is, the notion of ‘**how**’ one comes to know what one knows. Corresponding to this, what one thinks and how one thinks is inseparable given that what one thinks, says, and does is determined by the ‘how’, that is, by one’s epistemology. Understanding one’s own and/or others’ epistemologies implies coming to know how one knows, or put differently, “thinking about thinking” (Auerswald, 1985, p. 1). This researcher concurs with Keeney’s (1983) assertion that in order to conceptualise a client’s epistemology, therapists need to acquire a more abstract epistemology. Similarly, in order to conceptualise this research, the reader is invited to achieve an understanding of the researcher’s

epistemology. In this sense a shared understanding, or consensual domain (Efran, Lukens & Lukens, 1990) may emerge. This implies a congruence of ideas and is preferred for an enriched understanding of the process through which this researcher has conceptualised the text.

How we come to know what we know and how we make decisions from that basis can be elaborated on and understood in terms of two historically opposing traditions, that being the modernist or lineal tradition, and the postmodernist or non-lineal tradition (Keeney, 1983). These traditions are two distinct frameworks within which ideas are organised and conceptualised. It is important to know from which tradition one's assumptions and epistemology are informed. The main premises of these two opposing traditions will be discussed in the section that follows.

The Modernist or Lineal Tradition

The modernist tradition is founded on a Newtonian epistemology, which implies traditional science. The context in which these theories emerged was that of a modernist society or culture. Modernists are understood to be fascinated with the world of individual consciousness and micro-units of lived experience. Larger impacts of social context are ignored because 'truth' is believed to lie in the micro-details of the individual psyche (Doherty, 1991). Emphasis is placed on an **objective reality** that can be uncovered by an observer who assumes an expert position from the outside (Fourie, 1998; Keeney, 1983). Another characteristic of this tradition is a confidence in **lineal causality** and a focus on the individual existing separately from his or her environment in a subject/object duality. Lineal traditions can be classified by their **reductionistic** and a-contextual views (Keeney, 1983). This implies that reality can be reduced or broken into its smallest parts and these are viewed separately from each other. Law-like principles governing existence can then be discovered in a linear fashion. In this tradition the appropriate methodological approach for research is empirical and quantitative, where observable facts can be measured and results can be generalised to broader populations leading to the emergence of universal theories. Following from this, researchers and/or therapists adhering to these principles tend to provide information that portrays a fixed reality. In the domain of therapy, this distinction has implications for the behaviour of the attending therapist. As such, the therapist working

within a lineal model will tend to emphasise his or her **expertise** and ability to cure the ‘sick’ individual, often regarding the realm of conflictual components of the psyche, for example, in the field of psychodynamics or cognitive behaviourism (Keeney, 1983).

The modernist tradition is noted for developing psychology as a field of science and provides the domain of therapy with a respected way of understanding human behaviour. Although this approach is often criticised for being too reductionistic, the benefits of this tradition are highlighted when viewed as a complementary paradigm of the postmodernism tradition.

The Postmodernist or Non-lineal Tradition

The postmodern tradition provides an alternative means through which *action* and *reality* are conceptualised. The term ‘postmodernism’ is used in many areas of human activity such as architecture, visual and performing arts, as well as in the domain of psychology. Postmodernism arose in the 1970’s and 1980’s out of, and in reaction to, the modernist movement of the early 20th century. According to Doherty (1991) the postmodern tradition profoundly influenced the field of family therapy during the 1980’s. He points to major developments that contributed to this effect, namely: the feminist challenge; the trend towards eclecticism; and constructivism. The results of these developments were multiple, and ultimately shifted the way of thinking about therapy away from Newtonian conceptualisations. Kellner (1988, p. 242) says:

“... postmodern society is the site of an *implosion* of all boundaries, regions and distinctions between high and low culture, appearance and reality, and just about every other binary opposition maintained by traditional philosophy and social theory” (Italics in original).

A postmodern or non-lineal tradition is also classically referred to as “systemic, ecological, ecosystemic, circular, recursive, or cybernetic” (Keeney, 1983, p. 14). The postmodern tradition differs from the lineal tradition in that it places value on the interconnectedness of individuals, on complexity, and on context. This implies that the **ecology** and the **wholeness** of a system are of significance (Keeney, 1983). Attention is focused towards relationships as

being central to understanding, rather than the modernist view of the individual in isolation. In the sphere of psychotherapy, those working from a postmodern tradition prefer to account for the broader ecologies or systems that interact with the individual in an attempt to create a circular understanding of the problem (Keeney, 1982).

The postmodern tradition can thus be seen as instrumental in revolutionising ways of demarcating and approaching the world. Preferably, postmodernists assert that knowledge and reality are tentative (Kellner, 1988). They contend that all meanings attached to art, literature or experiences are open to perpetual re-evaluation and thus move away from universal theories. The notion of **multiple realities** is accepted and no one reality is reified or static. By recognising the broader contexts within which theories are developed, the postmodern tradition asserts that no theory or described reality can have validity outside a particular historical context and value system (Doherty, 1991). The essence is that there are no indispensable truths and objective descriptions are thus illusory and partial to the describer. Gergen (1991) also illustrates this by way of pointing to research done by Werner Heisenberg. The study showed the impossibility of *discovering* an objective truth. This is so because the very act of investigation changes that which is being studied in an unpredictable manner.

Drawing from the assumptions of the postmodern tradition, the ecosystemic epistemology will be described in the following section as one that is congruent with this tradition (Hoffman, 1985). The underlying assertions made within ecosystemic epistemology will be thoroughly explicated in order to illuminate the lens or the framework that directs the researcher in the therapeutic and research domains.

Ecosystemics: A Higher-Order Epistemology

In the therapeutic domain, a therapist should attempt to understand his or her underlying epistemology. Adhering to an epistemology implies that one adopts a lens that influences how and what one punctuates as important or not. The manner in which one comes to know reality, and conceptualise behaviour and/or experience, is guided by the underlying epistemology that one adopts. What follows is a description of a meta-level process that ecosystemic epistemology postulates. This assists one in understanding how experience(s) are constructed. In this sense the meta-level process can be thought of as an epistemological

tool and involves a higher-order practice of dealing with information. These practices will be explored in the following sections.

Drawing Distinctions

A need exists for therapists to have a way of knowing about knowing. Keeney (1983, p. 21) states that “(t)o understand any realm of phenomena, we should begin by noting how it was constructed, that is, what distinctions underlie its creation”. Investigating how experiences are punctuated can be described as a methodology for obtaining one’s epistemology. This process of inquiry can be seen as a higher-order epistemology (Keeney & Morris, 1985a) as acquiring information about how one knows what one knows rests upon the distinctions that one draws (Watzlawick, Beavin & Jackson, 1967).

Keeney (1983, p. 18) explains that **drawing distinctions** is the “starting point for any action, decision, perception, thought, description, theory, and epistemology”. By drawing distinctions, one engages in the act of generating differences. By implication, realities are herein created. Epston, White and Murray (1992, p. 97) posit that “in order to give meaning to our experience, we must organize it, frame it, or give pattern to it”. Therefore, what one sees is a consequence of punctuation (Keeney, 1982). One **punctuates** certain elements as being primary by drawing distinctions. These distinctions are informed by underlying epistemological premises and form the essence of how one frames what one perceives.

The process of punctuating gives rise to a description of a “sequence of events”, which again forms part of the process of constructing a reality (Watzlawick et al., 1967, p. 54). An observer describes what is perceived from his or her own frame of reference. As such, isolated descriptions of a particular sequence cannot be seen as a fixed and static portrayal of an experience or pattern (Watzlawick, et al., 1967). Cultures as well as individuals may therefore differ with regard to how their world of experience is punctuated. Relationship struggles are often seen as rooted in disagreements about how to punctuate a sequence of events, where the underlying epistemology implies that each one believes his or her behaviour to be a reaction to the other’s (Becvar & Becvar, 1996). For example, couples often punctuate the following scenario: I nag because you withdraw or I withdraw because you nag. This example illustrates that from each partner’s position an alternative reality is constructed. The purpose of therapy is to reshuffle these punctuations, thus allowing alternative frames of

reference to emerge. In this way, understanding and changing a client's frame of reference often leads to alternative experiences and shifts in problematic behaviour (Watzlawick, Weakland & Fisch, 1974). The higher-order framework thus lies in the punctuations of punctuations.

Viewing relationship patterns requires **double description**, which allows for a holistic description of the system to emerge. Bateson (in Penn, 1982) refers to double description as the process of combining a description of the 'sequence of events' from each participant in the client system. News of difference is the "difference that makes the difference" (Keeney, 1983, p. 153). Keeney (1983) points to Bateson's use of double description as the tool for discerning a person's epistemology and hence the tool that brings difference. Drawing distinctions is the process that leads to the creation of dualities or an either/or dichotomy (Watzlawick et al., 1967). From a higher-order perspective, knowing this allows for the opportunity of seeing the both/and complementarity of these polarities, which in turn dispenses with dualisms, and opens up opportunities for alternatives to emerge. This process, reminds a therapist who works with an emphasis on 'patterns', that different realities may emerge from alternative descriptions. "(L)anguage is a tool for imposing distinctions upon our world" and is the system through which alternative realities are differentiated (Keeney, 1983, p. 25). The concept of language will be dealt with in greater depth later on in this chapter. For now, significance has been placed on the role language plays in discerning the realities that one perceives and describes. It is through language that therapists can begin to differentiate their clients' epistemologies by way of punctuating the clients' punctuations. It is a client's epistemology that informs a therapist how he or she should act, which in turn has an influence on the way a client punctuates reality, and so on.

Keeney (1983) describes a methodology by which a therapist can draw distinctions and arrive at a higher-order epistemology of his or her client's epistemology. In a three phase process Keeney (1983) describes the levels at which a therapist can engage in a higher-order inquiry. Firstly, **primary distinctions** are drawn from 'raw data', that is, information is drawn from the client about the problem. The next level of abstraction requires drawing distinctions that organise the raw data in an attempt to draw **patterns and themes**. Lastly, a therapist must recognise that there are other ways of drawing these distinctions. This last phase points to the **recursive** nature of drawing distinctions upon distinctions and therefore in constructing an epistemology. The different ways of punctuating a sequence of events and the

emerging patterns therein corresponds to particular orders of recursion with respect to the differing distinctions drawn by each observer (Keeney, 1983).

Attention has been drawn towards the way in which individuals construct realities through their use of language and punctuations. The focus will now shift towards how an underlying ecosystemic epistemology can direct a therapist or researcher when trying to determine the client's epistemology. The ecosystemic underpinnings will be explored in depth by differentiating between first and second-order cybernetics, and explicating the narrative approach.

It is important to note that the distinction between the modernist or lineal tradition and the postmodern or non-lineal tradition does not represent the only major epistemological difference that underlies ecosystemic thinking (Keeney, 1982). In order to come to an understanding of the ecosystemic framework, it will be placed in context of its origin and emergence as an epistemology. In the following section this aspect will be addressed in detail. An exploration regarding the distinction between first-order and second-order cybernetics is of further significance. Ecosystemic epistemology stems from cybernetics, ecology, and systems theory (Keeney & Sprenkle, 1982). The use of basic metaphors such as: pattern, form, information, and organisation are the key distinguishers of ecosystemics (Keeney, 1982). Reference will also be made to the points that illustrate the compatibility of ecosystemics with the postmodern tradition.

Cybernetics

Cybernetics plays a vital role in providing an appreciation for ecosystemic epistemology. Norbert Wiener is credited for coining the term 'cybernetics' in the early 1940's and Gregory Bateson is generally credited for bringing it into the field of family therapy (Freedman & Combs, 1996). Cybernetics stems out of early research in engineering and guided missiles and was thought by Keeney (1983) to be the major context within which to study epistemological issues. The forerunners who applied cybernetic principles from biology to the field of family therapy were Gregory Bateson, Heinz von Foerster, Humberto Maturana, Francisco Varela and Ernst von Glasersfeld (Hoffman, 1985).

Cybernetics is the science of discerning and managing patterns of organisation, for example, the sequences and organisation of action in a family. Cybernetics is therefore marked as distinct from physics, that is, the science of matter and energy (Keeney, 1982). Cybernetics also goes beyond General Systems Theory proposed by von Bertalanffy (1982). The difference lies in that cybernetics' main concern lies with pattern and form rather than with parts and wholes, which is the emphasis of General Systems Theory. Keeney (1983) referred to this approach to family therapy as a 'cybernetic epistemology' which adopted a radically alternative world of description. Keeney (1983) supports Bateson's work which considered cybernetics to be the appropriate epistemological foundation and language for talking about personal and social change. Cybernetics was understood to give the field of family therapy a metaphorical language by which family processes could be analysed without reference to discovering underlying truths or insights (Doherty, 1991).

The cybernetic premises have been presented in order to provide a basis from which to contextualise first and second-order cybernetics. An explication of first and second-order cybernetics can now be put forward as part of the fundamental threads that form the ecosystemic epistemology. For the purpose of clarification, the distinguishing characteristics between the two perspectives will be highlighted in order to differentiate them, while simultaneously acknowledging that both emphasise pattern and form.

It was Heinz von Foerster who made the distinction between first and second-order cybernetics (Keeney, 1982). A description that attempts to demarcate one as superior to the other would imply an either/or dichotomy which would be inconsistent with the advocated ecosystemic epistemology, and which Auerswald (1985) describes as limiting for an epistemologist. Following cybernetics, the ecosystemic epistemology stresses complementarity of relationships moving away from an either/or dichotomy towards an inclusive view of a both/and position (Keeney, 1983). This principle will be further explicated in the discussion that follows as part of a richer description of the ecosystemic epistemology.

First-order Cybernetics

In **first-order cybernetics** the therapist is viewed as an observer who exists outside of the system being described. Rather than focusing on the individual, first-order cybernetics describes systems and the way in which patterns are connected to create the uniqueness of each system (Keeney, 1983). First-order cybernetics is concerned with identifying recurring patterns and then designing interventions to interrupt and redirect the behaviours to achieve a healthier goal or balance (Becvar & Becvar, 1996). Implicit in the first-order perspective is the power that the therapist has by means of the expert position that he or she holds (Real, 1990). The first-order cybernetic models, for example the structural, strategic, or communication models, that function within this perspective, focus on objectively perceived interactional patterns, dysfunctional structures and the like, within an observed framework. First-order cybernetics is likened to a 'black box' approach where therapists consider a system in relation to its interaction with outside systems (Becvar & Becvar, 1996). First-order cybernetics asserts that feedback processes involve inputs and outputs which serve to control the system by "reinserting into it the results of its past performance" (Keeney, 1983, p. 66) thus allowing for self-correction of the system (Becvar & Becvar, 1996).

First-order cybernetics has been criticised for its failure to describe higher-order processes which include the therapist (observer) and the client (observed) (Keeney, 1983). The perspective has been criticised as reductionistic for breaking systems into parts and looking at them separately (Keeney, 1982). Further criticism is directed at the power imbalance that is implicit in the idea of an expert therapist who can reshape families according to normative ideas of what a family should look like (Hoffman, 1985). From this position the first-order cybernetic therapist "tended to set up the family as an allopoietic machine, in Varela's sense, which can be programmed or controlled from the outside" (Hoffman, 1985, p. 387).

Out of these concerns emerged second-order cybernetics, which represented a further epistemological shift. This occurred by reconceptualising the epistemological stance towards systems and the way in which interaction took place. What follows is a description of second-order cybernetics or ecosystemics as a more encompassing view.

Second-Order Cybernetics

Second-order cybernetics recognises several amendments to the way in which the system and, recursively, the therapist are conceptualised. Second-order cybernetics is therefore sometimes called an ecosystemic approach as it combines the focus on systems and ecology (Bateson, 1972) and stresses the ever-evolving arrangement of ideas and meanings in human systems (Fourie, 1998). The main principles and tenets underlying second-order cybernetics will be discussed. The tenets are intertwined with each other and drawing distinctions between them may be an arbitrary process, but is necessary for the sake of clarity.

Systems as Autonomous

Second-order cybernetics considers systems as **autonomous** wholes. This has implications for the way in which certain processes that occur in a system are perceived and thought of (Bateson, 1979; Fourie, 1995; Keeney, 1983). Second-order cybernetics emphasises patterns of connection in *whole* systems, whose parts are irreducible (Capra, 1983). The concept of autonomy was the major contribution of Maturana and Varela as they revealed that a whole living system must be described without any reference to the outside (Keeney, 1982). This means that a system is viewed with no reference to its outside as any aspect is inclusive in what is being described. The implication is that systems are informationally and organisationally closed and objectivity is not available to any participant, including the 'observer' (Von Foerster, 1981). The therapist cannot provide objective descriptions of that which he or she observes and therefore takes on a non-judgemental position (Golann, 1988). The organisational closure means that the structure of the system is constituted so as to preserve its organisation, that is, its identity (Becvar & Becvar, 1996). In this sense the autonomy of a system forms the basis for self-correction. The effects of any perturbation are therefore limited and the system is deemed to be self-regulated or structurally determined (Maturana & Varela, 1980). Systems are then able to conserve themselves through their autonomy, but are only capable of that which their autonomous structure allows.

In autonomous systems each participant is both subject and object simultaneously (Maturana, in Le Roux, 1987). Everything that can be described is *recursive* and self-referential as each participant influences and is part of the interactional cycles in what is now

referred to as an *observing system* (Atkinson & Heath, 1987; Boscolo, Cecchin, Hoffman & Penn, 1987; Efran, Lukens & Lukens, 1988) as opposed to an observed system. The dualism between the observer and observed is thus removed to a more encompassing view.

The Observing System

Following from the assertion that systems are autonomous, therapists should always bear in mind that they are actively participating in the construction of a therapeutic reality (Keeney, 1982). This assertion stems from the previously mentioned idea that ecosystemics recognises the mutuality that exists between the therapist or researcher and the client. The therapist or researcher is not separate from the system, but is part of that which is being observed and the system is thus described as the '**observing system**' (Boscolo et al., 1987). The 'black box' analogy of an outsider looking in is dropped for a more encompassing position which incorporates the therapist as part of the therapeutic system.

In a therapeutic domain, a therapist cannot remove him or herself from the description he or she provides. Thus a therapist's position in terms of his or her role and relationship with the different members needs to be included to produce a more complete account. On the basis of this, any interaction is seen as *collaborative*. For example, a therapist who feels a strong connection with one particular member (such as a coalition with the wife rather than the husband) may be biased in respect of his or her actions. This will inevitably change the descriptions that the observer or therapist provides to be more in favour of the wife. However, by accounting for this the therapist may become more aware of his or her own influencing processes of connection or disconnection, as well as how to bring difference by shifting him or herself through this acknowledgement. By replacing the idea of an objective observer with that of an observing system, the emphasis is shifted towards collaboration where therapist and client are participating to co-create a new reality (Hoffman, 1992).

Hoffman (1985) explains that within an observing system, non-objectivity applies to both the family's construction of the problem and the observers' constructions of those perceptions. This is reflected in any observer's description of an event and the therapist must be consistently made aware of the patterns that connect so as not to regard descriptions of self and others as fixed and static truths. When entering the system, any disconnection between

the therapist and client is warned against as a means of attending to the recursive impact the therapist exerts (Atkinson & Heath, 1987; Keeney, 1983).

The observing system draws attention to the influence that a therapist may be introducing into the therapeutic domain. Accounting for this brings about a higher-order awareness of non-objective descriptions. A therapist can therefore adjust his or her position in order to offer new perturbations as part of the therapeutic process. Understanding the reasoning behind the observing system requires further elaboration by means of the inextricably intertwined concept of recursion.

Circularity or Recursion

Considering a system as autonomous changes the way in which feedback processes are conceptualised. In second-order cybernetics the feedback processes are recursively organised and patterned on a higher-order level than simple feedback loops described in the first-order approach. The highest order of the feedback process regarding an individual, couple, or family is feedback of feedback and is another way of pointing to the system's autonomy. Circularity of a system should be acknowledged in order to reflect on the recursive process involved in maintaining a system's organisation (Dell, 1985). Second-order cybernetics moves away from linearity and towards this recursive description. Circularity suggests the "replaying of the same pattern of interaction", that is, patterns fold back upon themselves (Keeney, 1983, p. 55). 'Recursion' is regarded as cleaner terminology as the term 'circular' may imply going back to the exact same starting point.

Recursion implies that there is no consideration of inputs or outputs due to the system's organisational closure (Keeney, 1982). The idea of inputs or outputs in a therapeutic context now becomes replaced with the concept of *perturbation* in a recursive interaction, as the system is no longer recognised in relation to external systems (Becvar & Becvar, 1996). Actions by any participant interact with the wholeness of the system. From a therapeutic stance this implies that causal loops are removed and a therapist can only perturb and wait to see what happens, that is, the system will either compensate by altering its structure or indicate no shifts at all (Hoffman, 1990; Keeney, 1982). This brings to attention the *collaborative* nature of any interaction where unilateral control is no longer conceivable as in

the first-order perspective (Efran et al., 1988) and the hierarchical distinction between therapist and client is also removed (Golann, 1988). By considering the therapist to be part of the system (observing system), the implication of power can be replaced with recursive relationships that mutually influence each other and the therapist is not responsible for change (Keeney, 1983). Hoffman (1985) supports the idea that much danger resides in the belief that it is a therapist's job to deliberately set out and change a client. The problem exists in negating the assumption that the therapist is part of the system and as such is subject to the recursive patterns that form part of the system.

Keeney (1983, p. 124) also comments that problems “represent recursive feedback cycles of escalated behaviour and experience that are organised in a whole interactional system”. Points of punctuation, that is, the way in which a participant frames or describes behaviours or a sequence of events, serves to organise interactional sequences. Each participant's action or reaction serves to recycle the pattern or sequence of events in a reciprocal way, thus pointing to the dance that members of a system participate in. The perception of linear description necessarily shifts, as each participant is involved in an evolving cycle. A therapist becomes part of the recursive cycles of a system and as such can adjust his or her behaviour and recognise reactions to it and the reactions to the reactions, that is, recursive feedback (Keeney, 1983).

In summary, recursion creates a further awareness of the circular nature of behaviour and action. This draws attention away from linear causal descriptions and results in any interaction, including the therapeutic process, to be viewed as unpredictable and non-linear. Awareness of circular causality also influences the role of a therapist in recognising that, by becoming part of the observing system, there is no predictability stemming from ‘therapeutic intervention’. At best, one can perturb the system and wait to see what happens (Hoffman, 1990).

Self-Reflection or Reflexivity

Self-reflection or reflexivity refers to the notion that any system has the ability to reflect back on itself and in turn refers to the notion of knowledge (Fruggeri, 1992). Self-

referentiality becomes a way of referring to the system's autonomy as it can only be described with reference to itself (Keeney, 1982).

Reflexivity implies that all descriptions or assertions are self-reflexive in the sense that they are based on the describer's own epistemological premises (Becvar & Becvar, 1996). "How [one] creates reality will be a function of the set of assumptions and frame of reference [one] brings to bear upon an event or experience" (Becvar & Becvar, 1996, pp. 70-71). Each member of a system, including the therapist, brings his or her own perceived reality which is influenced by personal motives, goals, idiosyncrasies, personal history, culture, self-theories, masks, and prior experience, that influence his or her behaviour (Fruggeri, 1992). Von Glasersfeld (in Watzlawick, 1984) holds that the world-out-there is not discovered but rather invented. Ideas about the world are shared and arrived at through consensual areas such as language and culture. In this way, reality is constructed socially and there are a "**multiverse** of worlds of descriptions", that is, multiple realities (Anderson & Goolishian, 1988, p. 377, the researcher's emphasis). What one describes is connected to one's own actions, that is, observing a change in another is related to a change in one's own behaviour. When a therapist provides a description it requires the act of drawing distinctions, which points to the therapist's "preference, intent and ethical base" (Keeney, 1983, p. 80). This suggests that what a therapist chooses to focus on in therapy tells more about the therapist than it does about the client (Hoffman, 1992), again pointing to a non-objective portrayal of events.

The self-reflexive stance suggests that therapists remain aware of their own preconceptions (Fruggeri, 1992), and to listen in such a way that their prejudices do not close them off from the uniqueness of the client's experience, thereby allowing new meanings to emerge for themselves and for the client. The reflexive process can in itself be regarded as a therapeutic tool. Through language one becomes conscious of self and in this sense self-reference and language are intertwined (Efran et al., 1990).

Self-reflexivity is hence regarded as an ethical disposition. Therapists should always remain respectful of their clients' realities as being different from their own which brings into question an expert position. What becomes significant is to acknowledge the contexts in which meanings and thus multiple realities emerge.

Context

Keeney (1983) claims that to achieve a higher-order view of a relationship, a jump in abstraction *from* behaviour *to* context is required. Ecosystemics asserts that the term **context** has many applications in the sense that it draws attention to placing events in a broader perspective. For a therapist this implies both that meaning is derived in a context and that a context derives meaning recursively (Hoffman, 1990; Keeney, 1983). Considering the broader ecology of a problem or symptom moves a therapist towards a more holistic approach.

Individual ecologies make up and are made by individuals. Keeney (1983) suggests that all behaviours are organised according to the patterns or rules that govern their interactional themes. As such the context also implies the rules of interaction between individuals. It is in this sense that the focus shifts to incorporate those aspects which help shape the situation wherein clients find themselves distressed. This further implies that a therapist must consider his or her client system in the context of broader ecologies (Keeney & Sprenkle, 1982); descriptions of events must also be placed in context; and on a meta-level the context of therapy and the therapeutic relationship must also be appreciated.

As has been previously mentioned, the previously mentioned tenets are highly intertwined. For the sake of clarity, the key distinctions between first and second-order cybernetics will be summarised.

Recapping First and Second-Order Cybernetics

The second-order cybernetic perspective addresses the previously mentioned concerns of first-order cybernetics, resulting in a higher-order punctuation of the therapeutic domain. Within ecosystemic epistemology the focus is drawn away from individuals as entities, to the context in which they subsist and the patterns that exist between them (Keeney & Ross, 1992). For the purposes of amplification the main distinctions between first-order and second-order cybernetic paradigms are summarised by Hoffman (1985, in Golann, 1988). She explains that second-order cybernetics emphasises an observing position, which includes the therapist as part of the system in the context of therapy. Further, a hierarchical encounter

is replaced by a collaborative and non-judgemental experience; goal setting for behavioural or structural changes is replaced by context changes; and a circular understanding of the problem is of primary significance. Freedman and Combs (1996) reiterate the position of curiosity of the therapist rather than the expert position. The idea of objectivity is also eradicated, and reality is understood as constructed through social discourse, that is, through language (Real, 1990). In summary, second-order cybernetics can be seen to be a more encompassing view but one should remain sensitive to the use and benefit of both perspectives in an ecosystemic epistemology (Keeney, 1982).

Second-order cybernetics is criticised for being mechanistic by comparing human encounters to machine-like processes (Anderson & Goolishian, 1990). Anderson and Goolishian (1990) also argue that the power debate related to the therapist-client relationship is not adequately addressed. They argue that despite a higher-order view of feedback, the perspective remains one of ordered control.

The narrative approach provides additional means through which to conceptualise actions in the therapeutic domain. This approach addresses the concerns directed towards second-order cybernetics. The following section points out the basic tenets underlying the narrative approach as a way of illustrating its congruence and compliance with second-order cybernetics and therefore the compatibility with the global picture of an ecosystemic epistemology.

The Narrative Approach

The narrative approach moves away from the mechanistic descriptions of the cybernetic perspectives and focuses on the process of languaging and the generation of meaning in the construction of reality. The premises underlying the narrative approach are viewed as congruent with the underpinnings of ecosystemics as a postmodern epistemology. A therapist is thus able to make use of the narrative approach to therapy as one that is compatible with an ecosystemic epistemology.

Storytelling: The Narrative Metaphor

In its broadest sense, the narrative approach employs the **narrative metaphor**, which refers to the use of **stories** as a way of communicating experiences. Individuals are storytellers and the stories told are said to inform them of their own identities, that is, their self-narratives, and links their experiences through the dimension of time (Epston, White & Murray, 1992). A story refers to “a symbolized account of actions ... held together by recognizable patterns of events called plots. Central to the plot structure are human predicaments and attempted solutions” (Sarbin, 1986, p. 3). Individuals are said to live through their personal stories, the stories of their cultures, and the stories of their time and place (Freedman & Combs, 1996). Cultural narratives are significant in that they influence the level of meaning that is attached to particular life events. The development of stories takes place in conjunction with others. In this process we define who we are in interaction with others and their perceived understanding of us. The idea is that the narrative approach is a contextual approach (Sarbin, 1986) and fits coherently within an ecosystemic epistemology. It follows that stories help people to organise and make sense of the world. By reflecting on experience(s) people construct stories out of intersubjective exchanges and recursively act out of the identities described in the shared narratives. Lax (1992) suggests that the way that clients describe their lives limits the development of new ideas or approaches regarding their life situations. In therapy new stories emerge where the therapist is seen as a co-author of the emerging story which is then co-constructed by both the client and the therapist (Hoffman, 1990).

When two people discuss an experience they have **co-constructed** a particular reality. Such a co-constructed reality exists in a consensual domain (Maturana, 1975). Despite this shared reality we cannot objectively know reality. Many possibilities exist for how any experience may be interpreted, but none is essentially true (Freedman & Combs, 1996). Certain narratives are said to be **dominant** over other narratives (non-dominant) and it is these dominant stories that then specify preferred ways of believing and behaving (White & Epston, 1990). The key for therapists is that there are always more events that are not yet storied by an individual, that is, the non-dominant stories (Freedman & Combs, 1996). Multiple stories or realities of self implies the prospect of re-examining the constructions of these stories in terms of how one has come to them and what effects these stories have had. In this process new stories with new meanings may emerge. In this sense, a postmodernist

stance completely shifts the problem of power in therapy, as it is the client who is the expert on his or her own life. Only the client can provide new stories of self and experience and thus create new narratives. The therapist's role is to act as a guide as the stories unfold. The notion of alternative stories reverberates the concept of multiple realities as described in second-order cybernetics and allows for the complimentary nature of these approaches to stand out.

The now illuminated narrative approach proves to enrich the field to a more collaborative enterprise. The narrative metaphor leads one to think about people's lives as stories. **Stories** can then be worked with in ways that are meaningful and fulfilling. Within this metaphor every person's social and interpersonal reality is constructed through interaction with other individuals and with other institutions. Meaning is derived from individuals being in conversation or languaging with one another and 'reality' is socially constructed through dialogue (Anderson & Goolishian, 1992) and the stories emerge herein.

The concepts of language and meanings are central in the construction of narratives and hence an individual's reality. These aspects will thus receive special attention in order to fully elaborate on the process involved in meaning generation and the collaborative effort of reality construction.

Language in Storytelling

As has been previously indicated, the role of language has moved to centre stage in the narrative approach, and the narrative metaphor is the guiding force (Freedman & Combs, 1996). **Language** is referred to as "the linguistically mediated and contextually relevant meaning that is interactively generated through the medium of words and other communicative action" (Anderson & Goolishian, 1988, p. 377). As Efran, et al. (1990) point out, life without language would result in a vacuum where individuals would not know who they were, where they were going, or if they got there. This implies that individuals come to recognise and create their world by engaging in conversation (Freedman & Combs, 1996). It follows then that humans are inseparably linked to each other through language whereby people come to shared understandings of the world they know and construct. Anderson and

Goolishian (1988) explain that language is a human tool that is put to a specific use and cannot be understood outside of the context of this use.

Being in language creates an observing 'self' where we evaluate our own experiences. These evaluations continuously and recursively modify what is being experienced, "leading to the self-referential quagmire that generates the business for psychotherapists." (Efran et al., 1990, pp. 33-34). People come to represent the world through the use of constructs inherent in language systems. As such, constructs are built on other constructs and also become restraints for the acquisition of additional constructs (Bateson, in Le Roux, 1987). It is therefore through the use of constructs in language systems that problems can be created, but also solved. Anderson and Goolishian (1988) assert that by people languaging around ideas, they co-create their realities and come to shared meanings and self-descriptions. This suggests that people are able to produce intersubjective realities through language as language permits them to construct alternative interpretations of events allowing for change to become possible (Dell, 1985). Language becomes the means through which people are capable of shifting their intersubjective realities in which they exist and, therefore, change becomes possible. Problems can be thought of as being created in language and derive meaning from the context in which they have been shared (Anderson & Goolishian, 1992). By way of example, Hoffman (1985) illustrates how languaging constructs realities. Here she refers to the thought that attributing blame for a distressing condition to a person or group almost always reinforces or intensifies that condition. In the domain of couple therapy this is typically seen with each spouse feeling that he or she is being victimised by the other. However, the complexity of the dynamics of blame reverberates to the therapist as part of the second-order concepts of the observing system and recursion. In light of this, the therapist must be aware of how he or she languages and sensitivity should be maintained so as not to shift blame, but rather to create a context of shared responsibility (Hoffman, 1985). Therapists should then become aware of the way in which their own use of language serves in maintaining a holistic picture (Keeney & Sprenkle, 1982).

The awareness of the client's use of language and resultant themes provide the basis through which therapeutic conversation can emerge. Conversation then becomes a therapeutic tool in itself. Through a collaborative process of languaging a therapist is reminded of his or her own use of language and is concerned with the meanings that are generated as interaction and shared descriptions evolve in the process of healing in therapy.

Languaging and meaning generation are inseparable processes. As Anderson (1997) explains, each individual speaks a language which provides clues as to the meaning that he or she attributes to events. It follows that language both modifies and is modified by experience by virtue of the meaning that is attached to the experience or context (Anderson & Goolishian, 1987). The narrative approach elaborates on the way in which meaning forms part of this intertwined processes. The explanation of this will illustrate the impact of this understanding in the world of therapy.

Meaning

Anderson and Goolishian (1988, p. 372, researcher's emphasis) explain that “**(m)eaning** and understanding are socially and intersubjectively constructed” and as such are the products of the context in which they emerge. Meaning cannot be achieved until an engagement in communication has taken place and as such any form of communication is laden with meaning. Meanings evolve unendingly and as such knowledge changes and renews itself during social interaction. A therapist is thus interested in how meaning, feelings and experiences are created (Hoffman, 1990). In therapy more useful narratives can thus surface during the conversation that allow new meanings to be attached to a previously defined problem (Hoffman, 1992). Second-order cybernetics reminds one that the meaning ascribed to a perturbation in therapy by the receiving system is considered to be autonomously generated. In the domain of therapy there is no predictable manner in which a therapist can assume a client will react or adjust to a perturbation (Hoffman, 1990). A communication exchange does not guarantee that the intended meaning implied by the communicator (a system) will be perceived in the same manner by the recipient (a system) as different people attribute alternative meanings based on their own epistemologies.

Therapists must also remain aware that their descriptions are not revealing of ultimate truths. Therapists from differing schools of thought may describe a particular couple in numerous different ways based on the meaning they attach to the interactional process. This is largely based on the all-encompassing frameworks that these therapists may be influenced by. This points to the necessity for a therapist to reflect on his or her self, while in a therapeutic process as the description of the client is derived simultaneously from client and

therapist (Cecchin, 1992). This again highlights the recursive way in which realities are constructed (described in second-order cybernetics).

The meanings that individuals attach to events or behaviour are largely influenced by the broader societal discourses of which they form a part. It then becomes helpful to understand the way in which these discourses are embedded in the meaning making process.

Discourses

Larger social systems and the resulting **discourses** are accounted for by the narrative approach in terms of their impact on an individual's construction of reality (Doherty, 1991; Freedman & Combs, 1996; Hoffman, 1990). Discourses are those embedded definitions and beliefs that emerge out of particular 'institutionalised talk', such as religious, gender, medical, psychological, and cultural discourses, which shape the legitimacy that people place on certain ideas or assumptions (Hoffman, 1992). In other words, discourses are based on the languages of the broader contexts of which people form a part and herein serve to influence their epistemologies and form the underlying assumptions which they draw on when providing descriptions. The central concern thus becomes the impact that language, discourses and conversation have through the process of social interchange (Hoffman, 1992).

Contextualised meanings surround family-system processes and reiterate the discourses that form part of those ecologies. Anderson and Goolishian (1992) suggest that people come to self-defining narratives by way of conversation with oneself and significant others in social and local contexts. Gergen (1985) comments that understanding is not automatic and inquiry should invite the historical and cultural bases of which an individual forms a part. This is so because concepts undergo revision across time and serve to shift constructions of the person or relationship, and the role of language is intertwined within the shifting of meanings and contexts. These aspects are inclusive when regarding the ecological influences that form an individual's life world.

An additional consideration for the researcher is that the context of the therapy be seen as a linguistic system, where communicative action has a relevance specific to itself (Anderson & Goolishian, 1988). Lax (1992, p. 73) emphasises the role of context and relationship in the

“unfolding of meaning and intention in human behaviour”. As such the therapist is consistently drawn away from content and category towards meaning and context. Anderson (1997) recognises that the discourse of therapy exists within broader cultural, social, political, and economic contexts which include a perceived expertise. Therapy is socially defined as a context for problem solving and change (Anderson, 1997). This places various expectations on the therapist and defines the role of the therapist as an expert change agent (Fruggeri, 1992). Furthermore, the relationship that develops with the client will also influence the meaning that is attributed to the evolving conversations. Awareness of this meaning allows a therapist to remain mindful of his or her actions in relation to the client and respectful of each client’s meaning system. The narrative approach purports that the context of therapy provides an opportunity or space for new stories and narratives to be told (Anderson & Goolishian, 1988). From this perspective the therapist is accountable for asking therapeutic questions, which create the space or context for the exploration of marginalized stories rather than the prescribed strategy which is assumed to be responsible for bringing about change (Anderson & Goolishian, 1992).

The Narrative Approach in Perspective

The focus on discourses helps the therapist to conceptualise the client in broader contexts. It is through a process of languaging that these discourses are accounted for and are seen to shape the way that problems and solutions are articulated. The therapeutic skill lies in gathering rich descriptions of contextual influences to expand on the narrowly constructed problem situation. As stories are told and re-told, different meaning systems may emerge which render the problem non-sensical, thereby shifting the meanings.

Both the narrative approach and second-order cybernetics have a focus on broadening the scope of problem definitions. Both emphasise circularity and holism, including the self-referential quality of the observer. These approaches consider context and observer-inclusion as paramount to any description. Therefore, one’s epistemology (the way one knows what he or she knows) is grounded in an ever-evolving environment of knowledge. As such, ecosystemics, as part of a postmodern epistemology, is appropriate and necessary when attempting to make sense of human behaviour. The basic assumptions underlying both the

second-order cybernetic perspective and the narrative approach articulate the all-encompassing ecosystemic epistemology.

The ecosystemic epistemology has much bearing on the way in which therapists behave in therapy as well as how they conceptualise a client's behaviour and the therapeutic process. The following section will highlight the impact of ecosystemic epistemology on clinical practice.

The Relationship between Epistemology and Clinical Practice

Applying ecosystemics to the field of therapy profoundly changes the way in which a therapist conceptualises the therapeutic process. Keeney and Sprenkle (1982) draw attention to the question of whether therapists are aware of the extent to which their epistemology influences their clinical actions. They point to the recursive nature involved by indicating that all "strategies of perception and action presume underlying ideas, theories, and epistemologies that in part generate the strategies" (p. 5). The guiding metaphors that have been discussed throughout this chapter have a powerful influence on the aesthetics and pragmatics of therapy. Although many more implications are inherent, some will be highlighted:

- Ecosystemics offers a more encompassing view of the wholeness of systems and reminds therapists to incorporate the client's context as an essential part of description.
- The therapist or observer is now seen as an integral part of the system being observed and as such is subjected to its feedback constraints. That is, the therapist must consider how he or she is facilitating or blocking the process of therapy due to the recursive nature of interaction (Keeney, 1983).
- The therapist is no longer an expert applying treatment to sick clients. Rather, the therapist is part of a meaning-generating system. Healing takes place in the process of creating stories where new meanings can be attached to old pathologising tales (Doherty, 1991).
- The language or narrative metaphor frees the therapist and the client from dichotomies of health and pathology and prefers the collaborative effort of co-constructing stories that fit with a client's reality (Anderson & Goolishian, 1992). Co-constructing or co-

creating reality points to the notion that the therapist shares responsibility for the context that emerges in therapy.

- Therapy is a challenge to move towards co-authored stories that open up new possibilities for clients through a conversational art. In this sense the therapist's use of language is also important in this regard as an emphasis on dualisms may overshadow the connectivity of the whole system (Keeney & Sprenkle, 1982).
- In perturbing a system, a therapist cannot unilaterally cause change. Rather, the system will compensate or not by shifting its structure in response to the perturbations. (Keeney, 1983). Change in context or the therapist's own behaviour may perturb the clients enough so that they may think differently about the situation or about themselves (Fourie, 1998).

Conclusion

The epistemological lens of the researcher is "ecosystemic or second-order cybernetics or postmodern" (Hoffman, 1985). This is not a therapeutic model but rather a theory of knowledge, which has implications for therapy and has implications for how to recognise that which the researcher undertook in the therapies. The researcher's motivation for utilizing the ecosystemic approach is based on the understanding that the approach acknowledges context, ecology, relationship, interaction and wholeness (Keeney, 1979). As such, the underpinnings of ecosystemic epistemology help guide the therapeutic and research process.

Ecosystemics places tremendous concern on several principles as a way of providing a strong foundation from which to sustain an epistemology. Central to these principles are concepts such as language and narratives, meaning, the observing system, context, autonomous systems, recursion, and so on. The researcher is of the opinion that, although the narrative approach is distinguished from the cybernetic perspectives, the two are recursively connected in the sense that the one directs the researcher's attention to pattern and the other directs her to a meta-level in a therapeutic context as well as supplements her epistemological grounding. The importance of this chapter has been in providing a context within which to conceptualise the research paradigm (Chapter 4) as fitting with the ecosystemic epistemology.

Also, the explication of the ecosystemic epistemology allows for the chapters regarding the case descriptions to be understood and conceptualised accordingly.

This chapter has not been articulated as the only reality, but as one out of the multiple stories or realities that exist in which to frame and put forward the epistemology that both grounds and guides therapists in a therapeutic context. This is the researcher's way of making sense of an ever-evolving and complex narrative of epistemology.

Adopting the ecosystemic epistemology has implications for the way in which the remaining chapters will be framed and conceptualised. The following chapter involves an exploration of the existing literature on couple therapy from the perspectives of both the therapist and the couple. The dual perspective is regarded as congruent with the ecosystemic epistemology by acknowledging and adhering to the principle of the both/and position as well as accounting for multiple realities rather than an objective truth. The researcher will therefore attend to both the therapists' and the couples' experiences of change.

CHAPTER 3

MULTIPLE PERSPECTIVES ON COUPLES' PROBLEMS AND COUPLE THERAPY

Introduction

Marital and family satisfaction is consistently found to be associated with the experience of life as meaningful and gratifying (Wamboldt & Reiss, 1989). Furthermore, marriage plays a pivotal role in human development. Marital problems are seemingly the most common complaint presented to mental health professionals as marital dissatisfaction unequivocally increases the risk of physical and emotional disorders in married partners and their children. With all these interacting concerns, it is not surprising that many schools of therapy focus on the marital dyad, with each school containing a diverse assortment of theoretical constructs and therapeutic techniques. Many of these therapeutic approaches testify to no more than a 50% success rate with couples. It appears that all treatments are helping some couples, but are also leaving a substantial number of couples unchanged (Jacobson & Addis, 1993). Researching the mechanisms whereby some marriages fail and others succeed has become a high priority so that therapists are able to work more effectively (Wamboldt & Reiss, 1989).

Much literature is dedicated to hypothesising around the causes of deterioration in a couple's relationship (Beavers, 1985; Fineberg & Walter, 1989; Fraenkel, 1994; Gottman & Levenson, 1999; Morrissette, 2000). Research results are helpful in allowing therapists to understand the processes in relationships which become problematic. The research results are also used as a way of providing therapists with models of *what* to address in therapy. Therapists can then move away from content issues towards underlying processes that contribute to the corrosion in the relationship (Heavey, Christensen & Malamuth, 1995). There is an inherent difficulty in interpreting the meaning of these findings; for example does communication style affect marital satisfaction or does marital satisfaction affect communication styles (Heavey et al., 1995)? Relationships may dissolve despite the partners' attempts to resolve their issues in the context therapy. However, ailing to resolve relationship

issues and/or deciding to end a relationship whilst participating therapy does not imply that has necessarily therapy failed (Clulow, 1985).

Couples often begin therapy by blaming each other for being responsible for the misery in the relationship. Evans (1992) cites research which describes the couple's positions by the time they arrive for therapy, as polarised. Polarisation does not refer to an argument about a topic which the couple disagree over. Rather polarisation is defined as a

...context in which people experience their respective emotions, attitudes or behaviours to be at such extremities, that they do not believe they can reach consensus or cooperation as regards the relationship or particular issues of concern

(Evans, 1992, p. 22).

This definition implies that the meanings that couples attach to their disagreements are what define the polarised positions. Polarisation is thus seen as a meta-level description of the processes going on around specific situations and actions with the couple. For example, when a couple perceive their identified problems as unsolvable and are stuck in their own view points in relation to this problem, they can be described as polarised. Therapists are often faced with couples who are stuck in these polarised positions and must find ways of understanding and working therapeutically with this stuckness (Evans, 1992). Polarisation can thus be conceptualised on many levels, such as physical markers (sitting far away from each other), behavioural indicators (continuously invalidating each other verbally or non-verbally), and emotional pointers (manifested through extreme anger, alienation, withdrawal, and so on) (Evans, 1992). The term 'polarisation' is thus a useful unifying concept for the various descriptions of couples' problems which are dealt with in therapy. Problems and patterns can be conceptualised through this umbrella term.

With the above-mentioned factors in mind, couple therapy has become a major mode of therapeutic intervention for the alleviation of relationship distress and the facilitation of adult intimacy and family cohesion (Johnson, 1986). Further, many disorders, such as depression or phobias, are now treated in the interpersonal context of couple therapy. The domain of couple therapy is overwhelmed by the amount of literature that is available. Therefore, the literature and research that is cited in this section is by no means exhaustive of all the possible

couple therapy models that are provided in the archives. The literature review proposed in this section is an overview of the various theoretical models that address couples' problems and couple therapy. To tackle every possible approach and provide even brief descriptions of each, goes beyond the scope of this paper. Six categories have been selected through which to provide alternative and distinct views of couples' problems and therapy. In this way various discourses surrounding couple-related issues will be introduced.

The first five categories are discussed from the therapist's perspective and incorporate Cognitive and Behaviour Marital Therapy, Emotionally Focused Marital Therapy, approaches stressing the influence of The Family of Origin, The Systemic Approach, and The Linguistic Approach. The afore-mentioned approaches have been selected on the basis that they consider couple-related issues in such a way that an ecological perspective is attained, that is, an all-encompassing view, and hence is regarded as consistent with an ecosystemic perspective. Some of these categories are more congruent with the ecosystemic epistemology described in Chapter 2. The sixth category deals only with the couple's perspective of the experience of therapy and relationship changes. This too is regarded as congruent with an ecosystemic epistemology. A literature review that would only focus on one approach, or that would ignore the couple's perspective would lend itself towards describing therapists' theoretical understandings of couple problems and therapy as fixed realities. Within each category two domains will be highlighted, namely: what constitutes couple problems (according to various approaches); and the therapeutic means through which change is attempted, which incorporates the role of the therapist and therapeutic tools (according to the respective approaches).

The following is a brief explanation for providing multiple perspectives (and particularly the inclusion of the couple's perspective) on the issues related to couples' problems, and the experience of change in a therapeutic context.

Greenberg, Ford, Alden and Johnson (1993) comment that research on the therapeutic process in couple and family therapy is greatly needed to help unravel how change occurs. Knowledge of the changes that occur in sessions can provide an understanding of how change actually occurs in couple therapy. Researching change does not mean that events can be isolated. This is because various processes occur at different times and similar processes have multiple meanings in alternative contexts (Greenberg et al., 1993).

Jacobson and Addis (1993, p. 86) put forward three questions which they regard as critical when evaluating couple therapy, namely: “Who benefits from couple therapy? What are the active ingredients of successful couple therapy? What are the pertinent change processes?” Understanding those aspects of therapy that a client experiences as beneficial and/or hindering may be more useful in allowing therapists to expand their knowledge of ‘being therapists’, rather than discerning what therapeutic model is better or worse than the other. Bischoff and McBride (1996) point out that understanding a couple’s perception of therapy may lead to determining the most helpful and essential aspects of therapy as they help in understanding those aspects that are more meaningful for couples.

Greenberg, James and Conry (1988) comment that the process of therapeutic change can be investigated from multiple perspectives, that is, the client, the therapist, and the observer. While therapists can provide useful theoretical explanations of changes that occur (according to the specific model), couples’ reports can provide accurate perspectives of the affective processes that occurred for them during therapy.

Providing a both/and description, that is, both the therapist’s and the couples’ descriptions of the salient features addressing the couples’ problems in a therapeutic context, is consistent with an ecosystemic epistemology. The therapeutic models will be presented first, followed by couples’ accounts of couple therapy.

Behavioural Marital Therapy and the Cognitive Approach

The behavioural and cognitive approaches have been grouped together as the techniques employed by these approaches are often employed collectively by therapists in order to attain maximum probability of a successful therapeutic outcome. Although the approaches are often integrated in therapeutic treatment, they do emerge from different schools of thought and for this reason will be discussed separately. The two approaches together acknowledge that behaviour is governed by both environmental and inner processes (Van Houten, 1992).

Behavioural Marital Therapy

Behavioural Marital Therapy (hereafter BMT) is based on empirical research with distressed and non-distressed couples. Factors associated with successful relationships have been identified which assist in the treatment of marital discord. Most outcome research has focused on BMT (Jacobson & Addis, 1993), many of which are comparative studies and give insight into the effective treatment components of BMT. BMT is a mechanistic model, which formulates action or behaviour in terms of cause and effect. Treatment of distressed couples is approached accordingly. The approach is well accredited for initiating long-term change with distressed couples in that there appears to be something particular about the BMT technology that accounts for the therapeutic outcome (Jacobson & Addis, 1993). By examining BMT's assumptions concerning marital discord and therapy, therapists are likely to enhance their knowledge base regarding effective treatment.

Theoretical Underpinnings

BMT is primarily influenced by the social learning theory and the behaviour exchange theory of marital distress (Hahlweg & Markman, 1988). Bandura's social learning theory posits that behaviour is mediated through a cognitive process which is based on prior experience (modelling) and further determines what environmental influences are attended to. Based on this, spouses may engage in behaviour they witnessed when growing up and/or in the present day and therefore attend and react to specific behaviour in the environment. The more prominent influence is the behaviour exchange theory. Thibaut and Kelley's social or behaviour exchange theory views relationships in terms of a bargain, that is, a negotiated ratio of costs and rewards (Johnson, 1986). According to the theory, relationships are bargain related, and spouses try to obtain rewards while minimising costs. Relationship success is based on the maintenance of a ratio favouring reward, and a judgement that this reward/cost ratio is superior to the ratio available in other relationships (the give-get equilibrium). Goffman (in Johnson, 1986, p. 260) distinguishes between two kinds of relationships, namely: "economic exchanges in which any benefit may be bargained for in exchange for an equitable return"; and "social relationships in which value is symbolic and defined in relation to the other's needs". The exchange theory is based on the former description, and a good

relationship is successful if there is a reciprocal arrangement where couples reinforce each other at an equitable rate over time. The behaviour of each spouse is a function of the consequences provided for that behaviour by the partner (Johnson, 1986). Problems arise when spouses use forceful strategies to adjust the other's behaviour in order to obtain auspicious exchanges, rather than using positive reinforcement.

The BMT approach considers therapy in relation to the underlying premises and treats a couple accordingly. The therapeutic approach has evolved over time with new advances being made according to research findings.

Therapeutic Action

Much of the therapeutic treatment is based on the behaviour exchange theory and therefore focuses on instigating **positive changes** in the natural environment (Hahlweg & Markman, 1988). Positive behaviour modification and negotiation skills are regarded as crucial to the maintenance of the relationship and are fundamental in therapy (Johnson, 1986). The basis of relationship skills incorporates the use of *rules* in interaction rather than spontaneous reaction (Weiss, in Johnson, 1986). This increases the reward ratio and leads to marital satisfaction. Hahlweg and Markman (1988) argue that a more process-oriented approach to BMT incorporates additional therapeutic techniques. This BMT model combines intervention components such as **communication skills training**, **problem-solving training**, and **cognitive restructuring** (which addresses dysfunctional relationship expectations and attributions) (Hahlweg & Markman, 1988; Snyder & Wills, 1989). Communications skill training as well as problem-solving training are used together with a behaviour exchange treatment. The behaviour exchange treatment focuses on **instigating positive changes** in the natural environment and hence in the marital relationship (Snyder & Wills, 1989). Further, BMT employs the use of interventions such as shaping procedures, homework assignments, behavioural instruction, modelling, rehearsal, and feedback, in order to initiate changes.

The Therapist: Skills and Requirements

BMT treatment involves **teaching** couples the skills of rational bargaining or negotiation so that they may contract for more satisfying exchanges (Johnson, 1986). BMT is, therefore, rigorous in stipulating interventions and testing the effectiveness of these interventions. The therapist's role is to **train** the couple in **skilful communication and negotiation skills** and the use of **rational control** to shift problematic behaviours; for example by teaching them not to make inferences, and to rather talk about what is observed. Such change simultaneously creates changes in affect and cognitions. The skills are taught in **rational technical** terms (the same as learning to operate a motorcar). The process also involves the creation of **new contracts** between the partners. These contracts are to be used in emergency situations so that couples have a plan of action if they should engage in a challenging situation. The therapist must also **cognitively reframe** the couple's attributions concerning shared responsibility for the lack of relationship skills (Johnson, 1986). Therapists working within the BMT approach must create therapeutic environments in the session, provide empathy, foster collaboration between spouses at home (in order to increase positive exchanges), and create hope in distressed couples (Jacobson, 1991).

Therapy that acutely involves **active listening and expressive communication skills** (that are associated with relationship enhancement) is highly correlated with the successful emergence of positive changes in the relationship (Jacobson & Addis, 1993). Some research suggests that it may be easier to prevent problems than to treat them once they emerge. Therefore, these behavioural skills employed in therapy often form part of marriage enhancement or prevention programmes; for example the Premarital Relationship Enhancement Program (PREP) and are reported to have much success when compared to control groups who do not undergo such training.

Expanding on BMT

The BMT approach to marital problems and therapy often includes discussions around cognitive restructuring and other aspects related to cognitive processes. The cognitive component has received attention as providing a supplement to BMT (Dattilio, 2001; Epstein,

1982; Fincham, Bradbury, & Beach, 1990). Cognitive approaches focus on specific aspects of individual processes that affect the couple (Dattilio, 2001). Understanding these cognitive aspects is regarded as essential and allows for the acknowledgement of the cognitive approach and for appreciation of cognitive elements of BMT (Dattilio, 2001).

A Cognitive Appraisal of Marital Problems

The role of cognitions and attributions in intimate relationships has been demonstrated to contribute to marital adjustment and maladjustment. Most work on cognitions has focused on the areas of causal attributions with empirically proven correlations between different types of attributions and the level of marital adjustment (Thompson & Snyder, 1986). Many of the movements that arise out of the cognitively oriented approach are mechanistic and embody unidirectional causality, although the founding theorists, such as Ellis and Beck, would argue that the cognitive approach is less mechanistic than traditional behavioural approaches. Other models are “organismic” and focus on reciprocal causality within a single individual; for example an experience causes an emotion which changes a cognition which in turn influences future experiences (Baucom, Epstein, Sayers & Sher, 1989, p. 36). Ellis’s fundamental premise of rational emotive therapy was that people guide their lives through cognitive schemes about how the world works. These schemes are beliefs, evaluations, interpretations, and reactions to life situations (Corey, in Van Houten, 1992). Beck’s cognitive approach posited that people develop highly individual beliefs which may lead to self-defeating cognitions (Van Houten, 1992).

Cognitions vary in how appropriate they are and in how much they contribute to marital discord (Baucom et al., 1989). The appropriateness of cognitions incorporates two aspects, namely: its validity as a depiction of reality and/or its reasonableness as an explanation of relationship events when objective criteria for determining reality are not available (Baucom et al., 1989).

The classification of cognitions assists in illustrating the significance of cognitions in marital discord. Baucom et al. (1989) used Beck’s and Ellis’s cognitive theories of maladaptive behaviour to delineate five categories of cognitive structures that appear to play significant roles in marital distress. These categories are related to the surfacing and

continuance of marital maladjustment and which serve to become the foci for treatment. The first category involves a perceptual process of “selective attention”. The other four categories involve outcomes of cognitive processes: “attributions” (why events occur), “expectancies” (event predictions), “assumptions” (about the nature of the world), and “standards” (what ‘should’ be) (Baucom et al., 1989, p. 31). The five categories were:

- **Assumptions:** An individual develops and holds assumptions about the *characteristics* of a person who takes up the role of a husband and/or a wife (named the *personae*), which includes expectations of the self and the partner. Individuals also hold assumptions related to how partners *relate* to each other in events or chains of events (named *scripts*). A *personae* involves the expectations of characteristics, such as, a wife is loving, supportive, caring, responsible, and so on, as well as the relationship between these characteristics; for example how responsible a wife is perceived, may be associated to how loving a person she is. *Scripts* are related to a sequence of events that an individual assumes typically occurs between spouses. For example, a script for an argument may involve: we argue, she screams, I defend myself, she walks out. *Personae* and *scripts* can be shared within a culture or may be idiosyncratic to an individual or a couple. Baucom et al. (1989) argued that accurate assumptions allow individuals’ past events to guide their current understanding and interaction with their spouses, but if inaccurate may lead to dysfunctional responses.
- **Standards:** This incorporates the characteristics that a spouse believes his or her partner *should* have. Individuals may hold extreme or irrational standards about relationships that no real life relationship can match. For example, feeling that your spouse *should* intuitively know what your needs or sexual standards are, and then following that disappointment up with the thought that the marriage is a failure. Standards are not dysfunctional per se and often act as guidelines for relationships, but become problematic when they are rigid or unsurpassable.
- **Selective attention:** As previously mentioned, selective attention is a perceptual process, where perception is defined as “those aspects of the information available in a situation that an individual notices and fits into cognitive structures (e.g., *personae*, *scripts*) that have meaning to him or her” (Baucom et al., 1989, p. 33). Perceptions are susceptible to selective attention because of emotional states, fatigue, and the like.

These perceptions have a powerful influence on marital interaction because spouses are normally unaware that the information they perceive is fractional to what is available. Interestingly, Baucom et al. (1989) referenced research which revealed that distressed couples report more frequently on differing and/or conflicting perceptions of events than satisfied couples.

- **Attributions:** The way in which a spouse causally describes or attributes events in the relationship may serve to maintain the status related to the degree of relationship satisfaction or dissatisfaction. The most frequently researched dimensions of attributions are global-specific, stable-unstable, and internal-external. Research findings suggest that distressed couples tend to rate the causes of negative partner behaviour as global and stable, that is, generalised and fixed traits of the partner. Non-distressed couples also rate positive partner behaviour in the same way (Baucom et al., 1989). Distressed couples blame their partners for negative marital events. These attributional tendencies perpetuate the positive and negative interaction in non-distressed and distressed couples respectively. Research related to other attributional dimensions (characteristics and motives of the partner, including: negative intent, blameworthiness, lack of love, and so on) also reveals that distressed couples focus on negative aspects of their partners in order to explain their partner's behaviour (Baucom et al., 1989).
- **Expectancies:** The concern with expectancies lies in how people learn to foresee likely consequences of their behaviour and can therefore alter their behaviour accordingly (Baucom et al., 1989). Expectancies may then be relationship-specific or more generalised. Bandura (in Baucom et al., 1989, p. 33) distinguished an "outcome expectancy" (a prediction that a particular action will produce particular consequences in a certain situation) from an "efficacy expectancy" (an estimate of the probability that one will be able to carry out a particular action needed to produce those consequences)." Expectancies can be seen to play a role in marital discord; for example regarding a spouse's expectancy in his or her ability to solve marital problems or in his or her responsibility for the partner's behaviour.

Together, *assumptions and standards* "serve as the templates by which an individual processes the ongoing events in his or her marriage" (Baucom et al., 1989, p. 32). Overall,

unrealistic assumptions and standards are found to be related to marital discord and can point to an interesting focus for marital therapy. These cognitive structures are interchangeably referred to as schemata or knowledge structures. They refer to an individual's internalised representations related to rules for "categorizing objects and events, for solving problems, for evaluating appropriateness of events, and for taking actions to achieve certain goals" (Baucom et al., 1989, p. 32). Repeated exposure and experiences (starting in infancy) produce complex concepts. Once established, cognitive structures are believed to inform an individual about how to understand, interact, and adjust according to the complexities in his or her life. The last three categories of *selective attention, attributions, and expectancies* are also of concern in their relationship with marital harmony and/or discord in terms of a spouse's perceptions and inferences about his or her partner's behaviour. This is independent of standards because they can serve as dissatisfying versions of reality. This means that a spouse may not violate standards, but the behaviour may be interpreted as being inconsistent with what brings the other person pleasure.

These five categories illustrate the significance of cognitions in marital distress and hence the relevance of a cognitive approach to marital therapy. Within each category research has been undertaken. The findings suggest the importance of assessing the content of these cognitions with couples in therapy in order to understand marital adjustment. The model claims that approaches which emphasise the role of cognitions must not describe cognitions vaguely and the relationship between the cognitions and marital distress must be determined (Baucom et al., 1989). The relationship between cognitions themselves, as well as emotions and behaviour must also be delineated. The aforementioned assertions encompass various implications for intervention with marital discord and thus impacts on therapy.

Cognitions in Therapy

Various therapeutic techniques emerge when considering the role of cognitions in marital distress. Because individuals do not generally question their own thoughts about events or their long-standing assumptions (personal frameworks and standards), a major task of cognitively-oriented therapy is to help spouses evaluate these cognitions and to become more active observers of themselves. The goal of therapy is to bring about emotional and

behavioural responses to each other that are minimally affected by previously distorted cognitions of the individual spouses (Epstein, 1986). **Cognitive restructuring** with distressed couples can lead to meaningful cognitive changes, particularly with regard to standards, assumptions, and expectancies. Here the couple is taught by the therapist that the causes of problems lie in irrational beliefs (Dattilio, 2001). The couple is taught to probe for these beliefs, which are then challenged and disputed. Brief cognitive therapy has also been reported to increase a couple's expectancy that marital therapy will benefit them and also increase their desire to improve their relationship.

In Summary

The combination of BMT and cognitive therapy, that is, cognitive-behavioural therapy, is conducted against the backdrop of a systems approach (described later in this chapter) by focusing on couple interaction patterns (Dattilio, 2001). In general, **BMT** teaches couples to identify and eliminate non-constructive or aversive elements of communication and to rehearse more beneficial or gratifying exchanges in order to elicit change (Snyder & Wills, 1989). The communication is reshaped in the process of therapy through the feedback and instruction of the therapist and the behaviour shaping procedures. Research results have shown that BMT results in decreased negative verbal behaviour and therefore increased marital satisfaction. The **cognitive** approach is complementary to BMT (Dattilio, 2001). The focus lies on cognitive elements with specific emphasis on five categories that have been related to marital discord. Accessing and understanding the content of these categories can assist in the restructuring process and improve the relationship functioning (Baucom et al., 1989). Skills training and cognitive restructuring are often employed together as an effective means of dealing with marital distress. Both approaches prescribe techniques that are directive and goal-oriented.

Emotionally Focused Marital Therapy

Emotionally Focused Marital Therapy (hereafter EFMT) is highly acclaimed for its conceptualisation of marital problems and is regarded as an effective means through which to initiate change in a therapeutic context (Johnson & Greenberg, 1988). The approach is a blend of the systemic and gestalt theoretical perspectives (Jacobson & Addis, 1993). The

systemic element emphasises the role of communication and interactional cycles in maintaining a problem. This is then integrated with a focus on the role of affect and the intrapsychic experience in change (Johnson & Greenberg, 1988).

Problem Formulation

Marriage is viewed as an emotionally driven attachment where each partner is seen as a primary source of security and affection, as well as a source of information regarding the nature of self (Greenberg et al., 1993). In the EFMT model, inner experience refers to emotional experience and the way in which it is processed. In intimate relationships, powerful emotional responses, such as fear, and associated archetypal perceptions of the self (learned in past attachment contexts) are evoked, particularly when conflict arises (Johnson & Greenberg, 1995). This inner experience familiarises one partner to the other and helps organise interactional responses. These responses become habitual positions, which are rigid and laden with powerful affect. Interactional patterns in distressed couples' relationships are rigidly defined and interact to create "powerful, repetitive negative interactional cycles" (Johnson & Greenberg, 1995, p. 121). These patterns can become self-reinforcing when they take on a life of their own and are often maintained by the emotional experiences of the partners. These positions curtail the possible responses of one partner to the other. For example, Gottman (in Johnson & Greenberg, 1995) states that the typical interaction in distressed relationships is one of reciprocal aversiveness leading to hostility and/or withdrawal. The emotional connectedness between the spouses deteriorates severely and therefore depletes the security between the spouses (Johnson & Greenberg, 1995). The basic premise of EFMT is that the partner's failure to be aware of and express underlying feelings and needs hampers communication and problem solving processes. These aspects are addressed in the therapeutic approach, which is congruent with EFMT's conceptualisation of couple's problems.

The Change Process

The underlying foundation for therapists working according to the principles of EFMT is a belief that an increase in emotional expressiveness and self-disclosure results in "changed

perception of self by the other and to more affiliative behavior on the part of the partner” (Greenberg et al., 1993, p. 78). The hypothesis focuses around the belief that awareness and the expression of underlying feelings, such as anger, fear, needs for support and comfort, and so on, will lead to interactional changes (Greenberg et al., 1988). Accessing key emotional experiences is *not* directed towards insights, but towards experiencing new aspects of self, which may in turn evoke new responses from the partner.

The EFMT model of the change process was put forward by Greenberg and Johnson (1985), and indicates those aspects that the approach focuses on within the therapeutic context. The stages of therapy and concurrent change can be summarised as follows:

- Bringing non-dominant experiences and expressions into awareness, enabling a spouse to perceive himself or herself differently; for example becoming aware of and accepting feelings of fear.
- The spouse has the opportunity to perceive the partner in a new way as a result of witnessing the expression of these alternative affections; for example appreciating the need for reassurance.
- The individual’s reorganisation of self results in alternative forms of behaviour and interaction; for example being able to request the reassurance.
- The spouse’s new perceptions of the partner results in alternative responses; for example the spouse provides comfort, instead of withdrawing as he or she used to.
- As a result of their spouse’s new behaviours and expressions, the partners also view themselves differently; for example feeling valuable to the spouse.

An essential component to this change process between the partners is related to an individual affective experience. EFMT refers to this process as *softening*. Softening refers to an event where a partner accesses and expresses alternative emotions. Softening represents a shift in the negative interactional cycle in the direction of increased responsiveness, that is, both partners can respond to the other in an accepting manner within an emotionally charged context. For example, softening occurs when a blaming, dominant spouse expresses vulnerability and a need for comfort, rather than continuing to attack. This process allows for a redefinition of the relationship structure (Greenberg et al., 1993).

Following from these fundamental assumptions, authors within the EFMT model; for example Greenberg et al. (1988), Greenberg and Johnson (1988), and others, have commented on various aspects of the therapeutic process, which correlate with change and the outcome of therapy. By conducting research, these authors build on the approach's assumptions and conceptualisations concerning marital interactions as well as the necessities required within a therapeutic process in order to achieve successful outcome.

Theoretical debates are often instigated so as to determine what the conclusions of the studies mean with reference to the EFMT assumptions. The implications of these debates serve to inform therapists. An example of such a debate was sparked by research conducted by Greenberg et al. (1988) after having researched couples' perceptions of therapy. In response to the research, Greenberg and Johnson (1988, p. 29) concurred with the assumption that it is the "expression of new emotional responses in the marriage, governed by new self-organizations, that create change". Wile (1988), however, argued that couples' problems stem from a lack of understanding of each other's perspectives, and hence accuse or blame each other for the problems, or withdraw from each other. However, a couple may then experience satisfaction by taking a *non-accusing* vantage point where they can *understand* their partner's and their own position (where understanding, facilitated by the therapist, is regarded as most helpful in tackling problems of accusation, thereby changing negative interaction cycles) (Wile, 1988). However, Greenberg and Johnson (1988) questioned these assertions by elaborating further on EFMT assumptions. They stressed that an alternative emotional experience is thought to give rise to new *perceptions* of the spouse and *new definitions* of the relationship. Change is then viewed as occurring when the emotional responses underlying interaction positions are reprocessed shifting these positions. The aim is to access the emotional processes underlying problematic interaction positions and to create new exchange cycles. The change is more than simple behavioural changes. The partners do not simply view each other differently, but actually *are* different (Greenberg & Johnson, 1988). Greenberg and Johnson (1988) argued against Wile's (1988) assertion regarding the centrality of understanding. Instead they claim that understanding may be part of the change process, but may not be an essential ingredient. Incidences may occur where, despite increased understanding and/or decreased accusation, couples are unable or unwilling to change their interactional positions. For example, a husband may change communication skills, but remain unable to move closer or express affection as his wife desires. Greenberg and Johnson (1988) assert that both understanding and diminished accusations do not fully

account for a redefinition of the relationships, and hence question whether it may be the result more than the cause of change. Finally, they assert that a *new experience of the self and the partner* is a more vital reported change process than either understanding or the reduction of blame (Greenberg & Johnson, 1988) and hence validate EFMT's key underpinnings.

Therapeutic Action

The theoretical assumptions and research results' confirmations or disconfirmations thereof, inform therapists regarding their roles and undertakings in a therapeutic context. Furthermore, studies are performed regarding therapeutic action in order to determine those aspects that are most effective in bringing about change. These studies often take the form of comparative studies in order to assert the effectiveness of the approach's stipulations regarding the therapist's performance in therapy. The EFMT therapist must modify the inner experience of both partners, the positions they hold, and the relationship events that define the quality of attachment. The therapist must also influence the definitions of the self of both partners.

EFMT incorporates two main tasks and corresponding therapeutic techniques (Johnson & Greenberg, 1995):

- The **first task** is that of working with emotional experiences, accessing, validating, reprocessing, and restructuring emotional responses. This task requires techniques which are predominantly taken from the gestalt and client-centred approaches to change. The moment-to-moment emotional experience of the couple is tracked. This process moves beyond intimate self-disclosure towards discovery and creation.
- The **second task** is that of creating new relationship definitions by reframing, reorganising and merging interactions. The techniques move the couple towards accessibility and responsiveness so that new relationship events are expanded upon. As the nature of the dialogue between the partners changes, problematic areas become less relevant because they are able to be addressed on a different level in the context of a newly defined relationship.

Based on research conclusions, EFMT posits that the role of the therapist is to create a *positive working alliance* with the couple. This alliance is a prerequisite for the effective implementation of EFMT and has been associated with positive outcome (Johnson & Greenberg, 1995). The therapist's tasks are dependent on him or her being able to block the usual pattern of interaction by focusing on underlying feelings. This will not occur unless both spouses are comfortable with including the therapist as a partner in their process (Johnson & Greenberg, 1995). In order to foster this relationship, the therapist provides structure, safety, and a sense of direction that makes sense to the couple, as well as the therapist tracking and reflecting on the partners' experiences. Therapists must be aware of the repercussions when mistakes are made in the area of alliance (Greenberg & Johnson, 1995). When an alliance is not balanced, the therapist may appear to identify with one partner and blame the other. It is often difficult to validate one spouse in such a way that it avoids the implication of judgement or negative intent on one or the other partner. The therapist must also be conscious of the implications of his or her statements and actions for the other partner and the relationship as a whole (Johnson & Greenberg, 1995). *Attuning* to each individual's style is thus crucial in developing a respectful and knowledgeable approach to the couple. The alliance with a therapist is viewed according to three elements, namely: task, bond, and goal (Johnson & Greenberg, 1995). A positive alliance implies that the tasks structured by the therapist are perceived as relevant by the couple, the needs of the couple are met by the goals of therapy, and the therapist is perceived as supportive and accepting. The therapist thus requires several interpersonal skills in order to facilitate the alliance with the couple.

Interpersonal Skills

The collaborative setting allows for the other elements of the therapeutic encounter to be presented. Providing **empathy** enables the partners to risk encountering threatening aspects of their experience (Rogers, in Johnson & Greenberg, 1995). The partners are also encouraged by the therapist to expand on the experience of their selves. As such the therapist does not temper the spouses' emotions, such as anger, but allows these emotions to be expressed completely. The therapist can then **validate and legitimise** these feelings in the hope that more primary aspects of the experience can also arise, such as hurt or sadness. Also, validating the partner may be a new experience for him or her in the couple's circumstances. This can only occur if the therapist creates a safe therapeutic context. These

assertions serve to confirm one of the main findings of Greenberg et al. (1993). The research revealed that spouses involved in EFMT respond to each other in a positive fashion after the therapist has *facilitated* intimate self-disclosure with the partners. It seems that shifts take place in the response of the listener after an intimate self-disclosure with reciprocal self-disclosure emerging between the partners. Johnson and Greenberg (1995) explain that the therapist's ability to **listen, reflect, and acknowledge** each partner's experience is paramount. The therapist must **connect** with each partner on an emotional level. For example, the therapist responds to the client's pain so that the client can feel heard. Experiencing new aspects of the self in a safe context usually results in a strong bond between the therapist and each partner. Johnson and Greenberg (1995) claim that the therapist must **monitor** the alliance between the spouses and explicitly address it when necessary. **Flexibility** from the therapist is essential so that he or she can shift between moving close to and then away from the couple in order to both follow and lead the couple, as well as confront and support the spouses, according to the demands of the process. The therapist may be more or less active at times but conducts the sessions with authority and remains focused on the process.

EFMT: Research on Efficacy

Various studies have illustrated the efficacy of this therapeutic approach (Goldman & Greenberg, 1992; Greenberg et al., 1988; Jacobson & Addis, 1993; Johnson & Greenberg, 1988). The results of these research endeavours illustrated that spouses who displayed higher levels of **affiliation** and acceptance towards each other and engaged in a deep **experiential** encounter (self-descriptions, exploration, and integration), experienced a successful outcome. Positive changes therefore took place as a result of the therapy.

Jacobson and Addis (1993) claim that most research on the process of change has occurred within the domain of EFMT. The studies provide information for the list of variables, which appear more prevalent later on in therapy and among improved couples than they do earlier on in therapy and among unchanged couples. Identifying these interaction patterns is believed to point to the relationship variables or interaction patterns that undergo change (Jacobson & Addis, 1993). An example of such research was conducted by Greenberg, Ford, Alden and Johnson (1993). The findings supported the model's description of change. For example, couples interactions were more affiliative (connected or interdependent); illustrated by

behaviours between the partners which were more supportive, affirming, understanding, self-expressive, accepting and so on. This was different from the hostile, blaming, and accusatory behaviours that had been witnessed earlier on during the sessions. Greenberg et al. (1993) determined that taking a self-focus, that is, looking at one's own experience for information about one's responses, as well as acceptance of the other is important in resolving conflict. Overall, the results supported the EFMT's claim that observable changes are promoted by enhancing the degree of attachment and connection between the partners through intimate emotional disclosures and/or deep experiences. This is followed by affiliative behaviour and overall change, thereby addressing the negative interaction cycles, which characterise distressed relationships (Greenberg et al., 1993). Jacobson and Addis (1993) do, however, advise one to be cautious when making linear judgements regarding research findings of this nature. By way of illustration, they explain that one should not automatically jump to the conclusion that improved communication of emotional variables (such as vulnerability) leads to improved relationship satisfaction and outcome (such as global affiliation). One could just as easily claim that the communication of the emotional variables is an outcome of an improved relationship that has been recursively mediated by other factors.

In Summary

EFMT is a widely researched approach to couple therapy with particular emphasis on the process of change (Jacobson & Addis, 1993). EFMT focuses on underlying and unexpressed emotions. In an escalating whirlwind, these aspects are believed to create relational difficulties. By accessing these elements in a therapeutic context, negative interactional cycles have been found to shift, thereby allowing the partners to experience new aspects of themselves and each other. The therapeutic process is complex and requires the skills of the therapist to facilitate the evolving shift.

The Family of Origin: Punctuating Concerns

Several authors within particular approaches point to intergenerational family transmission and socialisation patterns in one's family of origin (hereafter FOO) as a key influencing factor on marital harmony and/or distress (Collins & Read, 1990; Hoopes, 1987). The approaches

are guided by various schools of thought which direct the way in which the familial influence is conceptualised. Further, research is also directed at various concerns, such as dating procedures, future parenting, relationship satisfaction and so on. The approaches that are grouped within this domain emphasise the concern of how the FOO impacts on the adult child's subsequent relationships. Three models will be explicated in order to illustrate the concern that is placed in this arena. These models have been selected as they represent distinctive schools of thought, but are not representative of all possible models. The models are discussed according to each theorist's conceptualisation of the FOO influence and the respective suggestions for therapy.

Background in The Foreground

A person's experience in his or her FOO is an influencing factor on current marital satisfaction (Larson, Taggart-Reedy & Wilson, 2001; Wamboldt & Reiss, 1989). The FOO is a key agent in an individual's socialising process, and variables such as parental marital conflict and/or divorce, childhood environment, and socio-economic status of the family are significant in their influence on subsequent relationships and have long been researched as predictor variables for current marital functioning and satisfaction (Morrissette, 2000; Wamboldt & Reiss, 1989). The potential influence varies in degree and significance and may begin to emerge in the early stages of the relationship (Morrissette, 2000).

Interactional processes in the development of relationship problems are shaped by FOO experiences (Wamboldt & Reiss, 1989). Internal familial characteristics, such as family roles, communication patterns, and emotional climate impact strongly on the children's development and interpersonal functioning (Anderson & Sabatelli, 1992). Interactional processes, such as the ability to manage interpersonal conflict and the associated negative effects, seem vital for relationship success. Without conflict management, the mass of struggles that present in any relationship remain unresolved and increase the level of negative effect experienced, thereby eroding the degree of marital satisfaction. Further, fears of the destiny of failure and scepticism about love and intimacy develop as a result of witnessing parental interaction (Morrissette, 2000). Marital phobia can develop out of fear that patterns of interaction that were witnessed between one's parents, will infiltrate one's own relationship and lead to failure (Hoffman & Rosman, 1990). Individual beliefs about self, others, and

relationships are developed as a result of FOO dynamics and hence provide powerful blueprints for outside interpersonal relationships for the future (Larson et al., 2001).

Research results often point to gender differences related to FOO influence on interaction between spouses. This is due to a social perception (discourse) of women as relationship *specialists and architects* (Notarius & Pellingrini, in Wamboldt & Reiss, 1989). Research results reveal that women appear to be more perceptive of subtleties in communication and also persist in their attempts to resolve conflict areas, while men seem to withdraw in contexts of continual conflict (Wamboldt & Reiss, 1989). Other research has shown that women are more likely to disclose personal feelings and opinions to their partners, and that they more easily experience and express a broader array of emotions in marriage than men (Larson et al., 2001).

Various approaches address these concerns according to their own theoretical points of departure in order to formulate theoretical models of explanation and corresponding therapeutic approaches to address the FOO influence on couple satisfaction and harmony.

An Intergenerational Approach

Morrisette (2000) highlighted the impact of the FOO on intimate relationships. Morrisette (2000) claimed that most research in this domain has been produced by intergenerational family theorists. Morrisette's (2000) research focused primarily on pre-marital couples, but maintains significance for relationships at any stage.

The balance between *fusion* (that is, the togetherness) of the couple and maintaining differentiation of *self* was a central focus originating in Bowen's systems theory relating to relationship dynamics (Bowen, in Morrisette, 2000). The issues of emotional maturity and differentiation of personal values from one's FOO are vital in this process (Bowen, in Morrisette, 2000). Several **FOO and pre-marital factors** influence the fusion-differentiation process of a new couple (Morrisette, 2000). These factors include: social status (for example, the parents' and personal education, and economic status); family background (including, parental divorce, number of siblings, role modelling, poor socialisation skills, and so on); and premarital history of the relationship (co-habitation, length

of courtship, and so on). Witnessing the effects of family conflict or irresponsible parental behaviour during childhood can greatly influence the perception of relationship failure. Personality factors, such as power orientation, ambitiousness, and so on, interact with these elements and serve as precursors as to what can occur in a marriage.

Problem Formulation

Morrisette's (2000) research focused on clinical intervention with couples trapped by the FOO impact on the current relationship and used case vignettes in order to illustrate examples of the theoretical exposition. Morrisette (2000) agreed with the assertion that **past experiences** with significant others influences how couples perceive their own relationships and behave with each other. For example, some individuals behaved in ways which they claimed they hated witnessing in either of their parents. Often a helpless or fatalistic life script, in context of the FOO, is created when the spouse's own behaviour was attributed to genetics which was accompanied by a sense of helplessness to change the future (Morrisette, 2000). Several reinforcing factors may continue to influence this script. Parents or siblings may **continue** to influence the adult child's decision-making or meaning-making experience by continuously disclosing stories of being mistreated in their own relationships. Frequently, parents attempt to protect their children in this way, but the impact of this transaction cannot be dismissed (Morrisette, 2000). The resulting impact of the FOO script is that pre-marital spouses may not **invest emotionally** in the relationship because they perceive the relationship as destined to fail. This appeared to be particularly true for a spouse who perceived a parent as a victim of spousal exploitation. Associating a partner with a parent who was perceived as exploitative is common and can lead to self-protective behaviour and withdrawal from the relationship. Withdrawal and other interaction problems can also emerge when one or both partners perceive a pattern of interaction or a personality characteristic which represents a parental feature that was abhorred in the past (Morrisette, 2000). The emphasis remains on the **spouses' perceptions** of themselves and each other. These issues need to be addressed specifically in therapy at a level which is therapeutic to the individual and the relationship.

Therapeutic Approach

Morrisette (2000) proposed a three-phase therapeutic approach to address couples who are entrenched in believing that family patterns are impossible to change. The **first phase** provides couples with the opportunity to tell their story, share their fears, and hear each other's concerns. The **second phase** is considered a de-programming process whereby couples are encouraged to identify, explore, and challenge long-standing beliefs and the meanings attributed to these beliefs (Byng-Hall, in Morrisette, 2000). Couples are encouraged to identify FOO issues, which they perceive as threatening to the relationship. Partners typically avoid situations which would otherwise reproduce the behaviour they fear. Inherent in this thinking is the couple's lack of confidence in controlling and managing their emotions and behaviour (Morrisette, 2000). Couples are also encouraged by the therapist to experiment with each other by engaging in playful activities or rituals during actual feared experiences, thereby questioning implanted beliefs. For example, secretly gossiping about parents' behaviour while at a family gathering. The **third phase** involves relationship maintenance. This incorporates a two-step process. Firstly, couples are encouraged to remain *aware* of behaviour patterns which threaten the vitality of their relationship in order to keep the relationship free of these unwanted elements. Partners can share in this process, which naturally forms a supportive alliance between them and allows them to realise the daily effort involved in maintaining their relationship. Secondly, *nurturing behaviours* are encouraged, which serves to bring the couple together in enjoyable activities. Therapists can play an instrumental role by punctuating couples' strengths and the commitment to their relationship.

Overall, Morrisette (2000) claims that the approach deals with FOO issues in a proactive manner. The fear of perceived FOO patterns emerging in one's own relationship are addressed by countering gloomy and distrustful predictions of self or the other. Couples can join to defeat these concerns and defeat the impact that couples fashion into their own relationships.

A Socialisation and Social Constructivist Model

The research conducted by Wamboldt and Reiss (1989) focused on the FOO experience and its influence on the interactional processes of the couple's relationship. The study also investigated the role of consensus building and gender differences as factors influencing marital satisfaction. The Socialisation and Social Constructivist models served as the basis for the study.

Theoretical Assumptions: Problems and Change

Wamboldt and Reiss (1989) described two models to suggest how the FOO might be related to current relationship process and marital success or failure. Each model proposes a transgenerational causal link from FOO to current relationship process and marital success. The “**socialization model**” suggests that an individual learns a repertoire of behaviours, emotions, and interpersonal exchanges from his or her family, which influences subsequent relationship behaviour. The individual is perceived as a passive recipient of an intergenerational legacy and change is an arduous process. The second model is the “**social constructivist model**”. This is a developmental and systemic perspective, which acknowledges more prospects for change within an individual's life span and between the familial generations.

Wamboldt and Reiss (1989) employed the use of the social constructivist model as it was regarded as more beneficial for understanding problems in the context of the FOO. Accordingly, a couple creates a personalised and idiosyncratic meaning structure (or reality) about their own family through conversation. A sense of family identity is developed in this process. This reality construction is particularly predominant during the early years of couple development (Wamboldt & Reiss, 1989). A change from the FOO experience is possible because there is a combination of two separate familial experiences, which can be reinterpreted in order to construct a new reality. The key is related to what an individual does with the background from which he or she comes, and to see the marriage as marking a second chance to have a family experience. Hence, a couple in transition to marriage faces

two entwined tasks. **Firstly**, they must position themselves in relation to each one's family of origin. The significance lies in how each one defines his or her heritage; for example resolving where they have come from and what they want to emulate. **Secondly**, they must define a new relationship identity in order to decide on their own course. This involves deciding who they, as a couple, are going to be. A couple can either accept in full, partially accept, or disengage from their backgrounds.

Research Results: Theories in Context

The research findings suggested a strong relationship between FOO influences and marital satisfaction, but gender differences were also significant (Wamboldt & Reiss, 1989). The results revealed that good **communication** practices in the FOO had a particular influence for the current relationship, especially with women. The effects lay in the degree to which the new couples reached consensus concerning the interpersonal values and expectations for their own relationships. Originating from a family that has open expressiveness seemed to predict a better ability to form ground rules with the current partner. This finding echoed the sentiments of the socialisation model as skills are directly and passively learnt in the FOO.

The social constructivist model was purported to further the understanding of these results. Agreement about the ground rules points to a firmly established couple identity. In this sense, the agreement about the ground rules in one's current relationship was regarded as indicative of the degree to which the couple had articulated their own relationship identity; for example how are 'we' (the new couple) different to 'them' (their parents' relationships)? Also, a couple may focus on one particular family as forming a *family of heritage* where the couple feels closer and identify more with a particular family. The constructivist model assumes that the degree of agreement between spouses on the family of heritage points to the social bond between the couple and each of their families. Disagreement in this area pointed to conflict and a decrease in marital satisfaction.

With regard to **gender differences**, the research showed that conflict in the female's FOO interfered with her attempts to define *her* family as the family of heritage (which would imply modelling and closeness would stem from her family). From a social constructivist perspective, this inability can be understood to interfere with marital satisfaction as it is at

odds with the woman's socially constructed expectation to be the *relationship specialist*. Hence, she is not able to define the family she knows as a model of how to successfully build her own relationship thereby leading to marital dissatisfaction. Further findings suggested that a male's closeness to his FOO was only problematic when he was unable to move towards the interpersonal style of his spouse's family (Wamboldt & Reiss, 1989).

Therapeutic Implications

The implications for therapy are enmeshed in the theoretical assumptions and descriptions of the approach. According to the constructivist model a move towards a combined heritage and a more jointly held responsibility for relationship matters is proposed. Each spouse can offer some contribution to a new, and shared reality between the partners. Through conversation, a therapist can facilitate the reconstruction of both present and past realities of the partners. This incorporates a careful deconstruction of each partner's realities and the therapist must remain respectful to both partners while maintaining a self-awareness of his or her own personal biases.

Intergenerational Transmission Theory

Larson et al. (2001) put forward a theoretical model describing the FOO rules which impact on the future interpersonal relationships of the children. These interpersonal relationships include friends, family and intimate relationships. Larson et al. (2001) conducted research with young adults in order to illustrate the influence of the FOO on dating and subsequent relationship perception.

Theoretical Basis: Rules In Interaction

The theoretical assumptions grounding this approach were based on the intergenerational transmission theories. These theories posit that family system patterns and influences are stored with the children and manifest in later relationships (Larson et al., 2001). When one marries, each partner brings the expectations, attitudes, and patterns that manifested during their respective experiences in the FOO. A variety of transmissions, such as myths, rituals, obligations and rules occur from one generation to the next. This blueprint consists of a set of

procedures for marital practice, problems, and solutions (Larson et al., 2001). Family rules guide beliefs and behaviours that are internal to a family system and vary as a function of context, including race, culture, historical influence, and social class (Larson et al., 2001). Family rules are functional in that they create structure, create interpersonal boundaries, regulate intimacy, and govern communication in families. The rules may be implicit and/or explicit and hence dictate the interactional patterns, thus regulating the separateness and connectedness of the members. For example, families have rules about the expression of feelings or displays of affection. Family rules that encourage communication, foster individual growth, or engender support, cohesion, and understanding among family members are considered more functional (Larson et al., 2001). Contrary to these are family rules that are considered more dysfunctional in that they obstruct communication, foster low self-esteem or self-awareness, and lead to distance (Larson et al., 2001). In these families, rules are adhered to rigidly and children may reach young adulthood less prepared for intimate relationships and are hence directly influenced by the experience of the FOO rules.

Implications for Clinical Practice

The research results in Larson et al.'s (2001) study indicated that young adults from families where more dysfunctional rules were reported, revealed significantly "more dating anxiety, less relationship satisfaction and less commitment in their dating relationships than those from families with less dysfunctional rules" (Larson et al., 2001, p. 504). Furthermore, their relationships were also less likely to progress to serious and committed dating stages. Based on these research results, Larson et al. (2001) made two recommendations: **Firstly**, therapists should investigate dysfunctional rules emerging from the FOO with couples reporting problems with relationship development. **Secondly**, individuals who present a history of family dysfunction, especially alcoholic and abusive families, are more likely to experience relationship problems. Therapists working with these individuals should assess the current relationship and determine if there is an association between FOO rules and the problems being experienced (Larson et al., 2001).

Larson et al. (2001) provided several guidelines for therapeutic treatment, which are a fusion of FOO therapy and cognitive behaviour therapy. These principles included:

- A therapist must look at the individuals' pasts to determine how the past creates constraints that are not useful in the current relationship.
- Therapists need to emphasise to the couple that certain perceptions and responses, which were appropriate in the FOO, may have been transferred to the current relationship and therefore may not work in this environment.
- Letting go of the old ways involves risk-taking for the individual. The therapist must get individuals to risk new ways of thinking and behaving in order to examine the functionality of transmitted rules.
- The therapist must assist the individual to make the FOO rules explicit. This may be the first time that these rules are commented on and might at first produce feelings of anxiety. Later on, these discoveries may result in relief and understanding.
- Constraining beliefs related to dating anxiety must be identified, evaluated, and challenged by the therapist. Therapists must further facilitate intimacy which will lead to relationship satisfaction. This involves educating clients about the important role of FOO rules in the development of beliefs about intimate relationships. After dysfunctional rules have been identified, the therapist should ask questions that assist in gaining insight about how these rules affect the pre-marital and marital relationships.

Overall, these therapy guidelines should encourage individuals to transcend their dysfunctional FOO rules and improve relationship satisfaction and commitment (Larson et al., 2001).

The Individual Belief System Model

Israelstam (1989) proposed a **complex model** of marital interactions which lead to distress. Maturana's (1986, in Israelstam, 1989) concept of structural determinism and Bowlby's (1969, 1973, 1980, in Israelstam, 1989) attachment theory served as the theoretical base from which this model was created. Thus, constructivist and psychodynamic theories were combined to create this model. Accordingly, Israelstam (1989) explored the nature of the "fit" between spouses' **internal belief systems** (hereafter IBS), particularly those related to a fear of intimacy (Israelstam, 1989, p. 53). Through this, Israelstam (1989) explored the causes of marital distress (within the realm of these theories) and proposed a therapeutic approach.

Developing Individual Belief System(s)

An IBS is believed to develop early on in life through relationship interactions with significant others, but is able to shift in continuous or severe experiences during adulthood. The development of the IBS is best described by Fairbairn (1952, in Israelstam, 1989) and Winnicott (1971, in Israelstam, 1989), who were both psychodynamic theorists. The IBS is conceptualised as an internal representation of external relationships with primary caregivers, which accumulate over time (Israelstam, 1989). Israelstam (1989) posits that the IBS(s) of each partner recursively interact together in ways that influences the other. This occurs because cognitive, affective, behavioural and physiological responses are interconnected and interdependent. For example, thinking that emotional closeness with another person is harmful can lead to anxiety (physiological and affective) and withdrawal (behavioural) and hence have an effect on the relationship.

Individual Belief Systems in Intimate Relationships

Israelstam (1989) used Bowlby's theory of attachment to explain how intimacy is pivotal in relationships. Intimacy between two individuals is defined as each partner's ability to sustain **sufficient closeness** (to satisfy mutual proximity and care-giving) as well as each other's need for **individuality** (to satisfy personal growth) (Israelstam, 1989). The capacity for intimacy is dependent on the partners' IBS(s). Couples often find themselves in distressed relationships where the spouses are "too close or too separate" (Byng-Hall, in Israelstam, 1989, p. 54). Israelstam (1989) claimed that these individuals have IBS(s) that lead to fears of being either too close or too distant in relationships. For example, I will be hurt/harmed if I get too close/separate; I will be hurtful/harmful if I get too close/separate; and/or I will lose my identity if I am too close/separate (Israelstam, 1989).

Following from von Foester's assertion that there is no objective reality or truth, and that what is perceived is observer dependent, Israelstam (1989) claimed that individuals observe interaction through the lens of their IBS(s). Further, Matuarana's concept (1986, in Israelstam, 1989, p. 55) of "structure-determinism" is used to explain that one's inner world

(namely an IBS) determines what and how one perceives, rather than actual visual and other stimuli (such as behavioural interaction). When two individuals are intimately involved they are affected by each other (perturb each other) and are described as structurally coupled (Maturana, in Israelstam, 1989) (similar to Dell's (1982) concept of 'fit').

Israelstam (1989) uses these ideas and epistemological concepts as a way of understanding couples' interaction patterns. He posits that interaction can often be painful and destructive based on three possible patterns of interacting:

- Spouse's interactions may serve to **generate** a new IBS(s) by continuously enduring a particular response during interaction. For example, through the continuous experience of withdrawal, a partner may begin to believe that he or she is not lovable or worthy.
- Spouse's interactions that **confirm or exacerbate** an existing IBS(s) can be triggered in particular interactions that lead to escalating vicious cycles. Two subtypes of this interaction exist:
 - *Simple-confirming* interactions usually imply that the individual's IBS(s) are not too negative and that he or she can generally enjoy the closeness and separateness of intimacy (Israelstam, 1989). Under particular circumstances, however, escalating cycles may be experienced. For example, the birth of a baby may place more demands on the couple. The partners may experience each other as unavailable and this can result in a pursuer-withdrawer pattern (Israelstam, 1989). Escalation in this behaviour may trigger their IBS(s) respectively; for example "Men are selfish and unsupportive" and "Women are demanding and want to control" (Israelstam, 1989, p. 57). This further escalates the behaviour.
 - *Compound-interaction* arises in situations where the couple has experienced difficulty in sustaining intimacy (they may be too close or too separate). The internal IBS generally takes the form of "internal double binds" (Israelstam, 1989, p. 57). Being emotionally close elicits anxieties of getting hurt, hurting the other, or losing identity. The logical solution, that is, separating, conversely creates anxieties of being too separate (hurt, hurting or losing identity). An example of a double binding IBS includes: "I am demanding and

needy”, “Men only use women”, “I will get hurt or be hurtful if I am too separate” (Israelstam, 1989, p. 57).

The major distinctions between these two subtypes are that compound-interactions are characterised by oscillations back and forth between separateness and closeness; and the cycles of interactions are spontaneously triggered (even through minimal perturbations). These interactions are seen as more difficult to disrupt. The differences in these interaction patterns have implications for therapeutic treatment (Israelstam, 1989).

- The third interactional pattern states that couples interact such that they **disconfirm an IBS**. Disconfirming behaviour implies that the partner responds in an unexpected way and the behaviours that are contingent on a particular IBS do not occur. For example, responding empathically to demands instead of withdrawing may disconfirm an IBS of “All men are emotionally unavailable” (Israelstam, 1989, p. 58).

Following from this conceptualisation of couples’ interaction patterns and their influence on marital distress, Israelstam (1989) proposed a therapeutic approach that includes fundamental elements of various schools of thought, including affective therapy (EFMT), Milan systemic therapy and strategic therapy. Israelstam (1989) proposed that a combination of these paradigms provides an effective approach for therapeutic intervention.

A Framework for Marital Therapy

Israelstam (1989) proposed a framework for couple therapy based on the aforementioned model’s comprehensive description of marital interaction. Reference is first made to Selvini-Palazzoli, Boscolo, Cecchin and Prata’s (in Israelstam, 1989) discussion of the **relationship bond** between the couple and the therapist in which the therapeutic posture of **neutrality** is crucial. Neutrality implies that a therapist avoids being more committed to change than the couple; avoids siding with one spouse and being triangulated into the couple’s conflicts; avoids being judgemental; and understands that clients are trying to cope with their circumstances. It is the therapist’s commitment to neutrality that is regarded as the most important element in therapy, rather than the therapist’s behaviour. Thus, therapists’ attempts at facilitating interaction and/or the expression of affects, suggesting homework experiments, and making statements about how they see things, are all secondary to neutrality.

With the theoretical premises regarding marital distress and with neutrality as a cornerstone for therapy, Israelstam (1989) divides therapy into several phases:

- ***The assessment phase*** incorporates collaborative efforts with the couple to understand the nature of the problem in the context of each partner's IBS and their 'fit' as they relate to the aforementioned theory. The problem should also be understood in the context of the couple's social networks, the family life cycle stage, past-present-future time frames, and the attempted solutions. In order to gather this information, Israelstam (1989) suggests the method of inquiry advocated by the Milan School of therapy (Selvini-Palazzoli, Boscolo, Cecchin & Prata, 1978). The process of working with a tentative hypothesis, and circular questioning, as well as neutrality is useful in bringing forth information about each partner's version of the problem, their own IBS(s), and mapping a time frame of the problem. In order to get more information regarding the affective element in the relationship, Israelstam (1989) recommends a move away from the Milan method towards an affective-experiential method purported by EFMT (discussed earlier in the chapter).
- During the next phase, the therapist ***contracts and sets goals*** with the couple regarding the number and length of the sessions. Implicit or explicit goals may be discussed with the couple. For example, to facilitate movement away from disconfirming interactions, and/or to break down negative IBS confirming interactions, and/or to prevent IBS generating behaviours.
- ***Working through and task-setting*** is the final phase. Israelstam (1989) claimed that in order to achieve the goals, several tasks must be successfully negotiated. Firstly, the therapist must facilitate the couple to develop self-other awareness. In this process the individuals will begin to take ownership of their own IBS(s). The couple will start to understand the circular nature of their interaction, rather than engaging in blaming behaviour, that is, their reciprocal influence. Israelstam (1989) suggests that the therapist's use of *reframing* is a powerful way of facilitating this change. Also, accessing and expressing emotions (proposed by EFMT) is a useful way of linking cognitions and affect. The final phase includes other aspects which must be addressed within the therapeutic encounter:

- Directing *change towards self* (not the other), addresses the frustrating attempts that partners engage in to change the other, which results in marital turbulence. The capacity to take responsibility arises out of the self-other awareness. Homework interventions may be prescribed in order to facilitate this process.
- Finally, identifying and understanding the *testing dynamic* in their interaction is included in the marital therapy framework. This implies that the partners engage in disconfirming interactions, which are facilitated by the therapist reframing the behaviour allowing alternative interactions to emerge.

To sum up, the model proposed by Israelstam (1989) suggests that understanding the IBS(s) of individuals in intimate relationships is an important ingredient in understanding the interactional patterns commonly seen between partners. The therapeutic model then serves to address the couple based on the understanding of each partner's IBS and the couple's fit (Israelstam, 1989). Aside from illustrating the aim of therapy, the model addresses the therapist's role as well as useful therapeutic measures.

In Summary

The aforementioned models are complex and specific to the theoretical underpinnings that guide each of them respectively. Overall, each model has a particular understanding of the impact of the FOO on the individual and hence on relationships. The central theme between all of these approaches is the emphasis on the FOO as an influencing factor on marital harmony and/or distress. No one approach is regarded as more valid or accurate than the other and each approach has been dealt with in such a manner as to provide a full explication of the theoretical understanding of the problems that may arise as a result of FOO experiences as well as the respective therapeutic approaches.

Systemic Approaches

The models of couple therapy that are discussed within this domain, focus on relational issues between couples. These approaches do not view couples problems as existing within

the individuals themselves, such as, with cognitive models. Other approaches may also discuss the interaction process between spouses, but the understanding of problem formation and therapy differs from the systemic approach. For example, the models in this section do not necessarily manage couple therapy by attempting to fix dysfunctional cognitions, skills, or other intrapsychic aspects of the spouses. Several schools of thought fall within this domain, such as, The Original Milan Approach of Selvini-Palazzoli et al. (1978); The Strategic School with theorists including Haley (1963); The Communication School which includes Watzlawick, Beavin and Jackson (1967); The Structural School of Minuchin (1974), and others. These schools are dedicated to marriage and family therapy and therefore provide an understanding of the functioning of patterns in a system (couple or family) (Piercy & Sprenkle, 1990). Several theorists' understandings of couple problems and/or couple therapy will be elaborated on in order to provide a broad understanding of the emphasis for couple therapy in this domain, that is, problems and solutions lie *between* the partners. Some scenarios will be put forward to illustrate how problematic patterns are formed as well as the suggested methods of treatment.

Problems In Formation

There are as many ways to conceptualise the interactional patterns between partners as there are theorists who write about them. Systemic theory has developed recursive ways of understanding patterns in relationships (Flaskas & Perlesz, 1996) which also affect the cognitive and emotional functioning of each spouse. Systemic approaches regard the process of patterns of behaviour and/or communication as more important than the content of the problems (Fish & Piercy, 1987). Watzlawick et al. (1967, p. 36) stated "where there is pattern there is significance" which was linked to their idea of redundancy, that is, patterns are ongoing. Behaviour occurs as a part of a sequence of ongoing recursive events, which can only be understood in the context of the broader ecology (Fish & Piercy, 1987). Problems are embedded in these sequences and are developed and maintained by ineffective solutions. The circularity of the patterns in the relationship is referred to as the "game without end" (Watzlawick et al., 1967, p. 232), and defies attempts to define linear causality; for example one cannot say that she shouts and therefore he withdraws. These statements are merely a matter of punctuation in a recursive pattern. Fisch, Weakland and Segal (1982) proposed that clients' attempted solutions to their problems contribute to the maintenance and/or escalation

of negative interactions, that is, the attempted solution becomes the problem. This implies that spouses engage in behaviour that they individually consider most appropriate in reaction to something wrong that the other is doing. For example, a wife may continuously ask probing questions of her husband whom she feels is emotionally closed towards her. He may consider her behaviour to be too intrusive and continue to withhold information to show her that she should not know everything. Instead of getting her to stop questioning him, his behaviour contributes to her worries and provokes her to continue asking questions. Both their attempted solutions can be regarded as the problem as they create a pattern of demand and withdraw.

Some systemic authors prefer to understand the emergence of patterns in terms of the **positions** that spouses hold in relation to each other. Complementarity in relationships can be understood in terms of the nature of the roles that are assumed by an individual in his or her relationship. Complementarity occurs in relationships where a role assumed by a member of the family or couple is logically complemented by a role in another member and this serves to maintain the system (Papp, 1982). For example, one partner is described as being dominant and the other as being submissive. Certain triggers (for example, the death of a parent) may result in escalating behaviours which may upset the interactional pattern. Papp (1982) explains that the use of metaphors in therapy is extremely useful to define the polarised positions that each partner occupies in relation to a main theme.

Other systemic authors, such as those adhering to the structural school of thought, prefer to understand the emergence of problematic patterns in terms of the structural set up of a system. In a family system, several subsystems exist; the spousal subsystem, the parental subsystem, and the sibling subsystem (Becvar & Becvar, 1996). The patterns between partners give clues as to the basic structure and organisation of the system. The theory insists on appropriate generational boundaries, which may be clear, rigid or diffuse, and define the amount and type of contact between family members both within and between subsystems. Clear boundaries are ideal, creating stability and flexibility, while rigid or diffuse boundaries are problematic, creating over-enmeshed or disengaged relational patterns (Becvar & Becvar, 1996). For example, a coalition between one spouse and his or her parent or child may recursively influence the interactional patterns with the other spouse. Therapy is approached accordingly and hence focuses on restructuring the organisation of the family.

Predicting Marital Problems

Many studies illustrate the effects of particular interactional patterns on marital satisfaction over time. The research results are used to predict marital problems between spouses as the patterns are generally associated with marital distress. Furthermore, the research results are useful in allowing therapists to identify those patterns between spouses and tackle them directly in therapy.

Patterns and Polarisation

Heavey et al. (1995) hypothesised that dysfunctional forms of interactional patterns (particularly demand and withdrawal patterns) are associated with longitudinal deterioration in relationship satisfaction. They further speculated that the patterns are harmful to the relationship as they lead to increasing polarisation between the spouses. Observer ratings (over two time intervals) illustrated that demanding behaviour generally showed significant negative associations with marital satisfaction for both partners. The results also revealed a gender difference, that is, the woman-demand-and-man-withdraw pattern leads to more marital dissatisfaction and long-term difficulties when discussing problems brought up by the wife. Also, negative engagement exhibited by men increases female satisfaction as it is experienced as better than withdrawal.

Elkaim (1986) used systemic theory to explain relationship patterns that emerge as a result of contradictory messages from one or both partners. Elkaim (1986, pp. 35-36) used the term “map of the world” to describe the blueprint that each partner has created in the course of his or her past and which presents itself in current situations; for example the belief that friendship and love do not last and rejection is inevitable. Further, the term “official program” was used to describe each spouse’s request for specific behaviours from the other spouse. For example, a spouse may request overt affection. Elkaim (1986) explained that these two aspects, that is, the map of the world and the official program, may be contradictory to each other resulting in negative effects for the relationship. Spouses may place each other in **reciprocal double binds** by acting out in contradictory manners at the two levels of expectation. For example, a spouse may crave tenderness, but fear attachment and the behaviour is reflective of both components, that is, a spouse may simultaneously demand

affection and reject the partner (Elkaim, 1986). The reciprocal double bind places each partner in a position where he or she is bound to fail on at least one level of the demands, no matter what he or she says or does.

A spouse's behaviour is also bound with the *map of the world* of the other member. In this way the contradictory messages sent to a spouse may coax behaviour that confirms the other's deep-seated beliefs (Elkaim, 1986). For example, every time one spouse requests affection, he or she may behave in a way that pushes the other partner away and hence confirms that spouse's belief that love leads to rejection. The reciprocal double bind also results in blaming where each feels that the other is responsible for the relationship problems. The couple is usually caught in, and governed by, rules and cycles that are mutually influenced by each one's perception of the situation (Elkaim, 1986). The reciprocal double bind locks the members of the system, which explains the perpetual movement that occurs between the spouses. Behaviour, which is locked in this pattern, is governed by rules and cycles that are set up by each partner's perception of the situation (Elkaim, 1986).

Behavioural Patterns in Conflict: Longitudinal Effects

Gottman and Krokoff (1989) questioned interaction patterns that may at one time appear to keep the peace in a relationship, but may leave unresolved areas of conflict which undermine the relationship over time, that is, lead to a change in relationship satisfaction over time. The focus of their comprehensive study related to *what type of interaction* becomes problematic over time.

The results indicated that conflict engagement of a 'specific kind' may be longitudinally functional rather than lead to marital distress. Thus, marital dissatisfaction may be experienced concurrently (at the time of the conflict), but may lead to an increase in marital harmony in the long run. This only occurs provided that the conflict is not indicative of severe **defensiveness** (excuses, denial of responsibility, and mind-reading leading to disagreement, that is, misattribution); **stubbornness** (noncompliance, put downs, commands and whining or complaints, which imply being deprived, wronged or inconvenienced by the spouse); and **withdrawal** (negative listener behaviour such as no response, not tracking, turning off and incoherent talking). They concluded that if the above aspects are present in

the communicational style during conflict, a decrease in marital satisfaction is more likely to emerge in the long run. Gottman and Krokoff (1989) brought specific attention to couples that engaged in **conflict avoidance** as an extreme example of this described pattern of behaviour. These couples were seen to be at risk longitudinally in that they never gain a “relational efficacy” or confidence that they are able to withstand conflict together (Notarius & Vanzetti, in Gottman & Krokoff, 1989, p. 51).

The results of Gottman and Krokoff’s (1989) study also revealed **gender differences** in terms of marital satisfaction over time. The results revealed that *stubbornness, whining and withdrawal* in a husband’s behaviour may be most harmful to the longitudinal course of a marriage. Marital satisfaction of wives improved over time if they were able to express anger and contempt during conflict discussions, but seemed to decline with the expression of sadness or fear. Thus, the same negative affects could not be viewed as equally positive or negative for husbands and wives.

In an attempt to make sense of the gender differences, Gottman and Krokoff (1989) pointed to several studies. These studies revealed a pattern of behavioural interaction in happy and unhappy marriages. The trends illustrated that women are more likely than men to confront disagreements. Further, in unhappy marriages, wives are viewed as conflict-engaging, whereas husbands are described as withdrawn, with each spouse complaining about that aspect in the other. Wives confronted issues by enforcing their feelings about it, whereas husbands preferred appeasing and providing factual explanations. In combination with their own research results, Gottman and Krokoff (1989) suggested that wives manage a complex dialect in the *role of conflict and relationship manager*. The following scenario was proposed as an ideal model with regard to this complex dialect as a suggestion for maintaining long-term marital satisfaction (Gottman & Krokoff, 1989): If the wife must introduce and elaborate on disagreements, she would need to do this by getting her husband to openly express anger and disagreement. This would be functional provided that the interaction does not result in the husband’s continuous whining, stubbornness, or withdrawal. Defensiveness from either partner is proposed as dysfunctional and detrimental to long-term satisfaction.

Gottman and Krokoff (1989) concluded by highlighting the complexity of interaction patterns and the expression of emotions which affect marital satisfaction both in the here-and-

now and longitudinally. If therapists acknowledge the factors emphasised in this research, clues emerge as to what to work towards in a therapeutic context.

With the recognition that interactional patterns have an immediate and longitudinal effect on marital satisfaction, the approaches recognise that therapy must address the patterns that have evolved between the couple and address each couple accordingly. The systemic view of change and therapy is focused on the understanding of change and stability and goes beyond the manipulation of simple behaviours or emotions.

Changing Patterns: Understanding Change and Therapeutic Intervention

Therapists who work according to a systemic approach manage couples on the level of behaviour and the goal of therapy is to shift behaviour and patterns (McDaniel, McKeever & Weber, in Evans, 1992). According to Keeney (1983) change and stability cannot be separated as they are complementary. Keeney (1983) explained that change in a system is a continuous process which allows a system to remain stable, that is, stability is always enmeshed in the underlying processes of change. For example, a husband and wife must quarrel sometimes in order to maintain some stability by introducing self-correcting behaviour in the system. What changes are the behaviours while the whole remains the same.

Bogdan (in Evans, 1992) reiterates that change in behaviour must include a change in ideas (context) and thus the organised perception of the situation. Behavioural changes are thus regarded as too simplistic and change of the context is of greater importance. Watzlawick, et al. (1974), suggested that difficulties are mishandled in three ways. Firstly, a problem is denied and therefore action, which is necessary, is not taken. Secondly, action is taken when it should not be. Thirdly, change is attempted at the wrong level, that is, first-order change is attempted when it should be second-order change. Second-order change is conceptualised as higher-order change and must be facilitated by the therapist. Second-order change suggests a change in the rules of the system and thus in the system itself and implies that the context rather than simple behaviour is what changes (Keeney, 1982; Watzlawick et al., 1974).

Therapeutic Skills

Systemic therapy is not a step by step procedure. Each therapeutic encounter is assessed for its uniqueness whereby the context of the relationships and ecology of the system influence the actions of the therapist. The therapist's interpersonal skills are imperative to any therapeutic encounter. Therapist empathy is a necessary component to systemic therapy, but the use of self in terms of reflecting on the self and positioning the self are essential aspects of any therapeutic encounter (Harari, 1996). Thus, using warmth, humour, flexibility, and awareness of one's position in the system, form an integral part of systemic therapy (Elkaim, 1986). Systemic therapists employ the use of several therapeutic tools which are directed towards shifting relational patterns which couples present.

According to Watzlawick et al. (1974) change in the definition of reality leads to a new meaning of the reality (second-order change). It is the attribution of meaning to an event or action that is problematic. **Reframing** means "to change the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and to place it in another frame which fits the "facts" of the same concrete situation equally...and thereby changes its entire meaning" (Watzlawick et al., 1974, p. 95). The meaning attributed to a particular event is changed, rather than the concrete facts of the situation. Once the meaning is changed, so too are its consequences, that is, there is a change in the rules of the system (Watzlawick et al., 1974). Reframing needs to take the conceptual framework of the client into account. The therapist works to move people to a different perspective on the same situation, which is just as meaningful and fitting in the client's framework.

Paradoxical intention is also utilised to initiate second-order change. The use of **paradox** recognizes the limitations of conscious attempts to be different, especially when the pattern is long standing and emotionally charged. Paradoxes are strategies for change that seem in opposition of the 'goal' of therapy, but are actually designed to achieve them; for example prescribing or encouraging the symptom, positively connoting the symptom, and slowing down or restraining change (Selvini-Palazzoli et al., 1978). According to Weeks and L'abate (1982, p. 90), there are five basic, yet flexible, principles in paradoxical therapy:

- The problem is positively reframed, that is, behaviour can be recognised as an ally.
- The problem is linked to the other members of the system (these first two put all members on the same level).
- Reverse the symptom's vector, that is, the problem is to be consciously enacted and/or intensified, thereby placing the individual in charge of the problem or behaviour.
- Prescribe and sequence paradoxical interventions over time in order to bind off the reappearance of the behaviour.
- The paradoxical prescription must force the client to act on the task in some way; for example through the prescription of rituals.

Paradox implies illogic, which means that something to be seen as illogical is not to see its sense in context. However, the paradoxical intervention is deemed illogical in the family's context according to their framework, but is logical according to the approach's framework.

The therapeutic methods of **hypothesising, circularity and neutrality** were originally described by The Milan Team (Selvini-Palazzoli et al., 1980). Their therapeutic approach involved forming *hypotheses* and testing them with the family, they assumed that new information could be obtained thus refuting, confirming, or modifying the original hypothesis. Here information is understood to introduce difference, and difference is the relationship, that is, the relationship shifts when different information emerges. Bateson's (1979, in Penn, 1982) idea of double description formed the basis of the emergence of *circular questioning*, where the views of every side of the relationship could be juxtaposed to gain a holistic sense of the relationship. Using the premise that information is difference, circularity invites the therapist to question on the basis of feedback from the family/couple and to invite the members to metacommunicate about the relationship of other members, thus inviting new information (Selvini-Palazzoli et al., 1978). Circular questioning presupposes that family members are connected in ongoing relationships, and that the actions and emotions of each member recursively affect the other members (Freedman & Combs, 1996). Various categories of circular questioning were described by Papp (1982), such as gossiping in the presence, subsystem comparisons, explanation questions, and so on. The questions were formulated so as to bring about information about how the relationships worked whereby hypotheses could be made in order to shape interventions. From this "new orders of difference, relationship and context may emerge" (Papp, 1982, p. 268). Golann (1988) and

Freedman and Combs (1996) support the idea that circular questioning could be regarded as both an information gathering and a change-inducing procedure where something transformative arises out of the process without the need for subsequent interventions, that is, clients change simply by listening to each other's answers. The questioning process fosters an attitude of curiosity and elicited a feeling of the members' interconnectedness. The therapists' *neutrality* is central in this approach in which he or she remains allied to everyone and to no-one simultaneously (Selvini-Palazzoli et al., 1978). If all members feel supported they provide the necessary information required to bring about difference without resistance.

Techniques employed in a therapeutic encounter must remain cognisant of the uniqueness of each couple context. During this process the rules of the couple's system are shifted to the rules of the therapeutic system (Elkaim, 1986). Therapists must not exclude themselves from the client system as they participate in the construction of the new relationship (Elkaim, 1986).

In Summary

Most therapists or theorists who describe couples' problems in terms of interactional patterns and who focus on these patterns in therapy, utilise the various therapeutic tools discussed above. The distinction between this approach and those previously discussed lies in the systemic view of change, that is, second-order change, and therefore approaches the behavioural patterns from a higher-order perspective than to just view the behaviour on a simple level. Systemic therapy remains within a hierarchical structure between the therapist and the couple. Many other approaches, such as the cognitive behavioural approaches (Dattilio, 2001) and EFMT (Greenberg & Johnson, 1988), have adapted to become more in line with the systemic thinking about problems and change.

Linguistic and Contextual Models: Alternative Approaches

A linguistic or contextual approach to couple therapy encompasses a fundamentally alternative trend in the understanding of couples' problems and therapy when compared to the previously discussed models. The difference shifts the understanding and explanations of couple problems and therapy to the arena of meaning systems that exist in the notions of

discourse, language, and conversation (Goolishian & Anderson, 1992). The schools of thought that fall within this domain are largely postmodern and are influenced by many theorists' ideas. Some of these schools include the narrative approach (Epston & White, 1992); the social constructionist approach (Anderson & Goolishian, 1988; Hoffman, 1990; McNamee & Gergen, 1992), and the constructivist approach (Maturana & Varela, 1980). The discussion that ensues will provide descriptions of how these models understand the problems that are presented by couples as well as the respective therapeutic approaches.

Understanding Problem Definitions

Authors such as Duck and Wood (1995) provide an all-encompassing view that encapsulates much of what the linguistic model emphasises. Duck and Wood (1995) challenge the much embraced idea that relationships should be the source of happiness. They claim that this is a socially constructed idea and rather encourage the need for couples to acknowledge the "dark side" of relationships (Duck & Wood, 1995, p. 5). Duck and Wood (1995, p. 7) state that relationships entail contrasts and uncertainties and in the process of everyday living, spouses will invariably experience challenges and inconsistencies in each other's and their own feelings and behaviour across time. In this way, the relationship is not only seen as a source of comfort and love, but also as a source of frustration, pain and challenges.

Conflict and relational challenges are played out in complex contexts, which are shaped by large historical and cultural influences, relational history, the projected future, and by current activities and goals, that is, broad contexts of interaction. Duck and Wood (1995) contend that theories should account for negative relational experience as common human events that are as much a part of relationships as are positive experiences as it is both aspects that form part of the wholeness of relationships. They further contend that *positive and negative* labels of events and/or interactions are simplistic and misleading and should not be seen as unequivocally opposite (inherent to the experience of loving). Rather, positive and negative labels should be a matter of personal *definition and meaning* in the broader pursuit of making sense of experience. Duck and Wood (1995) bring into question the concept of love and how it incorporates differing meanings, language, and emotional experiences for different people. Conflict does not only have to be managed in the present, but may also reflect what has gone

on before and carries implications for the future. Duck and Wood (1995) refute studies which claim that particular behaviours lead to particular outcomes. Rather, particular behaviours result in long-term consequences and patterns which are embodied in relationship challenges. Duck and Wood (1995) challenge researchers who attempt to reinforce the illusion of certainty by clouding the contextualised meaning of relationship exchanges in unfolding relationships.

When working from a linguistic approach, problems are understood to exist in language, that is, couples will language about what *they* define as a problem. People language with each other within particular domains which in turn distinguishes the system, that is, a system is created by languaging about a problem (Anderson & Goolishian, 1988; Hoffman, 1985). The approaches follow the premise that there are multiple realities which are relevant and unique to individuals and which are related through language. The constructs that individuals use in language are influenced by societal discourses, such as medical, gender, parenting discourses, and so on (Weingarten, 1998). Problems occur in language and are regarded as co-evolved meanings which are under constant revision in ongoing dialogical communication (Anderson & Goolishian, 1988). Co-evolved meanings refer to shared meanings that participants in a conversation co-construct together. These meanings construct a new reality for these participants, which is contextually relevant for them (Anderson & Goolishian, 1988). For example, a wife may begin describing her husband as inattentive in light of a birth of a baby. Problems and meanings are intersubjectively related between all those who are in language with each other. Due to ongoing conversations in relationships, no problem will exist forever and will dissolve as conversations and actors in a problem system change over time as well as the description or definition of the problem. It is significant to note that a problem only exists if it is described as such and understood by the relevant communicators.

In line with this thinking, problems cannot be understood without focusing on the broader contexts in which they are created. Isolating behaviours and labelling them as problematic is regarded as reductionistic and an attempt to be predictive. Rather, problems emerge within specific contexts which are unique to a couple. Further, these approaches cannot describe problems as social realities which exist objectively. For example, what one wife considers as withdrawal in her husband, may not be regarded as such by another wife. Problems are only co-constructed meanings which are particular to the couple describing them. Hence, couples do not enter therapy because of 'communication problems' per se as such labels are

understood to be impermeable constructs (Loos, 1991). Rather, problems are situations in which a dyad are unable to build a story that allows for effective action where partners are struggling to make sense of specific issues (Loos, 1991).

Conceptualising Change: Therapeutic Encounters

Various authors, such as Anderson and Goolishian (1988), Hoffman (1990), and others, criticise therapists who obsess with therapeutic techniques and suggest that pragmatics without aesthetics denies the wholeness that therapy has to offer a client, that is, therapy goes beyond the mere techniques employed by the therapist. The debate between pragmatics and aesthetics is often one of an epistemological stance. Change, whether it is a change of beliefs, relationships, feelings, or self-concept, involves a change in language. “The systems that we, as therapists, work with are the narratives that evolve through therapeutic conversation” (Anderson & Goolishian, 1988, p. 375). Conversational participation and non-intervention is described by hermeneutic and linguistic approaches to therapy (Goolishian & Anderson, 1992). The therapeutic effort is collaborative with a preference for non-intervention and a shift away from a hierarchical differentiation between the client(s) and the therapist (Hoffman, 1990).

Change incorporates the dimensions of both defining change, and the role of the therapist within this change process. Gottlieb and Gottlieb (1996, p. 120) define change as the “the difference determined by the co-creation of new descriptions and behaviours within couple therapy”.

The Art of Conversation: A Therapeutic Approach

Therapy can be seen as a *context* which allows for the development of new meanings by participating in conversations where difference can be experienced around the descriptions of a problem. Conversation is an interaction where persons share space and mutually interact such that a sense of understanding and shared meanings of each others' thoughts, feelings, and actions can be generated (Lax, 1992). The view of conversation itself being able to elicit change and acting as an agent of change is directly related to the epistemological assumption

that reality is socially co-constructed (Freedman & Combs, 1996). Furthermore, the assertion that realities are constituted in language, and organised through narratives, allows for conversation to be viewed as the therapist's most powerful tool. The concern with the meanings attributed to events allows for therapists working within this approach to see conversation as the tool by means of which meanings can be explored and new meanings can emerge in a collaborative process of languaging.

Communication is the mode with which meaning is exchanged and which co-creates intersubjective understanding. All communication contains an element of the "not-yet-said" and unexpressed meanings that may open up new interpretations (Anderson & Goolishian, 1988, p. 381). Linguistic therapists regard this aspect as the resource for change. Anderson and Goolishian (1988, p. 381) point out that we "in language, get inside each other to the extent that we understand not the individual, but what he or she is saying. It is this characteristic of dialogue that makes and continues change." The capacity for change lies in "the ability to be in language...always to develop new themes, new narratives, and new stories" (p. 381).

The Role of The Therapist: Out With The Expert!

The premises underlying this approach guide the therapist in terms of his or her role, which has a strong emphasis on the inclusion and use of self and conversation. Goolishian and Anderson (1992) posit that theories which suggest that therapists who are informed through concepts of language and semantics, shift their view of the necessity of power. Within these parameters the expertise of the therapist is not of a skilled technician, but someone who is real and actively participating in the unfolding narrative and action with the client (Goolishian & Anderson, 1992).

Two distinctions are made in terms of the therapist's role, namely: that of "participant observer", and "participant manager of conversation", who needs to create a space for dialogue (Anderson & Goolishian, 1988, p. 385; Lax, 1992). The role of the therapist shifts from an expert position to a facilitator of the developing dialogue or narrative. The participant observer is embraced in the idea that the therapist becomes part of the system and is not 'meta' to the system in an expert position. The therapist is a fellow traveller, dedicated

to listening as carefully as possible to the stories people tell about their lives (Weingarten, 1998). This is then regarded as *collaborative* where the therapist is modest and respectful towards the clients and the power position or hierarchical relationship of the therapist is removed (Efran et al., 1990; Golann, 1988; Weingarten, 1998). This may allow for a context in which all participants, including the therapist, may change. The participant manager is actualised when the therapist is responsible for creating a space for dialogue to occur from which new meanings may emerge. The therapist is not, however, responsible for the direction of the change. For example, the therapist does not aim specifically to improve communication skills or change irrational thoughts of the spouses. The therapist needs to acknowledge his or her own biases and prejudices (as recursively influencing the couple) and be open to the risk that these may change in the process of therapy and through mutual conversation (Anderson & Goolishian, 1988).

The conversation and questioning orchestrated by the therapist from a not-knowing position can be regarded as a deconstructive process (Freedman & Combs, 1996). A therapist must learn the language of his or her client. This language tells the therapist how the client perceives the world (Freedman & Combs, 1996). Therapists must attend to gaps and ambiguities in meaning, which allows the couple to tell the therapist if his or her understanding fits with their intended meaning.

The creative use of questions allows for problem-saturated stories to be shared with the therapist (Blanton & Vandergriff-Avery, 2001). The therapist is required to listen and convey understanding and validation for each partner's experience. During this process, the couple develops a sense of trust in the therapist. Narrative approaches encourage therapists to help couples to find a way to separate and deconstruct the dominant cultural discourses that each partner has internalised so as to create alternative stories (White, in Blanton & Vandergriff-Avery, 2001). For example, gender discourses can influence role expectations and would need to be deconstructed by the therapist. Externalising the couple's problem is a technique which is frequently used by narrative therapists and metaphorically reveals its impact on the couple's life (White & Epston, 1990). The therapist is required to listen and highlight unique outcomes, such as avoiding the effects of the problem that they were previously unable to manage. In this process new stories are developed alongside an alternative sense of identity, that is, a couple's dominant story is re-authored by inquiring into sub-plots and themes. Change is facilitated through the therapist's challenging of "...traditional perceptions,

assumptions, descriptions, and language about one's couple's experience" (Gottlieb & Gottlieb, 1996, pp. 120-121). In this deconstructive process, the couple's life story and discourses are examined, new language or punctuation of language is introduced, and the collective range of meaning and experience may expand. The focus, again, is on a non-hierarchical position between the therapist and the couple. The use of conversation from a non-expert position allows the client to fully participate in a collaborative effort for inventing new stories (Hoffman, 1992).

Working from a constructivist perspective, Fourie (1996) reminds one that a technique is regarded as one possible way to perturb an existing meaning system (couple), thereby questioning the ecology of ideas in the specific situation or context so that this ecology can evolve in a direction which the entire system regards as beneficial (Fourie, 1996). It is unrealistic to assume that the same technique will have similar effects on all clients. This would ignore the uniqueness of each client system and would attempt to establish causal links between technique and results (Fourie, 1996). Seen in this way, techniques do not contain a curative ability, but rather carry the capacity to perturb and deconstruct the problematic ecology of a particular system (Fourie, 1996). Thus, linguistic therapists must pay careful attention to the uniqueness of a system before randomly applying any technique, and frame the particular technique according to the meanings attached to this technique in the particular context (Fourie, 1996).

In Summary

All the models which fall within the linguistic and contextual domain, focus on the understanding of how problems and solutions emerge. The emphasis is on the process of languaging and the meanings that are attached to events and behaviour in a collaborative process. This premise is applicable to both the couple and the definitions of problems as well as to the therapeutic relationship and the dissolving of problems. Therapy is a "problem-organising, problem-dis-solving system" (Anderson & Goolishian, 1988, p. 372). The therapeutic system is organised around the problem through language and the problem can be dissolved through language. The journey is taken through language, meaning, stories, and metaphors in the process of co-constructing new and interesting changes (Gottlieb & Gottlieb, 1996).

Kaschak (1978) commented on the biases and limitations of only utilising the therapist's viewpoint of a client's improvement as an indicator of outcome. If the therapeutic relationship is indeed a mutual process for both participants, that is, therapist and client, then both participants must offer equally valid assessments of the experience.

Couples' Perceptions of Couple Therapy

Research focusing on the couple's experience of therapy has been referred to in the literature, but not in great depth (Bischoff & McBride, 1996). Couples' descriptions of their problems as well as their descriptions of change may vary from those of the therapist. Bischoff and McBride (1996) state that clients' perceptions of their own processes in therapy can provide knowledge of those meaningful variables which can be used to inform therapists in order to enhance their skills and revisit theory.

Couples' Perceptions of Problems

Couples seek therapy for a multitude of reasons. Often these reasons form an essential part of the therapeutic encounter and provide therapists with clues as to how to approach the couple. Spouses often begin therapy by blaming the partner for the distress in the relationship (Fishbane, 1998) and are polarised in relation to each other. Each partner has his or her version of reality (Anderson & Goolishian, 1988) and perceptions of the problem are mostly content related, for example, 'My wife had an affair' or 'My husband doesn't communicate with me'.

Changes In Relationships: What's In The Therapy?

Couples' perceptions of therapy and the resulting changes allow therapists to understand the mechanisms which couples punctuate as crucial to their change process. Hearing clients' (couples') voices does not imply that therapists must blindly follow what they say. Inviting clients into research and conversations about therapy as a field is not just about changing

them, but also changing therapists and reshaping therapy and how it can help. It is these conversations that provides therapists with the learning tools of how to listen to what our clients need and what they experience as beneficial (Elliot & James, 1989; Jacobson & Addis, 1993; McCollum & Beer, 1995).

Comparative Studies

Many studies compare therapeutic models in order to determine couples' experiences and their respective descriptions of change. This style of research aims to reveal that certain approaches are more effective than others in eliciting changes (Elliot & James, 1989). However, the results often reveal minimal distinctions between the approaches (Jacobson & Addis, 1993), but do provide the couples' perceptions of their changes. In a comparative study between BMT and EFMT, couples in either treatment reported on global satisfaction, relationship intimacy, and resolution of specific marital complaints (Johnson & Greenberg, 1985). The differences between the two approaches that did emerge revealed that couples who participated in the EFMT treatment reported more frequently on the impact of the treatment on adjustment, intimacy, and goal attainment. In another comparative study between BMT and Insight-Oriented Marital Therapy, couples in either treatment reported increased experiences of marital harmony and an enhancement of self-concept (Snyder & Wills, 1989). The research results become beneficial for therapists who employ the therapeutic techniques in the different models in order to elicit the changes that couples revealed as beneficial.

Goldman and Greenberg (1992) reported on couples' descriptions of changes after having participated in either EFMT (previously described) or Integrated Systemic Therapy (hereafter IST) (which used a therapeutic team and focused on changing current interaction, reframing behavioural patterns, and prescribing symptoms).

- Couples from both groups reported that the therapy had impacted on their awareness of communication patterns.
- Couples also reported improvements in trust and a feeling of safety, mutual support, and an ability to negotiate differently and calmly about issues.

- Despite the therapy models' emphasis on alternative aspects of couple processes, both groups emphasised changes in their abilities to talk about feelings and emotions about the relationship, as well as a greater awareness of their own and their partner's thoughts and feelings.

Some of the descriptions provided by the couples pointed to qualitatively different responses to the two treatments. Goldman and Greenberg (1992) mentioned these differences:

- It seemed that EFMT couples referred positively to their own emotional responses or to becoming more aware of their spouses' emotions.
- IST couples cited team expertise and neutrality and paradoxical messages, such as, 'go slow' or 'don't change' as what resulted in interactional changes. IST couples also stated that the team's presence made them more confident in the therapeutic suggestions.
- EFMT couples saw their therapist's neutrality as helpful whereas IST couples emphasised the perception of the therapist's empathy and caring as important to them.
- In terms of their own attributions of change, IST couples cited positive connotation to their interaction patterns, compared with EFMT couples who credited changes in feelings and emotions.
- Couples who received IST reported more long-term changes.

The research questions in the Goldman and Greenberg (1992) study related to finding out which aspects of each treatment led to changes and the processes involved in such change. The research results illustrated that EFMT and IST therapies are complementary. The results illustrated the usefulness of each approach and that they can be used to supplement each other; for example couples who are too entrenched in their fight cycles may benefit from IST before engaging in EFMT.

Comparative studies often reveal very few differences in terms of therapeutic outcome (Jacobson & Addis, 1993). However, the differences that are elucidated allow therapists to build on the models they employ and perhaps work more effectively by integrating other

therapeutic styles, which appear to compliment their fundamental approach, in order to achieve long term success.

In-Depth Descriptions of Change

Several studies are more *explorative* and seek in-depth descriptions of couples' experiences of change to gain insight into the couples' change process and perhaps to elaborate on a particular therapeutic model (Elliot & James, 1989). A study conducted by Greenberg et al. (1988) used retrospective accounts from couples that had received EFMT to report on the changes they had experienced. The research provided information as to what the couples thought had led to changes related to their problems which, in turn, could be understood as changes in the relationships or in themselves. The results were organised to reveal the following five categories of what the couples described as having changed (Greenberg et al., 1988):

- Spouses stated that that their partners **perceived them differently** as a result of the expression of their own feelings, that is, interpersonal perceptions changed. The spouses explained that they were able to accept their own needs and express them in such a way that their partners were able to address these needs. For example, by witnessing the spouse crying intensely, the partner became less defensive and suddenly recognised emotional vulnerability in his or her partner.
- The couples identified **learning to express feelings and needs** as another change process. The spouses explained that expressing what their underlying emotions were, such as sadness, anger, hurt, and so on, led to the partner being able to understand them more accurately and hence elicited alternative responses from him or her. For example, rather than blaming in a typical pattern, a spouse would express his or her hurt, which brought about differences in the partner's behaviour, which was typically defensive, to become open and attentive.
- Clients explained that gaining intellectual and emotional **understanding** (of themselves and/or their partner) led to differences in their own and their partner's position. Spouses expressed their appreciation of the resulting clarity which was

facilitated by the therapist and allowed that person to feel good about himself or herself. Spouses expressed that understanding their own behaviour and emotions, and having these feelings normalised by the therapist, was relieving and allowed for a new experience of self. Often self-esteem was reported to have improved in this process.

- **Taking responsibility** for one's own behaviour was a further initiator of change. Clients expressed the opinion that the awareness of personal responsibility resulted in a shift from a *blaming* to a *self-focus* position. Spouses expressed their realisation of the effects of their own behaviour on the other partner and had a deeper sensitivity for and understanding of that partner's reaction. For example, realising that one's own defensiveness was responsible for pushing the partner away, stopped that spouse from blaming the partner for not caring. Taking personal responsibility for these factors removed the blaming and shifted the spouses' behaviour in relation to each other. Attainment of self-focus or personal responsibility therefore appears to be essential to a successful outcome of therapy.
- Finally, the couples explained that **receiving validation** from the therapist led to changes in the spouse. Both the receiving of the validation and the partner's witnessing of the process of validation were pertinent. Spouses expressed the importance of the therapist's empathy in assisting them to feel good about themselves, particularly when they had not received previous recognition of the depth of their pain from their partners. The *supportive* attitude of the therapist and *attentive listening* was described as essential in relieving the intensity of the feelings. The spouses commented that they felt it helped their partners to understand their pain or emotional state. Alternative reactions emerged from the partners compared to what they had previously displayed towards their spouses. This suggested that the therapist's validation of each partner's experience was important in the therapeutic process.

The five categories were thematically organised by virtue of the answers provided by the couples in post-therapy interviews. The research results indicated that clients' views were related to the theoretical assumptions of EFMT and further informed the theoretical views

about the change process. The categories provided crucial information about changes they had experienced and how these influenced the relationship as a whole.

The Role of The Therapist: Couples' Evaluations of the Therapist

By accounting for the couple's perspective on treatment, therapists can refine their skills to emphasise the salient features expressed as pertinent by clients. Therapists can then more accurately anticipate client reactions to treatment processes and to themselves (Bischoff & McBride, 1996; Jacobson & Addis, 1993; Metcalf & Thomas, 1994).

Bischoff and McBride (1996) researched the aspects of therapy that clients (including couples) experienced as helpful or not helpful. Clients either underwent insight-oriented therapy or solution focused therapy. The research results have many implications for therapists in terms of their mannerisms, attitudes, and behaviours in couple therapy. The findings were organised into three thematic categories. Two of these categories indicated which aspects of the therapist were regarded as helpful. The third category is applicable to discerning which therapeutic tools were regarded as significant. The results revealed the following:

- The couples claimed that the **hierarchy** in the couple-therapist relationship, that is, the sense of the power differentiation between themselves and the therapist had a positive effect. Couples respected the knowledge and experience of the therapist and were therefore prepared to follow the therapist's direction of therapy; for example by dealing with issues that they had not specifically pointed out at the time and/or had not understood where the therapist was going with the questioning. In this sense, much meaning was attributed to the therapist's *expertise* and knowledge. Trust was placed in the therapist's knowledge to address important issues that the couples had not previously considered themselves. Respecting the therapist's direction in therapy seemed to be based on the perception of the therapist as an expert. This idea seemed to maintain a sense of hope in finding solutions when their previous attempts at resolving the problem had failed. The issue of hierarchy was deemed particularly important in being able to *manage* the multiple perspectives of the couple and hence is regarded as more important for couple therapy than for individual therapy. A partner

who felt that his or her perspective was not given as much attention as the other member experienced frustration. This implies that therapist *acknowledgement* is of much benefit and highly valued. Further, the multiple perspectives arising between the client members were better managed by addressing process issues. Couples pointed out that, due to therapist expertise, content issues had been transcended thereby addressing the *process* problems that they have been unable or unwilling to do themselves. Overall, Bischoff and McBride (1996) claimed that this theme and associated ideas challenge the notion of collaborative therapy, in that it may be helpful for therapists to acknowledge their powerful positions and use this in a way that is respectful of the client's worldviews.

- **Therapist empathy and other qualities** is the second emerging theme distinguished by Bischoff and McBride (1996). Warmth, caring, and understanding, that is, a therapist's *relationship skills* were found to be most meaningful by couples (Bischoff & McBride, 1996). These aspects referred to the therapist's ability to track what is being said on a deeper level. The client's perception of feeling heard and understood were experienced as *empathic* and allowed for an openness and feeling of comfort for the clients. The feeling of empathy seemed to allow for greater impact of the verbal discussion where clients felt understood in ways that others had not understood them before. The therapist's comments seemed to allow clients to see their situation from another point of view, which they had not previously considered. *Mutual participation* was deemed an important characteristic of the therapeutic encounter. Couples expressed a need to feel that the therapist was fully invested in the therapy. The results revealed that clients experienced the "ideal therapeutic relationship as a reciprocal process in which both therapist and client provide information and receive benefits from the interactions with one another" (Bischoff & McBride, 1996, p. 122). Other therapist skills that were listed as important included the therapist's investment in the change process, the therapist's curiosity and interest, the therapist's sincerity and a *non-judgemental* stance, and the therapist's desire to learn from the client in a reciprocal relationship. Clients seemed to value feedback from the therapist that was provided in a non-judgemental way.

Overall, the results revealed that therapist expertise was perceived as beneficial and comforting. Frustration was experienced when the therapist did not appear to be in control of

the direction of the therapeutic process (Bischoff & McBride, 1996). Further, the expert position was, however, only trusted when the client sensed empathy, support and sincerity in the therapist-client relationship (Bischoff & McBride, 1996).

Therapeutic Activity: Clients' Revelations

Bischoff and McBride (1996) (as previously discussed) incorporated client perceptions of therapeutic techniques into three themes. The first two related to the clients' perceptions of the **role of the therapist**. The final theme was related to **therapeutic techniques**. Bischoff and McBride (1996) asked couples to indicate what aspects of therapy they found helpful. Bischoff and McBride (1996, p. 123) reported that clients commented on two strategies, namely: "**out-of session tasks** and the use of **structured experiential activities**".

Out-of-session tasks were perceived in three ways, namely: that they are helpful and done by the clients; that they are helpful but not done; and that they are not helpful and not done by clients. Naturally this differed from client to client as to whether the task was perceived as helpful or not. Explanations for these perceptions were provided by the couples and revealed three differences. Firstly, tasks were thought of as a way of continuing the session during the week. Couples were therefore motivated to continue making changes and complete the tasks. Secondly, although perceived as possibly helpful, clients did not complete the task as they claimed their lives were too busy to deal with the task as well. Thirdly, some described tasks as inappropriate and unnecessary and felt that most of the therapy is carried out during the session. Clients in this category were said to use therapy for containing and compartmentalising their problems so as to minimise the influence of the problems on their lives. Bischoff and McBride (1996) concluded that therapists should not necessarily perceive clients as resistant if they do not complete prescribed tasks. **Experiential activities** in the sessions, including sculpting and the gestalt empty chair techniques, were experienced as helpful. Clients explained that these activities provided ways of learning about each other by engaging experientially with one another.

The Bischoff and McBride (1996) study also revealed information which had relevance for what couples perceive as useful about therapy itself. Clients expressed the sentiment that **simply attending** therapy was helpful, regardless of the therapist or the approach. The

voluntary decision to come for therapy was regarded as a commitment to the partner and to the relationship. The results pointed to the **context of therapy** as a defining situation, that is, of commitment. The act of attending therapy regularly helped many couples maintain the changes they were attempting to make in their lives (Bischoff & McBride, 1996). Therapy provided a unique circumstance where couples could discuss their problems with a different set of rules and with a facilitator present. In this sense, simply knowing that this environment was available appeared to alleviate the stress associated with the problems.

Overall, the research revealed that clients are acutely aware of the process of therapy and appear to be good judges of what is helpful or hindering for them individually and in their relationships.

Therapists' vs. Couples' Descriptions: Therapeutic Experiences

Certain studies compare therapists' and couples' versions of the same therapeutic encounter. These studies are useful in providing information about these therapeutic experiences and the relevant aspects which are highlighted by the couples and therapists respectively.

Research conducted by Metcalf and Thomas (1994) obtained comparative descriptions between therapists' and couples' perceptions of the therapists' role as well as helpful actions and words. The research involved couples who had undergone Solution-Focused Brief Therapy (hereafter SFBT), which steers the conversation away from the problems and towards solutions and regards the client as the expert who is capable of developing his or her own solutions (Metcalf & Thomas, 1994).

Couples' perceptions of the role of the therapist differed significantly from the therapists' perceptions which were closely related to the philosophy of SFBT. Many couples explained that they perceived the therapists as active participants. The therapist's active roles were regarded as helpful and important in the therapeutic process even when this involved the therapist providing direct suggestions and advice. Further, positive outcome between the spouses was often attributed to the therapist. Other descriptions of clients' perceptions were listed and included the following: the therapist was perceived as a "mediator, friend, outsider,

sounding board, said what would work, savior, guide, made suggestions” (Metcalf & Thomas, 1994, p. 54). Contrary to these perceptions, therapists listed some of their own actions to include: “consultant, ask scaling questions, paraphrase, look for strengths, resources, listen, don’t participate unless asked, give ideas and highlight competencies” (Metcalf & Thomas, 1994, p. 54).

With reference to the pragmatics of change, that is, actions that facilitated changes, couples mentioned “listening, amplifying strengths, reinforcing, pointing out things differently, praising, noticing differences, and questions that pointed out what worked” were emphasises (Metcalf & Thomas, 1994 p. 54). Therapists listed behaviours which they thought had facilitated change such as punctuating experiences, validating the spouses’ thoughts and feelings, empowering one or both spouses. Further, the therapists thought that focusing on the couples’ strengths, making structural changes, and determining goals for the couple were important actions that initiated change.

Overall, the research revealed the descriptions of spouses’ experiences of couple therapy and thus provided a first hand account from the viewpoint of the participants. The emphasis of the study was on the role of the therapist as perceived by both the couples and the therapist. Differences between the couples’ perceptions and the therapists’ perceptions revealed uncertainty and doubt as to whether the therapists’ actual behaviours are congruent with their theoretical grounding (in this case SFBT). The couples’ perceptions can, however, be incorporated into the model and utilised beneficially.

Reflecting on Couples Descriptions of Therapy: Learning From Couples

McCollum and Beer (1995) provide a description of a couple’s perception of a ten-session therapeutic encounter with the author McCollum. Beer interviewed the couple after the sessions. McCollum provided an insightful depiction on the benefits of having an in-depth study to see how the couple perceived the therapeutic process. He claimed that the process urged him to truly question that which he undertakes in therapy. McCollum provided metacomments, that is, comments about comments, after reflecting on the couples’ descriptions of the therapeutic experiences.

The couple commented on various techniques employed by McCollum (the therapist) during the therapy sessions, such as, the utilisation of externalisation or positive connotation. Contrary to McCollum's perception of these sessions as coherent and theoretically consistent, the couple shared opposing views (McCollum & Beer, 1995). The couple explained that they felt that McCollum had not understood them, that only surface issues had been discussed, and that they would have preferred to know what the therapist was truthfully thinking, as they valued his expertise and opinions.

The couple pointed out that overall therapist relationship skills were more valued and beneficial than technical skills (McCollum & Beer, 1995). For example, feeling truly understood and having the severity of their problems legitimised, was experienced as most helpful. Further, highlighting progress was often experienced by the couple as unsettling as they had experienced progress in the past, which were followed by setbacks.

Overall, McCollum expressed the learning benefits which arose from participating in the research. For example, he realised that only knowing a couple in a therapist's office may limit the therapist's perception of the holistic nature of their relationship. In conclusion, McCollum ultimately commented on the integration of this learning process into his therapeutic and supervision (with students) style, which he experienced as useful and enriching for himself and clients (McCollum & Beer, 1995).

In Summary

Couples' descriptions of their therapeutic experiences can be researched from many angles, such as those provided in this section, namely: comparative studies between models of couple therapy, explorative studies of couples' experiences, researching the therapist's vs. the couples perceptions, therapists' benefits from hearing their clients' perceptions. Each study is beneficial in contributing to the domain of couple therapy. Therapists can hereby alter their interpersonal skills and/or supplement the therapeutic model they work from for the benefit of the couple, as this is for whom the therapy is intended.

Conclusion

This chapter has provided an explication of various theoretical approaches in the domain of couple therapy. The different theoretical approaches yield different propositions about couple problems and the nature of therapy. In considering how people change, recognition was given to the emphasis that different theories place on processes and conditions in which change occurs. Most of these differences represent competing and conflicting worldviews and the question of intervention versus non-intervention is a more a matter of theory than the right or adequate thing to do (Goolishian & Anderson, 1992). Each approach was presented such that two broad domains were explored, namely: a description of couples problems as conceptualised by each approach; and a description of couple therapy as conceptualised by each approach.

Furthermore, much research was referred to throughout the literature in an attempt to illustrate each approach's determination to delve into the domain of couple therapy as an area of concern as well as determine the efficacy of the approach in dealing with the multiple problems that couples challenge therapists with. As was illustrated, many studies are conducted with the aim of comparing various theoretical approaches in order to assert which is more effective with couples (Gale & Newfield, 1992; Gottlieb & Gottlieb, 1996; Johnson, 1986). The relationship between individual characteristics and specific processes as predictors of outcome, and the actual treatment outcome is complex as each aspect affects the other reciprocally (Shoham-Salomon & Hannah, 1991). Comparing different therapeutic approaches which deal with couples typically yield similar results of the average effectiveness and leads many researchers to conclude that the active ingredients of the diverse therapies are actually common to all of them (Shoham-Salomon & Hannah, 1991; Snyder & Wills, 1989). From an ecosystemic point of view, research findings need to be viewed in contexts of meaning. In every context in which research is conducted, certain definitions of the situation, the research participants, and their specific attributions of meaning and ideas, influence the co-construction of realities, and hence produce different results (Fourie, 1996). Ecosystemically speaking, the fact that one set of results is regarded as more valid than another, reflects a way of thinking, rather than an actual reality (Fourie, 1996).

Lastly, the couple's perspective regarding problems, therapy, and change were addressed in order to provide several viewpoints of the very people that are of concern in this expansively researched domain, that is, couple therapy. The inclusion of the couple's perspective was proposed as congruent with ecosystemic epistemology as it correlates with a both/and position, that is, both the therapists' and the couple's perspective. The viewpoints put forward, were not proposed as generalised and objective perspectives of every couple's experience of couple therapy. Rather, the aim was to illustrate the alternative perspectives that arise when incorporating the couple's perceptions of the therapy provided to them. However, although various methods of research have been applied in obtaining couples' perspectives, this is a largely neglected area in the literature when comparing how much is written from each approach's theoretical viewpoint.

The chapter that follows will focus on the research paradigm and methodological procedures that will be employed in this study. The research chapter will illustrate the means through which the researcher will investigate the couple's experience of therapy and their resulting changes. Furthermore, the researcher will illustrate the congruency between proposed research paradigm along with the practice methods and the ecosystemic epistemology.

CHAPTER 4

RESEARCH DESIGN

Introduction

Research inquiries are undertaken in order to introduce a larger audience to a better understanding of a phenomenon (Stake, 1978). This chapter focuses on the actualising process of research with reference to this study's focus on couple therapy. The research procedures are applied to the exploration of couples' accounts of their experiences of couple therapy with a particular emphasis on their descriptions of change within their relationships. In remaining consistent with the epistemological underpinnings of a both/and position, the researcher's accounts will also be provided in order to provide a dual exploration of this subject. The punctuated descriptions of both the couples' and the researcher's accounts of their experiences will be treated as narratives (Freedman & Combs, 1996).

The researcher's epistemological lens has been discussed earlier (in Chapter 2). This influenced and guided the choice of the methods of inquiry. As such, the research fits within the naturalistic paradigm and the method of inquiry is qualitative. A thorough explanation of this paradigm and methodology will be provided in order to create a shared understanding between the researcher and the reader. Throughout this chapter efforts will be made to illustrate that the assumptions underlying the research paradigm are coherent with the epistemological lens of the researcher (Morgan, 1983). Furthermore, an explanation of the research design will be provided in order to inform the reader in what way the research procedure will be actualised to extrapolate the information required for the study. Lastly, an explication regarding the legitimisation of qualitative research will be provided in order to illustrate how this research will remain ethical and valid.

Defining a Research Paradigm

The term "paradigm" is used in a number of ways in different areas of social science, resulting in several definitions, for instance:

- Jansen and Steinberg (1991, p. 6) define a paradigm as “a central idea or viewpoint shared by a number of theoretical approaches”.
- Reber (1985, p. 512) defines a paradigm as “(a)n orientation to or plan for research using a particular focus” or as “...the collective set of attitudes, values, procedures techniques, etc. that form the generally accepted perspective of a particular discipline at a point in time”.
- Lincoln and Guba (1985, p. 15) define a paradigm as “...a systematic set of beliefs, together with their accompanying methods...[that is] what we think about the world”.

From the above definitions, a paradigm is understood to refer to an approach that employs certain principles which serve to influence a researcher’s attitude and perspective towards research and its characteristics. A paradigm is further understood to recursively influence and to be influenced by the epistemological lens employed by the researcher. Research paradigms influence the methods of research that are employed in any research and are seen both to enable and to constrain researchers by making research action possible (Lincoln & Guba, 1985).

The choices regarding the method of inquiry include quantitative and qualitative research methods, and therefore result in alternative forms of knowledge (Patton, 1990). What follows, is a description of the positivist and naturalistic paradigms and the respective methods of inquiry which are regarded to be most fitting to the respective paradigm. Despite research disciplines’ attempts to discredit each others’ approaches, the paradigms presented in this chapter will not be portrayed in an either/or duality. Rather than seeing these paradigms as incompatible, each will be discussed separately but regarded as complementary to each other.

The Positivist Paradigm

Broadly defined, positivism is an approach of the natural sciences. Positivism is defined by Rees (in Lincoln & Guba, 1985, p. 19) as “a family of philosophies characterised by an extremely positive evaluation of science and scientific method”. The conception of psychology as a social science lent it towards the empiricist demands of the natural sciences.

The techniques and standards employed within these empirical demands were subsequently applied to the study of human interaction or phenomena in the social sciences (Denzin & Lincoln, 2000). In the field of psychology, positivism is regarded as the dominant research paradigm, which is largely due to restricted research grants and not having work taken seriously by the broader scientific community, unless positivistic in nature (Coolican, 1990). The researcher recognises this as the political paradox that researchers in the field of psychology are faced with in order to have their research recognised and legitimised. Positivism adheres to these demands and is embedded in a particular ontology, that is, assumptions on the nature of reality, which influences the field of science and research. Research procedures are born out of this ontology and thus guide the research process.

Positivists assert that **natural laws** govern reality. Causality is regarded as linear and the aim of research is to discover causal connections. Positivism can be regarded as an organized method that combines deductive logic with empirical observations of behaviour. The aim is that of discovering and confirming causal laws to predict activity (Neuman, 1997). To offer causal explanations means “to deduce a statement which describes it, using as premises of the deduction one or more universal laws” (Lincoln & Guba, 1985, p. 135). Furthermore, positivists allege that empirical methods of inquiry allow researchers to observe the world independently and to arrive at a stable and **predictable truth** (Atkinson, Heath & Chenail, 1991; Greenberg, 1991). The law-like predictions are made tangible by isolating and measuring cause and effect variables in order to assert the truth (Atkinson, Heath & Chenail, 1991; Lincoln & Guba 1985). Positivists purport that in the pursuit of *the* truth the science of research can transcend individual bias and opinion (Denzin & Lincoln, 2000; Moon, Dillon & Sprenkle, 1991). Researchers working within the Newtonian or positivist paradigm agree that research should be scientific by way of **objectivity, control, and validity** (Coolican, 1990). In the field of psychology, positivism strives towards a scientific stance on research and measures observable facts, thus keeping up with the sciences of physics, chemistry, biology and so on (Coolican, 1990; Greenberg, 1991). Reality is divisible into its simplest elements and can be studied separately from the whole, that is, it is **reductionistic**. Positivists rely on empirical data to describe and verify the observable phenomena being researched. In a scientific community, research that slots into this paradigm is highly acclaimed and any knowledge gained is seen to be a truthful representation of a phenomenon (Greenberg, 1991; Stake, 1978).

The positivist paradigm influences the way in which research is approached. The method of inquiry that mostly results in information that is consistent with the positivist paradigm is called quantitative research.

Quantitative Inquiry

Quantitative research stems out of the positivist paradigm and therefore remains consistent in this regard. Qualitative research methods (described later in the Chapter) may also be employed by quantitative researchers (and vice versa), but the meaning and use of the information will be different and have alternative implications for the particular study.

Quantitative research emphasises the measurement of causal relationships between variables; the value-free nature and objectivity of the work; and the ability to generalise results (Denzin & Lincoln, 2000). The presence of these elements in a study serves to support the legitimisation of the research project. Quantitative researchers aim to control the environment in order to remove all *extraneous variables* that may influence the data and hence impinge on the possible generalisation of the results. Extraneous variables are carefully removed or controlled so as to make the research sample as homogeneous as possible.

Quantitative research seeks verification of facts by using specific techniques (Ambert, Adler, Adler & Detzner, 1995). The techniques are largely geared towards converting data into numerals. The intention is to provide statistical analyses, verification of hypotheses, correlation of data and generalisations. Large samples are used in this process in order to attest to generalisation, prediction and control. The researcher does not account for his or her presence and claims to remain neutral and value-free. Furthermore, experimental procedures are often applied with psychometric and observational techniques, tests, and interaction schedules being used to produce valid and reliable results (Kemmis & McTaggart, 2000).

Research conducted within a positivist paradigm impacts on the research question and design. From a positivist approach the research topic of this study would then need to be reconceptualised into a research hypothesis in order to establish *the* truth. For example, “Couple therapy leads to a positive change in the couple’s relationship”. The research would then aim to prove this hypothesis, preferably by using a large sample of participants who

would provide quantifiable data which would be generalised to the wider population. This could then help to predict the probability of couples undergoing a positive change as a result of couple therapy.

The positivist assertions are challenged from a naturalistic paradigm. In the context of this study, the researcher agrees with the following criticisms aimed at the positivist approach:

- The research is a-contextual as it does not account for the broader aspects that uniquely influence an event (Coolican, 1990).
- Positivist research reduces complex human phenomena to variables and measurements. This extends to the generalising of results that do not take account of context specific information (Lincoln & Guba, 1985).
- Positivist research ignores people's humanness, which brings into question positivist ethics and validity (Lincoln & Guba, 1985).
- Positivist research does not take account of the researcher's participation and influence on the phenomenon he or she is attempting to explain (Coolican, 1990; Lincoln & Guba, 1985).
- Positivist research ignores the subjectivity of the researcher which brings into question the assumption regarding the value-freedom of the research (Lincoln & Guba, 1985).

These criticisms are but a few of a collection of concerns and questions regarding the positivistic perspective. The researcher concurs that the arguments surrounding the criticisms of the quantitative or qualitative approaches to research arise out of each approach's assumptions which form the political tension that serves to critique each other (Denzin & Lincoln, 2000). Both approaches to research are needed (Moon, Dillon & Sprenkle, 1991) which is coherent with a both/and position put forward by Keeney (1983). However, the features of positivism and quantitative methodology do not fit with the researcher's underlying epistemology with regard to this particular study. Although quantitative data can be incorporated into ecosystemic research (Denzin & Lincoln, 2000; Lincoln & Guba, 1985), it does not form part of this research.

A description of the naturalistic paradigm, followed by the qualitative research methodology will now be introduced. These are regarded to be coherent with the researcher's epistemology and thus as useful for the study.

The Naturalistic Paradigm

The naturalistic paradigm fits into what is often referred to as *the new paradigm* and challenges the ideas set forth by the positivists (Coolican, 1990; Denzin & Lincoln, 2000). Naturalistic principles alert the researcher that **meanings** of actions should be the concern of research, rather than objective units (Coolican, 1990). **Mutual shaping** replaces the idea of causality, and implies that all elements in a system simultaneously interact with each other. The interaction has no exact direction but it does have meanings which are attached by the interacting members and which are context specific. The aim of research is to explore these meanings as unique to the participants involved (Lincoln & Guba, 1985). Furthermore, the **relationship** between the researcher and the participant(s) should be accounted for as an influencing aspect on what is observed and described. The **context** in which action takes place also influences the meaning making process. The realities that are articulated by participants are regarded as context specific and no-one has expert knowledge of the truth (Gergen, 1994). Theories are seen to **emerge** out of the data collection rather than that data confirming already produced theories. These theories are also local to the study being described. The naturalistic paradigm suggests that truth resides in statements that are rich with the sense of human encounter or experience and which are incumbent on human perception and comprehension that arises out of a holistic regard for the phenomenon (Stake, 1978).

Lincoln and Guba (1985) present several axioms underlying the naturalistic paradigm that serve to inform researchers of its premises:

- The ontological position of the naturalistic paradigm is that there are **multiple constructed realities** which are co-created in relationship with others and which must be studied holistically. This means that no prediction or control can be established as naturalistic research generates more questions than answers. The aim of the research therefore shifts from control and prediction to that of discovery.

- The relationship between the researcher and the subject of inquiry are inextricably bound and they **recursively** influence each other. People and events mutually shape each other in this way. For example, a couple may describe their experience differently by virtue of the researcher's presence and/or questions. New meanings may therefore arise as a result of the research process. Therefore, the researcher's presence cannot be ignored, as the researcher is observing a couple who are *in conversation with a researcher*.
- The positivist goal of generalising the findings is replaced with the goal of the provision of **thick descriptions** of individual cases. Context specific information is thus valued.
- **Circular causality** is supported and eradicates the prospect of linear causal predictions.
- The researcher's **lens** is influenced by a variety of factors such as his or her gender, cultural background, epistemological framework, values, and so on. These aspects are regarded as unavoidable in a research endeavour, implying that they will be reflected in that which the researcher describes.

Lincoln and Guba (1985) provide further tenets of the naturalistic paradigm which serve to guide the researcher. Naturalistic research takes place in a **natural setting** so that the context and the meanings that emerge therein can be recognised. This supports the descriptions of the contextual grounding in which the research takes place. The researcher is the primary research **instrument**. This means that the researcher plays a fundamental role in eliciting and determining multiple meanings that emerge in a collaborative process of interaction. The humanness of the researcher is therefore recognised as being able to provide useful knowledge and therefore his or her **intuitive knowledge** is acknowledged as viable for research. These aspects demonstrate the importance of acknowledging the relationship between the researcher and the participants. The relationship recursively influences the participants' reactions and willingness to share information, thereby shaping the extent to which the researcher can provide in-depth descriptions.

The underlying tenets of an ecosystemic epistemology are evident throughout the naturalistic premises. The fact that the researcher and the participants are recognised as recursively influencing each other points to the idea of an observing system (Boscolo et al.,

1987) and requires that the researcher becomes part of that which is observed (Keeney, 1983). The tenets also fit with the ecosystemic principles which account for circularity and multiple realities constructed through language and shared by individuals who are in relationship (Keeney, 1983; Lincoln & Guba, 1985).

Qualitative research methods are preferred by the naturalistic paradigm, although not exclusively, over quantitative methods. Qualitative methodology is presented as the method favoured in the current study. These principles are regarded as fitting with the researcher's epistemology.

Qualitative Inquiry

Qualitative research is a method of inquiry which involves an interpretive, naturalistic approach to researching the world. This implies that researchers attempt to make sense of the subject of inquiry in terms of the meanings that people bring to it (Denzin & Lincoln, 2000). "The word *qualitative* implies an emphasis on the qualities of entities and on processes and meanings that are not experimentally examined or measured (if measured at all) in terms of quantity, amount, intensity, or frequency" (Denzin & Lincoln, 2000, p. 8). Hence, qualitative research is inherently aimed at exploring an in-depth understanding of the phenomenon in question. Qualitative researchers emphasise: the *socially constructed* nature of reality; the *relationship* between researcher and subject, that is, *recursiveness*; the *context* in which the inquiry takes place; the *value-laden* nature of research; and the process through which meaning systems are created (Denzin & Lincoln, 2000). The fit between the qualitative researcher's aspirations and the naturalistic paradigm becomes evident in this regard.

Janesick (2000) puts forward the idea of qualitative research as an improvisation which allows for a creative endeavour. This task relies on preparation, exploration, illumination, and formulation. Hence, qualitative researchers open themselves up to a variety of alternative research techniques in order to capture the nuances of the social situation under investigation (Janesick, 2000). Unlike quantitative research, qualitative research indulges in the world of lived experiences as it is here that individual belief and action intersect with culture. This is coherent with the naturalistic notion that objective reality can never be *captured* as one can only know things through the representations that one makes of them (Denzin & Lincoln,

2000). No one person has more privileged access to the truth than another person as there are many equally valid ways to describe an event. This acknowledges the ecosystemic assertion of the narrative account of events as incorporating many untold stories.

Qualitative researchers believe that rich descriptions are of more value than the quantifiable measurements of constructs which remain pertinent to quantitative researchers (Denzin & Lincoln, 2000). The exploratory nature of qualitative research allows for a study to remain fluid and open-ended and also allows for new realities to emerge separate from *a priori* assumptions of the researcher (Moon, Dillon & Sprenkle, 1990). Within this scope, qualitative research seeks to acquire detailed information about smaller groups of persons, rather than large samples, and aims to understand why and how people attach meaning to events or experiences (Ambert et al., 1995). Qualitative data analysis allows for the identification of themes in the data and the relationships between these themes (Terre Blanche & Kelly, 1999). This aspect of qualitative methodology will allow this study to recognise the meanings that the respective couples attribute to their relationship changes.

Qualitative research is most applicable for the current study as the aim of this research is to explore human experience (Lincoln & Guba, 1985). In attempting to remain consistent with the ecosystemic underpinnings, which refers to multiple realities and shared meanings, the naturalistic paradigm and qualitative research methodology proposed in this study are understood to be congruent with each other. The central concerns of ecosystemic research will be highlighted in the following section in order to stress those aspects which are regarded as primary for this study.

Ecosystemic Research: Highlighting Congruencies

The ecosystemic epistemology (discussed in Chapter 2) concurs with the principles of qualitative research within the naturalistic paradigm. By illustrating the guidelines that the ecosystemic epistemology puts forward for research, many of the interconnections with the qualitative research paradigm can be highlighted. These include the following:

- All participants in the research setting contribute to forming the ecology of ideas (Bateson, 1979) that arises out of the conversation in that research context. Steier

(1985) concurs that a researcher working within a second-order or ecosystemic framework sees himself or herself as part of the research process. This is opposed to Newtonian thinking which negates this aspect and rather breaks a context into components (Fourie, 1998).

- Ecosystemics delves in the domain of the attribution of meaning. This is so because people are seen to construct their world through language and shared meanings (Steier, 1985). How a participant **attributes meaning** to the research context needs to be taken into account as this influences the outcome of the research (Fourie, 1998).
- Ecosystemics focuses on **meanings and ideas** and the changes thereof (Fourie, 1998). Of significance is the recursively linked aspect stating that the very act of researching can shift the meanings being spoken about. The context of research must be accounted for with regard to how languaging co-constructs reality among those participating in the research. Ecosystemic research is thus **reflexive** where the process of knowing is embedded in a reflexive loop that includes the researcher as a participant in the interactional flow and construction of the research (Steier, 1991).
- Ecosystemic research avoids reductionist thinking and does not aim to **prove** law-like connections like in Newtonian models (Fourie, 1998). The research outcome is therefore acknowledged to be an interpretation rather than a reified fact about a phenomenon.
- The researcher constructs **consensus** by virtue of the fact that he or she considers other literature and research findings and presents a coherent discussion. The research also mentions future concerns by reflecting back on itself (Fourie, 1998).

The naturalistic paradigm and qualitative research methods are deemed suitable and fitting with ecosystemic research as contextual issues, multiple realities, holism, recursion, and complexity are emphasised. The prospect of examining individuals' experiences from their own perspective is possible (Moon, Dillon & Sprenkle, 1990). Qualitative research is then regarded as the most appropriate means through which to view therapy holistically. Rice and Greenberg (1984) concur that an extensive method for researching the process of therapeutic change with detailed description and exploration is addressed by qualitative methods. Before exploring the particular research design that the researcher will employ for this study, a note on the relationships in a research system will first be explicated.

The Research System

The research system involves all the participants in the research. In this light, the research ritual can be seen as a collaborative effort which influences the creation of data and the co-construction of a final product. It is therefore essential to provide an explanation of how this collaborative process plays a significant role in the emergence of data and how it is understood.

As has previously been mentioned, qualitative data analysis requires interpretive skills and the researcher is regarded as the primary instrument of measurement (Lincoln & Guba, 1985; Moustakas, 1990; Terre Blanche & Kelly, 1999). The **interaction** between all the research participants, including the researcher, is regarded as reflexive and circular. Reflexivity is highly embedded in the recognition of the research context as an observing system and therefore one in which the observer's presence and influence on the emerging conversation must be acknowledged. This influence is believed to be rooted in the relationship between the participants. Gergen and Gergen (2000) regard reflexivity in research as an attempt to highlight **mutuality** rather than a subject-object duality. With this in mind, the dichotomy transforms into a dialectical understanding of the intersubjective co-construction of interaction (Kemmis & McTaggart, 2000). Gergen and Gergen (2000) address the issue of reflexivity as an innovation designed to address the concerns of the information gathering process and the resulting report which represents that information. They explain that reflexivity encourages a researcher to voice his or her own biases or personal framework, thus revealing a situational and personal context in which the collaborated meanings emerge (Gergen & Gergen, 2000).

When reality is co-created, the reference point exists in the transaction, that is, in "the space between the individuals involved" (Christiansen, 1997, p. 23). In the light of the above description the research encounter is regarded as a **collaborative endeavour** (Christiansen, 1997) where one re-examines or re-searches what one did to construct a particular reality (Keeney & Morris, 1985b). Multiple descriptions are made possible as a result of alternative ways of punctuating the flow of events (Keeney, 1983). This largely depends on the relationship between the researcher and his or her participants (Lincoln & Guba, 1985). The nature and quality of the interaction determines the negotiated and co-created meanings that

emerge within the discovery process or conversely that which does not emerge. The relationship develops within a particular context, that is, the research context. In this case the relationship with the research participants developed during therapy sessions. This prior relationship has a bearing on their willingness to participate in the research and on their actual manner of participation during the research interviews.

The role of the researcher or therapist does not ascribe to that of neutrality as in the positivist approach, but rather to that of curiosity and irreverence (Cecchin, 1992). This is a non-intrusive curiosity and the researcher does not impose his or her reality onto the participants even when these stories express diverse and perhaps conflicting versions (Christiansen, 1997). The researcher's meaningful ties to the respondents enhances his or her ability to gain intimate information about feelings and emotions, which are valued when exploring people's experiences and their attributions of meaning (Ambert et al., 1995). Viewing research as a collaborative process is closely linked to the researcher's epistemology regarding the role of a therapist as an active and intuitive listener adopting a non-expert position (Anderson & Goolishian, 1988).

Forming a collaborative relationship takes considerable time and implies an understanding of the perspectives and needs of the others. Each of the participants must be respected as knowledgeable authorities (Christiansen, 1997). Everyone is a knower whose ideas deserve to be heard, thereby making it possible to learn from one another. Each participant is hence acknowledged as a co-researcher in the study (Reason & Rowan, 1988). In this study, the researcher had established relationships with the couples throughout the therapeutic encounters which allowed for an pre-existing trusting relationship at the outset of the research procedure. A collaborative encounter thus implies that the participants are working together towards the co-creation of a reality, and often with a particular goal in mind. Collaboration does not mean that each participant will leave with the same knowledge, but possibly each will have learned something from the other. This implies that the researcher too must be prepared to shift his or her own viewpoints.

Having examined the importance of the interconnections in the research relationships, the research design will now be described. The various procedures that will be employed in this study will be further explored in the following sections.

The Research Design

A research design in qualitative research is that part of a study which describes the flexible guidelines that connect the theoretical underpinnings to the strategies of inquiry, and to the methods of data collection and analysis (Denzin & Lincoln, 2000). When embarking on a research inquiry, researchers are faced with various possibilities related to how to actualise the research process. Janesick (2000) explains that the research design should address the issues of what is being studied, under what conditions, for how long, and with whom. In this section the research procedures that are applicable to this study will be elaborated on. This will incorporate the method of inquiry; the sampling procedure; the data collection; and the data analysis. This description is not prescribed, nor is it the only possible means through which to investigate this research topic. The researcher's reasoning regarding her choices will thus also be provided.

According to Patton (1990) actual research operations stem out of the features of qualitative assumptions. These assumptions underlie the principles of collaborative research in order to reach co-created descriptions of the subject of inquiry. The research design will thus allow for the evolution of meaning in a conversational domain where multiple realities can emerge in accordance with each participant's narrative (Anderson & Goolishian, 1990).

The Emergent Design

The **emergent design** as described by Lincoln and Guba (1985) is a plausible design for use in the current study. Here the research procedures unfold as the research ritual continues. The reasoning behind this is in acknowledgment of the unpredictable nature of research and the multiple realities that can unfold, that is, that a researcher cannot account for all possibilities at the outset as this would be regarded as linear and unethical. No inquirer can sufficiently know ahead of time what the interaction will invite into the research domain. This implies that a researcher has the freedom to interact with the research system in a way that allows for unique outcomes, rather than to be restricted by preordained prescriptions (Lincoln & Guba, 1985). The emergent design implies a continuously interacting and interpreting researcher (Lincoln & Guba, 1985). The research evolves in order to accommodate the research demands. The researcher thus regards this design to be an ethical

stance as it allows for the inclusion of all necessary elements to become part of that which she may not have considered at the outset. A researcher does not begin a study with no ideas of what to do. Prior knowledge obtained through readings will influence the course of the research. However, as the inquiry proceeds, the researcher will become more aware of the salient and idiosyncratic features that are particular to the cases she is exploring, which will further shape the research design (Lincoln & Guba, 1985).

Researchers have choices related to the style in which they gather the data required for the study, such as participant observation, the case study method, action research, and so on, which will be described in the following sections.

The Case Study Method

Lincoln and Guba (1985) suggest that the case study method is a preferred mode of naturalistic inquiry because it is adapted to provide descriptions of multiple realities by virtue of the fact that it allows for the provision of a holistic picture and reflexive descriptions of the researcher. The researcher employs the use of a **case study method** where thick descriptions of the processes and context within which the inquiry takes place are provided (Lincoln & Guba, 1985). The researcher prefers the use of the case study method as it allows her to use couples who have undergone therapy and who can therefore convey these experiences to the researcher.

The case study method provides an opportunity for readers to obtain a comprehensive impression of the uniqueness of each participant's (individual's and couple's) ecology (Lincoln & Guba, 1985). Case studies seek both what is common and what is particular to each case. In this respect the specific nature of the case, the physical setting, larger contexts, and so on, create a context within which the case are examined (Stake, 2000). The ability to gain contextual information is highly consistent with the epistemological tenets of the researcher and serves to acknowledge both these and the naturalistic underpinnings. By using the case study method it is hoped that the reader will gain an understanding of the interaction that took place in the therapeutic and research processes and through this, make his or her own judgements of the recursive factors that emerge in therapy and the research process (Lincoln & Guba, 1985).

Stake (2000) identifies several types of case studies. These include intrinsic, instrumental, and collective case studies. The current study falls within the **instrumental case study** category. The instrumental case study facilitates the understanding of a broader issue. The case is scrutinised in order to advance the understanding of the secondary interest (Stake, 2000). In this study, the couples serve to provide information on the broader focus of change in couple therapy (Stake, 2000). This does not imply that each case is not presented and acknowledged for its own uniqueness, but the aim is rather to learn from the case about a larger theme. In this sense, a case study is usually organized around a small number of research questions which move along thematic lines bringing out the larger concern of the focus of the research (Stake, 2000).

The question of how a researcher decides on who can partake in a study is addressed in the sample selection. The researcher's selection criteria will be provided in order to illustrate the concerns that were addressed in selecting participants who were suitable candidates for the case studies.

Sampling

Sampling is that part of a research design which is concerned with the selection of the participants for the study. Naturalistic sampling is very different from quantitative sampling and its purpose is to maximise information rather than to facilitate generalisation. Large samples are not required as the goal is to produce in-depth information rather than quantifiable data (Lincoln & Guba, 1985).

The selection of respondents in qualitative research is based on specific considerations that allow the researcher to select participants that meet the criteria or purpose of the study (Moon, Dillon & Sprenkle, 1990). The sampling procedure for this study was **purposive**, which implies that the respondents were chosen from the population of interest who were specific to this study (Sprenkle & Moon, 1996). This implies that the selection of the respondents took place with the purpose of inquiring about their experiences of couple therapy and their relationship changes. It should be acknowledged that each participant in the research process arrives with his or her own understanding of how to make sense of his or her experiences.

This is based on his or her personal frameworks, informing discourses, and contexts (Anderson & Goolishian, 1988) which they attempt to put forward while dialoguing among themselves and with the researcher.

The sample selection was also made on the basis of **convenience sampling** which implies that time, money, and effort was saved (Goetz & LeCompte, 1984; Lincoln & Guba, 1985). Convenience selection yields participants from the particular population of interest (Sprenkle & Moon, 1996). The respondents were thus chosen from the population of clients seen by the researcher in the context of couple therapy, and were therefore already known to the researcher. The researcher selected couples whom she had worked with therapeutically for a minimum of four sessions. This criterion was decided upon in order to allow the clients to reflect back on an extensive process which took place over several weeks or months. This does not imply that couples are not able to experience change sooner in a therapeutic encounter. Rather, the researcher wanted the research participants to have had a more pronounced therapeutic encounter, and by virtue of this eliminated other cases from the research. Two couples finally formed the research sample.

The researcher did not necessarily pursue couples whose cases were as similar as possible. This would have been inconsistent with both the epistemology and with the chosen research paradigm, which both acknowledge context as providing unique circumstances, resulting in multiple realities. In this respect **variation sampling** proposes that the focus of the sample is not on similarities in the cases, which allow for generalisations to be made "... but to detail the many specifics that give the context its unique flavour...(and) to generate the information upon which the emergent design and grounded theory can be based" (Lincoln & Guba, 1985, p. 201). Therefore, the respondents in this study presented with different problems and processes in therapy. These differences will be described in order to provide a thick description about the context of therapy for each specific couple. The respondents were required telephonically to agree to participate and to sign a consent form before participating in the study in order to cover ethical concerns. The researcher only included participants who agreed verbally and in writing to participate in the study. The consent form is provided in **Appendix I**.

It is necessary to comment on those clients who were eager to participate in the research as their willingness to participate can be viewed as a metalevel statement on the relationship

with the researcher. This implies that despite the fact that the researcher has set her own prerequisites for selection of the participants, so too did the participants have their own 'prerequisites' or reasons for participating. This will have implications for the research data and should be kept in mind by both the researcher and the reader. Efforts will be made to consider and comment on this in the forthcoming chapters.

After determining the aforementioned aspects of the research design, the next step is to establish how to collect the relevant information. Various techniques exist regarding data collection, namely: questionnaires, video-recording, interviews, and so on. The interview has been employed by the researcher as the most suitable method for collecting data.

Data Collection: The Interview

Both qualitative and quantitative research methods employ the use of interviews as a means of acquiring the data needed for a particular study. Society by and large has become particularly accustomed to the use of interviews as a reliable source of information (Fontana & Frey, 2000; Silverman, 2000). Interviews arising out of a positivist paradigm focus on systematically coding and structuring data (Holstein & Gubrium, 1997). However, the qualitative interview context is one of interaction and relationship and the result is very much part of this dynamic.

When understood from a naturalistic paradigm, the information attained from interviews does not necessarily represent an external reality. Rather, the interview generates situated understandings, which must be explicated thoroughly by the researcher in order that the reader have the opportunity to form a holistic perception of the case being described (Fontana & Frey, 2000). Silverman (2000) elaborates that the interview is a linguistic encounter or narrative in which research participants dialogue with each other in search of mutual understanding. The narratives are then perceived as plausible accounts of the subject of inquiry where participants have had the opportunity to describe their experiences (Holstein & Gubrium, in Silverman, 2000).

Relating to interviews as narratives fits coherently with this researcher's ecosystemic epistemology regarding language systems (Anderson & Goolishian, 1988) and meaning

generation through the process of languaging (as discussed in Chapter 2). Multiple constructions of an experience can be articulated and seen in the way an individual punctuates the sequence of events. Thus the interview is a narrative encounter where all participants influence the meanings that unfold during the process of languaging about the subject of inquiry. In this study, the stories that emerge from each individual and each couple are then accounted for in this sense in collaboration with the conversation held with the researcher.

The Semi-Structured Interview

The information gathering process in this study was carried out by means of a **semi-structured interview**. This interview style requires that the researcher “develop an ‘interview-schedule’ or list of key topic and perhaps sub-topics in advance” (Terre Blanche & Kelly, 1999, p. 192). The questions in a semi-structured interview outline “a set of issues to be explored that might be shared with co-researchers as the interview unfolds, thus focusing on common information to be sought from all co-researchers” (Moustakas, 1990, p. 47). Semi-structured interviews can ask either closed or open questions, which may be followed by probing or clarifying questions based on the participant’s response or interviewer’s judgement (Sprenkle & Moon, 1996).

Semi-structured interviews employed by qualitative researchers utilise guiding research questions that are developed in order to focus the data collection and analysis phase of the research. It is also expected that these may change during the course of the study (Lincoln & Guba, 1985). The questions may be formulated in advance, but genuine dialogue cannot be completely planned, hence revealing the flexibility and fluidity inherent in qualitative research. The interview is an emergent dialogue that is continuously shaped by the specific questions and answers that are exchanged in a particular context (Moustakas, 1990). The interview as a dialogue is aimed at encouraging expression and disclosure of the experience being investigated. The meanings are thus contextually grounded and relationship bound. This means that the information gathered only reflected this conversation and the relationship between the participants.

The researcher’s personal assumptions regarding the topic and theoretical position cannot be disregarded as having influenced the nature and content of the questions asked. For the

reader, it is then important to bear in mind that the respondents' answers and emerging themes are informed by these questions and their own ways of understanding. All these elements point to the co-construction of the conversation. The interview should also be viewed as a means through which the participants will construct further meanings by being able to explore their therapeutic encounter and relationship process from a different perspective (Mishler, 1986). The researcher will conduct the interviews with the aim at fulfilling this as a process in itself.

Gathering Information

The researcher used a digital recorder to document the interviews. These recordings were then transcribed into a text and analysed in order to explore the emerging themes. The transcriptions included notes on tone, pauses, laughter and other non-verbal elements that could point to emotional complexities. This led to the data analysis phase of the research during which time the researcher engaged in an in-depth exploration of the interview transcriptions. The researcher also used her own process notes of the therapies as a text from which to explore her descriptions of the process of change during the therapeutic encounter. These process notes were constructed while the participants were in therapy. These texts were also not treated as factual descriptions of the cases, but rather as the researcher's experience at the time as influenced by her personal framework. All the researcher's documents were organized into a sequence that tells the story of each participant (Moustakas, 1990).

The questions that formed part of the interview schedule were based on the subject of inquiry, namely: the experience of couple therapy and the relationship changes as punctuated by these couples. Many of the questions were influenced by the readings the researcher had gone through by the time the interviews were carried out. In addition, the researcher's colleagues were consulted in a collaborative effort in order to co-construct the list of questions. This further involved a self-reflexive process which allowed for the refinement of the questions and eliminated questions that seemed to slant away from the topic. For the purpose of transparency, a copy of the questions that were constructed is provided as part of **Appendix II**.

The researcher acted as both the therapist and the researcher in this study. The subjects were regarded as co-researchers in a collaborative effort to describe their experiences. The interview requires the co-operation of the co-researchers together with the primary researcher (Moustakas, 1990). This researcher sought to understand the nature and meanings of human experience from the internal frame of reference of the individual who had the experience, that is, his or her perceptions, thoughts, feelings, and so on (Moustakas, 1990). The chosen method of data collection engaged in seeking the respondent's descriptions around the topic of inquiry. In adhering to a both/and position on acquiring a dual perspective of couple therapy with respect to change, this researcher sought to attain further reflections from the respondents. This took place by the researcher providing each couple with a copy of the interview transcripts. This afforded the couples with a further opportunity to reflect on their experiences, thereby adding to the accumulating meanings they would have attached up to that point.

The texts, in the form of the process notes, the transcriptions, and follow up comments, allowed the researcher to immerse herself into the research data in order to draw out the themes that unfolded. For the researcher, this signified the data analysis phase of the research and requires further description in the section that follows.

Data Analysis: Thematic Punctuations

The previous discussion on the research design served to guide the researcher in her process of data collection. The next step in research involves the analysis of the data in such a way as to allow for the emergence of recurrent themes with new understandings and also allow for a creative awareness of the various dimensions of the topic of inquiry. The analysis phase should not be regarded as completely separate from the data collection as both phases recursively connect with each other in a continuous process.

Qualitative research has no clear prerequisites for the interpretation of data and as such many names for the analysis phase have emerged (Terre Blanche & Kelly, 1999). For this study, the analysis conducted took the form of an **interpretive analysis** of interviews, which were regarded as narratives, in order to produce themes, and as such can be called a **thematic analysis**. Interpretive analysis ultimately attempts to describe people's experiences and aims

to produce thorough or thick descriptions of the characteristics, processes and contexts of the subject of inquiry (Terre Blanche & Kelly, 1999). Analysis rarely proceeds in an orderly manner and the researcher often moves back and forth between the data in order to arrive at an understanding of the meanings and themes (Terre Blanche & Kelly, 1999). Various methods of analysis suggest steps for the researcher to follow as guidelines but these are not regarded as prescribed techniques or recipes.

The steps the researcher followed were adapted from the recommendations of Terre Blanche and Kelly (1999) as well as Rapmund and Moore (2000). The researcher first listened carefully to the recordings while reading through the transcripts simultaneously. In this way the researcher was then able to **immerse** herself in the material. This process took place recurrently so that the researcher was completely familiar with the material and could begin to notice content descriptions that had been emphasised repeatedly in the interviews. The researcher then moved on to an **interpretive level** where organising principles and patterns underlying the material were recognised and described, that is the underlying theme or category. This is not merely a summary of the content. In this process, each of the couples' experiences are retold by the researcher, which in turn reflects the researcher's construction of reality as she cannot be excluded from this observing system. The themes may be both unique and/or shared by the different couples' descriptions. In this process, a category system emerges based on the themes and patterns across domains (Sells, Smith & Sprenkle, 1995). This depiction does not bear reference to the literature. As such each case is uniquely described and particular to what the participants portrayed and leads to understandings of the themes as derived from dialoguing with others. Finally, a **comparative analysis** is provided so that the researcher has the opportunity to compare that which emerged in the research with the literature review.

A thematic analysis of narratives falls neatly within both a qualitative research endeavour and the naturalistic paradigm. The analysis is also coherent with ecosystemic epistemology as it allows for the emergence of multiple realities as expressed by the participants themselves. The results are also presented in such a way as to allow the reader to view the evidences from which this researcher will draw inferences. The narratives embody the meanings with which the qualitative enquirer is concerned.

Terre Blanche and Kelly (1999) remind researchers that the meanings of words and actions can only be ascertained relative to the contexts in which they occur. All information was thus viewed in the context of the interview and as such took into account the fact that the therapist-client relationship preceded the research relationship. The ethical concern of the researcher at all times was to remain sensitive to the personal contexts of the participants, the research context, and the therapeutic context that preceded the research inquiry. The researcher remained open to the possibilities of her own changes and expected to be provoked by the interviews and the analysis in the research process. The evaluation of data within an emergent design means that the evaluation of the data is a continuous process, and is shaped by the researcher's various readings as well as conversations with her supervisor and colleagues. This process again points to the notion of the research ritual as a collaborative process. The final product is not regarded as fixed expression of an outside reality. Rather it is only one story of many that could have emerged, implying that several stories may remain untold (Silverman, 2000).

Any research endeavour brings into question the issue of legitimisation. Enmeshed in this is the issue of the researcher's ethics. The different paradigms and their respective actualising processes in research have alternative languages when it comes to the revelation of research validity. Although an in-depth explication of the differences in validation and reliability is possible, the researcher will focus on the legitimisation of research from a naturalistic paradigm and merely point out the alternative approaches when necessary.

Legitimation: The Politics

The issue of legitimisation is mostly put forward by the conventional sciences, which stress the need for research to be reliable and valid. It was previously shown that this constitutes the political paradox which social scientists in the naturalist field of inquiry face. From a positivist stance, legitimisation is required so as to provide a basis on which research can be generalised. In the field of qualitative research, informed by an epistemology such as ecosystemics, the issue of legitimisation needs to shift in the same direction as its epistemological tenets. The argument put forward by positivist researchers falls under the premise that qualitative research designs and methods are too subjective (a fitting comment from the epistemological stance of positivist research).

Positivist research has set criteria by which one can measure the legitimacy of a study. These include the issues of validity (the trustworthiness of the data); generalisability (the ability to extend the research conclusions to the larger population); and reliability (the extent to which a replication study will produce similar results) (Lincoln & Guba, 1985). Validity is further defined by LeCompte and Gutz (in Smith & Heshusius, 1986) as a matter of accuracy in representing or matching “explanations of the world with the actual conditions in it”. The meaning assigned to the term ‘valid’ is directly related to how truth is defined and as such is related back to the researcher’s epistemology and research paradigm.

The aforementioned criteria are argued to be inappropriate for naturalistic research as they are based upon the ontological assumptions of the positivist or traditional paradigm. Conventional science ignores the value that may emerge by knowing about the particular or unique which cannot be achieved when the driving force behind research is the goal of generalisation (Lincoln & Guba, 1985). Positivists refer to generalisation as “assertions of *enduring* value that are *context-free*...to modulate efforts at prediction and control” (Lincoln & Guba, 1985, p. 110, italics in original). The pursuit of generalisation is inconsistent with ecosystemic epistemology as generalisation supports the ideas of reductionism and linear causality (Lincoln & Guba, 1985). The positivist aim of generalisation negates the unique idiographic conditions of individuals and the context that must be taken into account when evaluating findings and implies that ‘X’ will lead to ‘Y’ in all cases resembling the study described. Hence research that is context-free must then be regarded as having an historical shelf life.

No Apologies: Legitimation in Naturalistic Research

Naturalistic researchers argue that previous concerns with validity and reliability should not be an issue of apology. Janesick (2000) supports the request for replacing the language of validity, reliability, and generalisation with a language that more accurately encapsulates the complexity of qualitative research. Walters (in Atkinson, Heath & Chenail, 1991) argues that the quality of research and the information therein is not related to the process through which it is gathered. Using the systematic methods employed in quantitative research does not make research findings more trustworthy. Atkinson, Heath and Chenail (1991, p. 162) concur with

this sentiment and purport that “legitimation of knowledge requires the judgement of an entire community of observers and is most appropriately a democratic process in which all stakeholders have equal input”. This implies that it is the community of people, which a study represents, or the consumers of the research, who are the evaluators of the ideas and results generated by any inquiry. With reference to the current research, it is then the community of couples and therapists who participate in couple therapy, as well as any other person who displays an interest in this field of work, who are regarded as the stakeholders or consumers of the research. The consumers may support some ideas more than others as they enter into dialogue with the research. The emphasis is moved away from technique to a conversational domain where all participants collaborate in a shared process. The judgement of the legitimacy of the findings is thus a shared responsibility (Atkinson et al., 1991). Naturalists prefer an alternative form of generalisation, which relies on the user of the research. This means that the generalisation is relevant only on an intuitive, personal, and vicarious experience in relation to the topic of inquiry.

Wilhelm Dilthey (in Stake, 1978) claimed that more objective and scientific studies do not ensure that people will acquire a better understanding of themselves. Naturalistic researchers have offered new ways to think descriptively about validity and the unique qualities of case study work (Janesick, 2000). This researcher concurs with Gergen and Gergen’s (2000) assertion that language and description do not necessarily match the world it purports to. It follows that positivistic validation of research is not necessarily the criteria through which to ‘judge’ findings. The shift away from objectivity and generalisation in the conventional positivistic science then implies a move towards ethics in naturalistic research (Keeney & Morris, 1985b). This is so because the researcher is more interested in capturing the essence of the participants’ experiences. Essences refer to the meanings which are recognised in a co-created dialogue (Atkinson et al., 1991). Recognising that there is no benchmark for reality discredits the positivist requirement of objective data and turns to the naturalist requirement to adequately represent multiple constructions of reality (Lincoln & Guba, 1985). Given the assertion that truth or reality is a construction, any interpretation or punctuation is a reality for the person describing the event (Smith & Heshusius, 1986).

It would not be wise to assert that no responsibility lies with the researcher to establish the legitimacy of the findings (Moon et al., 1991). On the contrary, the responsibility of the researcher in this regard is to provide reasonable claims and present the best possible evidence

in support of these insights. Naturalistic researchers have replaced the concept of generalisation as applied in quantitative research with that of transferability in qualitative research (Kelly, 1999; Lincoln & Guba, 1985). Transferability refers to the ability of the research to provide answers in other contexts. Smaling (in Kelly, 1999) suggests that in qualitative research, transferability must contain three aspects, namely: an accurate description of the research process; reasoning about the choice of methods; and thick descriptions of the research context. This is the ethical stance that a qualitative researcher assumes by revealing this information to the consumers as well as to acknowledge that his or her results are not any more trustworthy than another's. Rosenblatt (2000) describes the issue of validity as enmeshed with the researcher's ethics when he or she does not lose awareness of the participants' realities and what they would like to emphasise. It is in this regard that the descriptions remain valid to those who participated.

Ethical concerns will always stem out of the researcher's lens. The researcher posits that the ethical concerns that are exhibited in the research process and that are consistent with epistemological and ontological premises serve as inferences from which to recognise the legitimacy of the research. Providing thick descriptions allows for the reader to draw from a large base of information which determines whether the information provided is congruent or fitting with the reader's interest. Thick description depends on the focus of inquiry, but must specify everything that a reader may need to know in order to understand the findings (Lincoln & Guba, 1985). The researcher should also make his or her assumptions transparent in order that the reader has the opportunity to recognise the factors which influenced the researcher's comments. Naturalistic researchers concern themselves with the notion that each case is described in such a way that the reader is able to recognise the uniqueness of that particular case and the researcher does not attempt to make generalised comments that go beyond the context of the study (Lincoln & Guba, 1985). When one acknowledges the uniqueness of a particular case, then one cannot paradoxically claim to want to repeat a study in order find similar results. Reliability shifts towards conveying the contextually grounded meanings that are being put forward throughout the study (Stiles, 1993). Legitimation in the naturalistic sense is an issue of credibility and is directly related to the researcher's statements and the correspondence to how people out there interpret or construct their own realities (Smith & Heshusius, 1986).

A further ethical stance in the legitimisation of data acts in favour of recognising the recursive process between all the consumers and participants of the research. This researcher has attempted to acknowledge this element by providing the participants with another opportunity to read through the transcripts of the interview so as to invite any further elaboration or correction of ideas that were put forward during the interview itself. By recognising the connection between the observer (researcher) and the observed (participants), a researcher must necessarily be included by pointing out his or her participation in the research process. This avoids the prospect of researchers claiming 'truths' as out there, as they inevitably include themselves and thus allow the reader to recognise that what is illustrated is a product of the interaction which could have multiple descriptions. Keeney and Morris (1985b) assert that a researcher actively participates in the construction of his or her own interpretations. However, science from this point of view can never prove anything as all observations are self-verifying, that is they construct the experience which fits the theoretical approach of the researcher (Keeney & Morris, 1985b). This implies that what is written up by a researcher says as much about him or her as it does about the participants.

As evidenced from the above, the researcher has aimed to inform the reader that legitimisation of naturalistic research has shifted away from positivist concerns. The researcher's emphasis is that legitimacy is logically intertwined with the epistemological and ontological assumptions from which a particular researcher works. Following from this, legitimisation is not concerned with technique, but rather with the domain of language and meanings in an attempt to provide a contextually grounded, inclusive account of the research endeavour. Repeated consideration was made to reflect the meanings of the participants. This final product is a map of a map ad infinitum.

Conclusion

This chapter has provided an explication of the naturalistic research paradigm being employed in this study. The naturalistic and qualitative underpinnings were described with the purpose of illustrating the way in which they serve to guide the researcher in terms actualisation of research practice. The interconnection and congruence between the research assumptions and the epistemological lens of the researcher was clearly illustrated throughout the chapter. The qualitative method of inquiry was put forward as the one that most enables

the researcher to acquire information which is mostly concerned with personal experience that is embedded with meaning. In designing a research procedure the researcher has accounted for the qualities of a design that are emergent in the sense that the data collection and analysis may change as the research process continues.

The generation of narratives by means of the interview process was deemed to be an appropriate method through which to gather the relevant data within the domain of qualitative research. An illustration of the research process as a collaborative effort between the participants and the researcher (as co-researchers) was also emphasised throughout. The researcher has presented this as a recursive process where the researcher and the participants co-create a context in which rich descriptions of how people attribute meaning in the narratives or stories of their experiences can emerge.

The research ethic has also been described as one in which the researcher takes responsibility for the assertions that are made. In this respect, no attempt is made to find the truth, but to treat each participant's description as valid and reliable. The benefit of this stance is seen in the ability of the consumers of the research to make their own judgments pertaining to the validity of the research.

The chapters that follow will focus on the actualisation of the research procedure described in this section. Attention will be drawn towards the meanings that emerge in the interview process, and the themes will be put forward according to the researcher's frame of reference. Effort will be made to remain epistemologically and paradigmatically sound.

It must be reiterated that the impressions and descriptions presented in the following chapters have been punctuated according to the researcher's epistemological frame of reference. Hence the descriptions tell a particular story about the couples, but also reveal much about the researcher's way of thinking (Lincoln & Guba, 1985). Accordingly, the descriptions do not represent objective presentations of the couples, the researcher, and/or the therapeutic process. Thus, the stories told about the couple are not the only possible stories since the researcher's voice is dominant and interwoven with the readings and her personal life experience. In addition, the text will interact with the readers as they further reconstruct the stories by adding their own meanings.

CHAPTER 5

RECONSTRUCTING COUPLE THERAPY: CO-CONSTRUCTED STORIES

Introduction

This chapter offers a reconstruction of the stories of change within the context of couple therapy. The chapter contains two case presentations as told by both the researcher and the respective couples; Karen and John (pseudonyms), and Penny and Nick (pseudonyms). The therapy setting is sketched in order to illustrate the context in which the therapy and research encounters took place. Within each case presentation, the stories have been divided into two segments. The first segment conveys the researcher's understanding of the therapeutic experience from the point of view of the therapist. The therapeutic process is described by incorporating the meta-level themes addressed in the therapy, the researcher's perception of her role (as the therapist) and the interventions employed during the therapy, and her understanding of the changes that occurred within the couple's relationship. This scenario is followed by the second segment of the chapter, that is, each couple's descriptions of change within the context of couple therapy. This too has been organised into themes determined by the researcher and is largely based on the semi-structured interview (see **Appendix II**). The descriptions that are provided in this chapter for each couple are thus stories about stories. The researcher has chosen to write the case scenario in the first person as it is believed that this encourages readers to dialogue with the text and hence emphasises the collaborative experience. The names of the participants have been changed in order to ensure confidentiality.

The Therapy Setting

Therapy sessions were held at the Psychology Department in the government hospital where I conducted my internship. The Psychology Department was in a building detached

from the main hospital and away from the chaos and noise which rung through the hospital itself. The passageway was dimly lit with the interns' and supervisors' offices on either side. My office was previously an old residential room with rugged, stained curtains and dark-wood furniture. The room itself contained a desk, a small side table, a few plastic chairs, and a wooden cabinet. Each object was strategically placed so as to create a spacious atmosphere, but within reasonable proximity to encapsulate a feeling of closeness. Throughout the year the sun beamed into the room and created a warm ambience. I had exerted much effort to change the lifeless room by adding colour to the setting. I had covered the desktops with purple, green, and yellow striped wrapping paper and stuck large posters of animals on the wall. On the side table I had placed several items, which included candle sets and a box of tissues. The nakedness of the room was transformed with the energy inherent in the fusing pictures and colours, yet it still spoke of its history and emptiness of people moving in and out year after year.

Case Presentation: My Story of Karen and John's Story

At the start of therapy, Karen (32) and John (42) had been married for seven years. This was Karen's first marriage and John's second marriage. His first marriage ended after five years and left two adopted children with his ex-wife. Karen and John met in 1992, but only started dating in 1993. They were married in February of 1994. Kim is their only child and was five years old when therapy started. John had worked full-time in a large government organisation for fifteen years but currently worked for this organisation on a contractual basis. Since then he has worked in other occupations, but his main source of income at this time was through selling insurance. Karen worked as an assistant on a part-time basis in order to assist with their financial affairs, which were fairly stable at that stage. John's psychological history included admission into the psychiatric ward of the government organisation's hospital for depression and strong suicidal ideations when he was approximately twenty-one years old, but had not experienced further episodes of this nature since then. Karen prided herself on being the first child in the same hospital to have received ritalin for hyperactivity at the age of five years.

Karen had contacted the Psychology Department to find a child psychologist for Kim. Karen was referred to Shaun (another intern), as he was working at the paediatric department

together with myself. The first meeting took place between Karen and Shaun as it was assumed that he would be obtaining some background information about Kim and her need for therapy. During this meeting Karen explained that she was concerned about Kim. Karen and John were going through a very difficult time and she was worried about the effect this was having on Kim. Karen claimed that John had been involved in an affair with an 18 year old girl and that she had recently found out about it. Karen further claimed that she wanted to give the marriage another chance but was overwhelmed and uncertain of what to do. Shaun felt that Karen had found a way of asking for help through Kim and therefore contracted with Karen to enter couple therapy as a viable option. Karen was unsure as to whether John would agree to join therapy. Shaun took the initiative to contact John and invited him to attend the therapy with Karen. John was extremely hesitant and requested that he see Shaun alone for the first session as Karen had already had that opportunity. However, John complied to a joint session once Shaun suggested that he would ask another therapist to join them. Shaun felt that this would reintroduce an element of neutrality into the therapy and hence remove the fear of a prior coalition with Karen, as well as remove the prospect of creating a pattern of discussing their issues separately.

Shaun requested that I act as the co-therapist as he felt he needed a woman who could be 'strong' in therapy and perhaps allow Karen to find her own voice through me. Shaun also felt that our epistemological grounding was similar and our styles of working were complementary. Shaun's assumptions were based on his experience with me at the time as we had had opportunity to work together prior to this occasion. The time frame in which this prospect arose was marked by the continued excitement of having recently completed the academic portion of the Masters degree and was accompanied by both the fear and excitement of working without the observing eyes of supervisors. Hence this afforded an exciting opportunity to work alongside a colleague as co-therapists. Based on this proposal and the nature of Shaun's understanding at the time, Shaun and myself decided to assume different roles in the therapeutic context and hence use ourselves as *therapeutic instruments* (Goolishian & Anderson, 1992). Shaun had already established an empathic stance with Karen and it was decided that he would maintain this role in the beginning. It was further decided that I would take a more assertive, dubious, and unconvinced role in relation to both Karen and John, and adjust myself accordingly as the circumstances arose in the therapy sessions.

Enter the Couple

I entered the therapy with an open mind and initially wanted to determine what Karen and John hoped to achieve by participating in couple therapy. Attention was given to both Karen and John's verbal and non-verbal information in order to assert congruency or the lack thereof between these two levels of communication. Consideration was also given to any information that would reveal any prevalent patterns between the spouses and the dominant discourses that emerged in the conversation. Furthermore, awareness of my personal biases and judgments was maintained so as to prevent these aspects from surfacing in a way which would be detrimental to the therapeutic process. A central concern was that of building and maintaining relationships with Karen and John so that we would have the space/room to probe into additional issues without them experiencing us as intrusive or out of line.

First Impressions

Shaun and I experienced the first session as challenging, but generated a shared reality about Karen and John's characteristics. These features were revealed through the way in which each spouse storied about him-/herself, each other, and the relationship.

John presented himself as calm and collected; like an expert who knew exactly what to do next. He exhibited a strong tendency to evade the issues by avoiding to comment directly on the problem or on therapy. John's initial 'resistance' was perceived as a warning not to challenge his beliefs. He explained that his view of marriage was unconventional and he seemed to use this storyline as a justification for being 'involved with' or 'seeing' other woman. John's manner of answering questions was highly ambiguous and he did not openly concede to having had an affair, which left much uncertainty regarding this issue. On the other hand, Karen came across in a child-like manner which was hyperactive; overdramatic, and fidgety. Karen was uninhibited in the way she consistently interrupted John, laughed inappropriately, and attempted to dominate the conversation. This seemed to have been an ongoing pattern between the spouses. However, her behaviour was understood in the context of the apparent shock and pain she was experiencing as a result of the alleged affair. She came across as emotionally uncontained and the uncertainty left by John's answers was contrary to her obvious need for clarity. In this way, Karen was further frustrated and

provoked in this process. It appeared as though her agenda was to determine the truth and get John to recommit to the marriage. The distinct difference in their behaviour highlighted the complementarity in their relationship (Papp, 1982). On occasion John was overtly offensive in his mannerisms and his comments and he would continuously be condescending and self-praising. In other instances, John was easier to connect to due to his intellectual capacity. In this respect he appeared to grasp concepts more easily than Karen. Upon reflection, I realised that Karen evoked both sympathy and irritation in me which I used to attempt to understand John. On the other hand, John evoked an aggression and defensiveness which I also used in an attempt to understand Karen. However, these feelings were closely monitored so as not to let my personal feelings interfere with the process. Furthermore, I remained aware of what I was introducing into the system through Shaun's and my own presence. The way in which our roles evolved, allowed for certain elements to emerge in the therapy, but also excluded others. This process was carefully monitored throughout the therapeutic process in order to determine when to shift myself to allow difference from the couple to emerge.

Therapeutic Challenges

The therapy sessions with Karen and John presented many personal challenges. The pertinent challenges that arose lay in the therapists' roles that constantly evolved and shifted, personal values and biases which were heavily challenged, and meeting the language of the couple. The following is an exploration of the challenges that were faced in the therapeutic context.

Shifting Roles in Therapy

Shaun and I had originally agreed to create a balance between the roles that we assumed, with him being more empathic and myself being more provocative. Although our roles remained flexible and sustained the not-knowing approach (Anderson & Goolishian, 1988; Freedman & Combs, 1996), we were afforded the opportunity to intensify the particular stance that we employed. Shaun and I made particular use of circular questioning (Penn, 1982) in order to obtain double descriptions from the couple (Keeney, 1983). As co-therapists, we would engage in 'gossiping in the presence' of the couple as an effective

strategy for perturbing the couple and creating alternative conversations (Penn, 1982). However, early on in the process (the second session) Shaun got severely ill and was absent for two sessions. This occurrence placed new demands on me and shifted the role that I had originally presented. The previous role of 'no-nonsense' shifted to incorporate the empathic and holding element that Shaun had neatly contained. This shifted the relationships with Karen and John and I became even more self-reflexive and used myself (as a therapeutic tool) more diversely. This often evoked much anxiety as John was often intimidating and Karen's emotions were difficult to contain. Once Shaun's health improved, he returned to the therapy, which again required a further shift in the roles we were playing. On the one hand this was used as a useful tool and allowed for complementary roles between us to re-emerge. However, Shaun's re-entry needed to be incorporated into the relationship that had been built between the couple and myself. Karen and John were also required to shift again, and Shaun's absence and re-entry into therapy was carefully monitored in terms of the effect it was having on the therapeutic system. Overall, the use of self as a therapeutic instrument was greatly tested in this therapeutic encounter and required much fluidity and self-awareness.

Confronting Personal Values

Due to the issues and themes addressed in therapy (that being an extramarital affair), many discourses were challenged which in turn challenged my personal discourses and biases regarding these issues. The institution of marriage was a highly contentious issue and raised many questions for myself who had/has a fairly conventional view thereof. Furthermore, John's attitude was highly provocative as he appeared to challenge both Shaun and I due to our age and John's gender biases. Furthermore, John's behaviour shifted when Shaun was present in the therapy as he tended to become more condescending towards him. John also challenged many other discourses; for example religion. This pushed me to find ways of deconstructing his own conceptual framework through a curious position without coming across as disrespectful, yet perturbing him enough to allow new ideas to emerge (if relevant for the therapy). This required a vast amount of self-reflection in order to scrutinize my own behaviour in relation to John's and I therefore remained aware of the recursive nature of interaction. This was a constant reminder of the observing system in terms of how our presence affected the observations and reminded me of the subjective nature of reality construction (Boscolo et al., 1987). Karen was very confronting and often attempted to

identify with me as a woman by demanding that I disclose my personal opinions and biases related to the alleged extramarital affair. These pleas demanded that I become the judge and jury of what was/is morally correct and/or incorrect. These demands were all relevant to the discourses being discussed at the time and I again had to use this therapeutically and often chose to metacommunicate on common patterns in their relationships; for example Karen not feeling heard and hence turning to others to find a voice through them. Overall, both Karen and John were highly challenging and brought up many discourses which forced me to tackle my own opinions and not allow this to influence their personal story.

Meeting The Language of The Couple

Karen and John used different language styles which required careful examination in order that they feel equally heard and so that I could respond to each of them accordingly. The challenge was in meeting each one individually based on the way they portrayed themselves. As was previously mentioned, John came across as all-knowing, experienced, and intelligent. He would often deliberately discuss a topic in such a manner that it required specific knowledge of that topic, such as anthropology. Also, it was difficult to track his thoughts due to the manner in which he spoke. Assuming a not-knowing approach relieved much of the pressure to match his expertise. Furthermore, John responded respectfully to 'expertise' and I felt the need to portray myself as an authority in the field of psychology in order to assist the therapeutic process. This was a fine balancing act with the not-knowing approach in terms of what was best for them as a couple. John's intellect resulted in a deeper appreciation and comprehension of the suggestions and comments made by Shaun or myself. On the other hand, Karen was more down to earth and basic in her use of language and did not exhibit as higher level of insight as John. In this respect, comments were often repeated more simply in order that Karen 'catch on' and also provided a modelling process for John to prevent him from jumping to his typical condescending manner towards Karen. John's sarcastic humour and Karen's 'laughing character' further allowed humour to become a natural part of the therapy and was also used as a way for them to begin laughing at themselves.

The Therapeutic Process: Themes and Patterns in Therapy

The themes depicted in the following section are based upon the way I have chosen to shape the reality as informed by my experiential and academic assumptions. Punctuating particular themes is as much a reflection of myself as it is of the couple. As such, many alternative themes could have been demarcated as I acknowledge the theoretical concept of multiple realities and multiple stories. The themes explored in the following sections do not attempt to describe a linear progression in the therapy as many of these aspects occurred simultaneously.

Difficulty Staying with Emotions

Throughout the therapy, John attempted to use his academic and worldly knowledge to intimidate Karen, Shaun and myself. This was recognised as a common pattern within their relationship. John was highly condescending in this way and would often put Karen down or discredit her by commenting on his 'worldly wisdom'. Furthermore, this was recognised as a way of staying away from emotions and avoiding discussions about feelings. John would consistently answer questions by providing long and detailed responses filled with complicated jargon and hence distract from the conversational topic. This frustrated me as I consistently attempted to remain respectful and curious towards John, but also needed to stay with the conversation and themes which were relevant for the therapy at that point. John often used his childhood and particularly the lack of connection with his father (discourse regarding his family of origin) and/or his psychological history (discourse regarding psychiatry and psychology) as explanations for his mannerisms and justification for his 'unconventional' needs. He understood these two elements to have made him emotionally distant, intelligent, have a strong gender bias against men, and other qualities which were storied along the lines of these discourses.

Karen's behaviour also tended to evade discussions which would reveal her underlying emotions. Karen would consistently laugh inappropriately or pass angry comments which would interrupt the conversation with John. This was thought to be a protective mechanism as it allowed her to distance herself from the pain that was provoked by the alleged affair, and

the therapeutic conversations that continuously inflamed painful emotions and memories related to this issue. Throughout the therapy I was able to identify with her **confusion** and need to **blame**. This was very difficult for me as I could sense the depth of her pain. I would attempt to probe this further but Karen would mostly continue laughing or evading the issues. Karen did not use particular discourses to justify her use of laughter as an emotional distancer. She simply seemed to be overwhelmed by the anger extracted by the ongoing events regarding the affair.

Karen and John's behaviours were thought to be recursively linked. The more Karen stayed away from emotions, the more John stayed away, with no linear description intended, that is the 'game without end' (Watzlawick et al., 1974). This process seemed to have developed into a system where disconnection was paramount and neither spouse was considerate or aware of the emotional factors affecting the other. Shaun and I worked individually and jointly in an attempt to deal with this difficulty surrounding emotions. Self-reflection allowed for me to shift myself according to what was being provoked inwardly by Karen and John, and by their responses to each other (Keeney, 1982). I continuously urged Karen to convey and clarify her feelings to John. Karen clearly struggled to find the words and both Shaun and I would validate her struggle and commend her efforts to follow through with her attempts. Karen experienced a major emotional outburst and expressed all the underlying emotions including her fears, confusion, pain, and anger towards John. I experienced this as more real and encouraged her to continue talking about what she was feeling behind the mask of laughter and anger. This seemed to elicit a difference in John as he became extremely attentive and respectful towards Karen which recursively affected Karen's ability to break away from the emotional distance. It seemed as if genuinely expressing her emotions triggered a shift in behaviour from John which further acted as a reinforcing factor for her to achieve stability in this new way of articulating emotions.

With regard to John, a more stern approach was used. John was an 'expert' at deviating from the topic and I would have to interrupt him in order to repeat the question. This was a struggle as I did not want to come across as disrespectful towards him. Furthermore, John's discourses were unconventional and I had to remain aware of my own biases in order to portray a value-free stance. This was a fine balance as I assumed he would experience me as judgemental for interrupting him simply because he himself was aware of how unconventional his ideas were; conveyed by the fact that he defined himself as unusual and

unconventional. The difficulty of facing emotions was further addressed by metacommenting about the effects that their responses had on Shaun and me individually. Both Shaun and I were highly provocative in this respect. This introduced a paradox which inhibited this type of behaviour from re-occurring and eventuated into their own recognition of their behaviours without us needing to point it out.

Developing Emotional Voices

Early on in the therapy sessions John would ignore Karen's tears and continue on his own intellectual path. Karen would also continue to interrupt and laugh inappropriately. As the therapy continued and their awareness of self and other increased, Karen and John began responding to each other and to our questions differently. John became more specific in his answers (by his standards) and would respond more respectfully towards Karen. He began revealing an empathic consideration of her feelings and began sharing his own feelings, which included his frustrations, disappointments, fears, and vulnerability. He would even laugh when he caught himself in the act of intellectualising and diverting away from issues. Karen's behaviour in the therapy evolved and she was more self-contained, but on occasion her emotions got the better of her. This was validated and framed as normal and reasonable considering the pain she was attempting to deal with. Yet, her behaviour took on a different flavour. Karen began giving deep expression to the essence of her pain, disappointment, surprise, fears, vulnerability and frustration. Karen voiced these feelings without the previous experience of condemnation or a condescending attitude from John. Her previously marginalized voice became stronger and more experienced and she continuously found new ways to express herself. In order to facilitate this process, homework tasks were prescribed where they were requested to write down their unexpressed thoughts and feelings regarding particular themes. Karen's thoughts became easier to track as her persona developed. I developed a genuine respect for her and wondered if John was responding to this as well. Furthermore, my understanding of John's conceptual framework grew and along with that an empathic and less defensive attitude towards his individuality and personal struggles.

Making Sense: Challenging Discourses

As part of the therapeutic encounter, both Shaun and I had contracted early on with the couple that therapy was not a comfortable place and that many challenges may arise for each of them individually. We had thus defined the context of therapy as arduous and demanding. However, we always maintained a respectful stance where we assumed a curious and not-knowing position, which was often highly provocative but not insolent. A balance was sustained by projecting expert opinions as this was highly appreciated by John. This was determined through noting the feedback (verbal and non-verbal cues) from the couple. Both Karen and John had acknowledged the possibility of being confronted from the outset. Accepting this definition of the context provided Shaun and I with the room to challenge their fixed beliefs regarding certain dominant discourses which they held and which influenced the way in which they behaved and storied about themselves and each other. Some of these discourses and belief systems included issues related to marriage and the boundaries therein, gender roles and interrelated issues, religion, and the influence of the family of origin on the self. These discourses weaved together to form the tapestry that defined them individually, and the nature of the expectations they had of each other. For example, John expected Karen to be well groomed and remain attractive as he commented on being disgruntled about her being overweight; issues regarding her role as a housewife were also dominant as he commented on her tendency to be untidy. On the other hand, Karen expected John to be remain within the boundaries of a conventional relationship where extramarital affairs were not permitted. She also addressed her need to feel appreciated. Inherent in this process was each one's **justification** for his or her own behaviour. Furthermore, each one **blamed** the other for particular problems and exhibited a **non-accepting** attitude of what the other was stating. This pattern of blaming and justifying had oscillated and resulted in a pattern of disconnection and defensiveness, a typical demand-withdraw pattern.

These discourses were deconstructed through questioning the nature of the beliefs, the origin of them, and determining how they influenced Karen's or John's behaviours, expectations, and attitudes towards each other (Gottlieb & Gottlieb, 1996). This process therefore involved understanding each spouse's epistemological stance. This was a perturbing experience; both in the questions and the answers that emerged. For example, John was of the opinion that his so-called need to 'see' other women was as a result of a

father who detested him and abandoned him at an early age, as well as being brought up by his mother who, by his definition, was emotionally cold. John's answers continuously left the issue of 'seeing' other women or having a sexual affair as a 'grey area' and clarity was never overtly achieved. Shaun and I would often '*gossip in the presence*' of Karen and John by questioning their statements, *hypothesising*, and asking *future-oriented questions* (what if...? or I wonder what would happen...?) to each other (Penn, 1982). These therapeutic actions inevitably opened up new avenues of conversation around the same discourses that they continuously languaged about.

Old Discourses-New Stories

As time passed, it appeared as if Karen and John achieved a broader understanding of each other and the ambivalence surrounding their commitment disintegrated. Shaun and I adapted our attitudes towards each spouse in the light of the changes taking place. Despite the fact that I did not agree with much of what was said, I was able to respect and appreciate each of their stories of themselves and how this influenced the relationship. By means of this feedback to them, Karen and John were able to expand on their understandings and began giving expression to marginalised voices in response to the newly found appreciation for each other. Initially John would not agree with Karen's demands to stop 'seeing' the third party. This was seen as congruent with the way that he had *warned* us to not change his beliefs. By deconstructing the relevant discourses, the third party began to be viewed and discussed as a symbol (having deeper meaning) pertaining to belief systems of the boundaries and limitations within a marriage. John was in favour of what this symbolised, while Karen was against it. As therapy continued John took the initiative to end his relationship with the third party (18 year old girl). He had recommitted to the marriage in line with agreed upon boundaries which represented an agreement that both spouses were happy with. This recursively resulted in a major shift in both Karen's and John's behaviour. They became calm and accommodating towards each other. While Karen and John attributed this change to the third party's disappearance, Shaun and I attributed it to broader understandings which resulted in changes in each spouse which emerged as a result of the deconstructive process in therapy. In response to this I took on a sceptical and unconvinced role, suggesting that I was uncertain as to whether things could change so quickly. The use of *metaphors* were of great importance, such as questioning whether this period was 'the calm before the storm'. This

placed them in a paradoxical position (Selvini-Palazoli et al., 1978) whereby they were required to provide thick descriptions of what had changed for them and why it would remain that way. However, in contrast it opened up the space for John to follow up on previous comments where he suggested that larger problems existed in the relationship which did not involve the third party.

Making Sense: Confronting Self and Other

Throughout the initial phase of therapy, John had continuously made reference to various aspects of the relationship that were dissatisfactory. Karen had continuously denied sharing the same sentiment and stated that everything else was perfect in the relationship. Some of these aspects were addressed at the time, but the chaos inherent in the content regarding the third party consumed the majority of the conversation. Once the third party was removed from the equation, John began pushing the arena regarding the dissatisfaction with specific aspects in the relationship. I introduced a 'go slow' paradox. This was discussed with Shaun by 'gossiping in the presence'. Karen and John had become accustomed with this style of communication and it seemed to work effectively with them. We suggested that they be cautious before addressing issues surrounding discontentment with each other as this would have consequences for the relationship. We also explained that the relationship had just overcome a crisis and they should consider if the timing was right to re-introduce the possibility of pain and turmoil. Furthermore, we suggested that the relationship had managed to work for seven years and they should think about why they would want that to change. We therefore recommended that they spend the next week thinking very warily about such things without saying anything to each other about it. Lastly, we re-emphasised the distress and hurt that may result from hearing each other highlight areas of disgruntlement. Furthermore, if they felt that they really wanted to talk about these issues, that they should first write it down and wait till the next session when a decision could be made. By the next session Karen and John were eager to tackle these problems and had brought their lists as was recommended. Karen's list was considerably shorter as she remained dedicated to her idea of a perfect marriage. John was enthusiastic to share his list of grievances. He pointed out all aspects of Karen's behaviour that bothered him. Again, this process involved **blame** and **justification** of self. Karen's grievances also proceeded to highlight blaming John for problems as a way of justifying her own behaviour.

Shaun and I directed the therapy with the intention of elaborating on the *meaning* that was embedded in these behaviours. By *reframing* many of the issues, alternative meanings were attached to the behaviours and new patterns emerged. Many aspects were linked to John's and Karen's discourses (particularly around gender roles and parenting) which resulted in new dialogues and solutions emerging in their conversations. A new reality was co-constructed by languaging about each other differently, that is, it illuminated the difference that made the difference. It appeared as though Karen and John had found new ways of communicating which allowed for the resolution of many disputes. Karen was eager to respond to John's requests and quick to initiate these changes in practice. John's ability to communicate his gratification and the significance of these changes also increased and was observed in his ability to praise Karen. During this process Shaun and I provided them with feedback and constantly elicited the meaning that these changes had for them as well as how it changed their feeling towards one another. Shaun and I continuously encouraged and validated their efforts. We also challenged these expectations and attitudes from a curious position which removed the possibility of either Karen or John feeling judged. I experienced this recursive transformation as exciting as I felt it reflected the atmosphere between Karen and John.

Relationship Maintenance

As the major crisis dissolved, Shaun and I decided to increase the period of time between sessions which would vary between two, three or four weeks. It was felt that this was necessary in order for Karen and John to find ways of attending to the relationship outside of the therapeutic context. The issue was first discussed with Karen and John and they agreed that they felt secure enough to have longer intervals between the sessions.

At approximately the same point that Karen and John were finding solutions to unsatisfactory areas in the relationship, Shaun and I suggested that Karen and John should attend a Filial Therapy course which was being provided by the Psychology Department, and which we were also supervising. This was an experiential course related to parenting styles and new ways of communicating with one's child(ren). Shaun and I felt that this was appropriate for them as they continuously spoke about their concern for Kim and were currently addressing discourses involving parenting. Furthermore, Shaun and I saw this as an

opportunity for them to get involved in a productive activity which they had to perform together and could both learn new ideas related to parenting. The timing of the course was regarded as ideal in terms of the progress they had made in therapy at that point. Karen and John agreed to participate and it seemed to elicit the desired effect. Their eagerness was met with much fulfilment from the course and recursively affected the content of the conversation away from problem-focused areas and towards solution-focused areas. They also applied many of the new rules of parenting and communication to their own relationship. It appeared as though they were using effective skills to improve their style of communicating with one another. This enhanced the impact of the therapy.

Karen and John were not seen in therapy for several weeks. After several weeks, we consulted for what was thought to be the last session. However, it seemed as if many incidences had occurred, such as the death of Karen's mother, financial problems, family pressures, and several household robberies. Despite their claim that their relationship was functioning well, they decided to continue therapy for a few more sessions. The therapy was framed as 'maintenance' as they had acquired skills which were being tried and tested under very harsh conditions. They were commended for their ability to apply their skills under the harshest conditions which illustrated their solid foundation. The chaos around them was framed as a 'whirlwind' which *externalised* the problem outside of them and provided the opportunity to fight the problems together without permitting them to interfere with the relationship. Karen was incredibly supportive both verbally and behaviourally and had managed to hold down two jobs to assist with the financial problems. John was also reassuring and able to acknowledge Karen's strength and support. After three sessions involving 'maintenance', it was decided that the original goal of therapy had been achieved, that is, the marital issues had been sorted out and that they were capable of 'weathering the storms'. Karen and John agreed that they felt ready to end the therapy and were happy to terminate.

Ending Therapy: Altered Impressions

By the time therapy was completed, Karen and John had shared nine therapy sessions over a period of five months, and many of my personal impressions of Karen and John had shifted.

Throughout the process I had witnessed several changes taking place between them while other factors remained the same. Behavioural aspects, such as Karen's persistent laughing and John's 'conceited' opinion of himself remained fairly stable with slight 'improvements' on occasion. However, I was able to acknowledge that perhaps these aspects did not need changing for them, but rather remained my struggle in relating to them. Furthermore, many discourses had remained unchanged but had expanded to allow for altered ways of living together to emerge. What was significant was that both Karen and John languaged about themselves and each other in innovative ways. New meanings had been attached to old behaviours, which had either shifted particular behaviours or shifted their attitudes about the behaviours and hence created new relationship narratives. In this respect a new sense of relatedness had developed between the spouses and enhanced their understanding of each other. Furthermore, it appeared as though they had acquired new skills, such as open communication. A new relationship reality had been co-constructed. This shared reality was based on the meanings attached to each other's behaviours and ideas, and the space had been created for them to explore alternative ways of being. Karen had expanded on marginalized voices and found alternative ways of existing that satisfied both her and John. John had re-explored himself and found ways of accommodating Karen within reasonable marital boundaries. Although various patterns persisted, the relationship was defined by Karen and John as satisfactory and hence they were comfortable with termination.

Re-Searching Couple Therapy: Karen and John's Story

The following description reflects Karen's and John's understandings of the changes that occurred in their relationship within the context of their therapeutic experience. The themes and descriptions that are pointed out in this section have been discerned by the researcher and are therefore influenced by her understanding of their descriptions; hence a story about a story about a story. It is important to reiterate that the comments offered in this section reflect the couple's thoughts and perceptions of their experience *post-therapy*. These perspectives are further influenced by the couple's definition of the therapeutic outcome as 'successful'.

The Research Setting

When I approached Karen and John they were eager to participate in the research encounter. This was regarded as congruent with their individual fondness for being in the 'limelight'. The nature of the research was explicated and the meeting was scheduled. The research setting was the same as that of the therapy sessions. This was purposeful as it was hoped that this would evoke as many memories as possible of their therapeutic experience. The interview was conducted six months after the therapy had been terminated. The office had remained the same, but the meeting had an alternative meaning which required reinvention of our roles in the research context.

New Roles - New Meanings

Assuming a new role in relation to Karen and John remained at the forefront of my mind and incorporated one of the challenges that I faced. I had to remain aware that this interview incorporated a delicate balance between an **extension of therapy** and a research encounter. I had first-hand knowledge of the therapy, but needed to create the space where they could be honest and forthcoming with any information which would be valuable for the research. I further suspected that Karen and John may attempt to take the conversation into the domain of therapy due to the fact that this was research regarding their therapeutic experience. I was aware that this interview would have to be dealt with as an extension of the therapy and would enhance their therapeutic experience and allow more meaning to be attributed to their experience. This meant that I had to observe this process carefully as I was more experienced at being a therapist than a researcher. Furthermore, their roles had also shifted to becoming co-researchers rather than clients. This too had to be monitored as they were also accustomed to being clients. These roles were carefully defined at the outset in order to create a defined context of 'research', but I also remained flexible in this regard especially due to the fact that re-investigating this topic could have elicited old painful memories which needed to be dealt with resourcefully. I continued to assume a not-knowing approach with Karen and John in the research setting. In this way, I was able to remain curious and interested in what the respondents had to offer. I had expected that the information may be perturbing, but I was open to receiving this information as useful. When reflecting on the research material as well

as the follow up discussions with Karen and John, I realised that they continued to elicit the same sense of frustration in me when attempting to keep the conversation focused.

The interview was conducted along the lines of the semi-structured questionnaire and resulted in primary areas of concern, namely circumstances prior to therapy, relationship changes which occurred during the therapeutic process, the role of the therapists, and termination of therapy.

The Need for Therapy

The first area of interest that was explored was the couple's explanations for attending therapy. It was felt that it was important to determine if their original expectations coincided with what actually transpired in the therapeutic context.

Karen explained that she had originally contacted a therapist because of her concern about Kim as a result of the problems that she and John were encountering at that point. Karen felt that despite Shaun having been the one to suggest couple therapy, it was something she had wanted herself so that she and John could resolve their problems. Both Karen and John understood that the **reason** for attending therapy was attributed to the existence of the third party. However, John explained that he had felt that the problems were more profound and that the alleged affair was simply a catalyst for addressing the 'real' issues. At the time, Karen had not perceived major problems in the relationship prior to entering therapy. According to Karen, the only problem that she had been aware of was related to the alleged affair. It was this issue that led her to consider therapy as a viable option to deal with the problem.

The Relationship Prior to Therapy: Contextualising the Problems

Karen had punctuated the alleged extramarital affair with the third party as the only problem she had been aware of prior to attending therapy. However, she seemed to have been conscious of changes in John's behaviour that had evolved over time. In this respect, Karen had queried John's mother and sister and even his ex-wife in order to gain clarity about these

changes. His emotional distance was framed as ‘the way John is’ and was therefore not understood or experienced as problematic. However, it was clear that Karen had detected changes in John that had bothered her, but which she overlooked as it had been defined as congruent with John’s personality. No further attempts at addressing these changes were made after this point. She simply believed that they had been married for several years and that certain ‘things’ had disappeared after a while. Karen had framed certain elements, such as John not making time for her, or being too busy to talk or to do things together, as normal and simply part of the progression of the relationship. Her expectations of John did not exceed what was part of their daily lives. Furthermore, Karen had felt secure in the marriage and never contemplated that John would have an affair as his ex-wife purportedly had an affair which had been very painful for him. Therefore, Karen never considered the prospect of John having an affair himself. Her ‘simple’ nature was evident in her statements and was congruent with her conduct in therapy. It was only once she had entered therapy that she voiced her awareness of these pre-existing problems including John’s lack of interest and condescending attitude.

John’s impression of their relationship prior to therapy was contrary to Karen’s. He claimed that he had been acutely aware of many issues that were bothering him within the relationship. John smugly explained that not anyone could be married to Karen because of the *way she is*. John’s descriptions were blatant and revealed as much about himself as they did about Karen:

Many men would not be able to put up with Karen...[Karen’s] got a hectic social life which includes a lot of other things which I don’t remember three quarters of...[Karen] can say she’s going to take the car to go to the café which is five minutes away and...three hours later she’ll get home and she could have done anything - put out a fire with the fire department, gone to an accident scene, gone to visit a friend, anything. That’s how life is with Karen.

John used this information to illustrate that he was/is a ‘reasonable’ husband and that he should be highly appreciated for being so accepting of Karen’s behaviour. His discourse around *role expectations* of a wife and husband were evident in this regard. John further expressed the frustration he experienced at being unable to *communicate* and convey a message to Karen which would be effectively understood. The emphasis here was on *blaming*

Karen for not being able to understand, rather than on taking responsibility for his own manner of communicating. This was evident in the therapy and illustrated the disconnection between them, that is, neither of them was *hearing* the other. John also presented *family issues* as a distinct problem as a result of Karen's parents living on the same property with them. He was continuously aggravated by their habitual differences, the added financial burden, and their daily interference in their life. John's discourses around *family functioning* and his own self-identity were predominant in this respect. He explained his difficulty in dealing with Karen's family based on his experience or lack thereof in his own family circumstances. John felt that in response to these three main areas, that being Karen's way of being, communication problems, and family issues, he simply isolated himself and carried on doing his own thing, thereby evading all responsibility for addressing the problems. Although he continued to punctuate events in a 'blaming' manner, he was also able to recognise his role in the evolution of the problems, and point out his mishandling of various situations. This indicated that his languaging had altered and the meaning he attributed to his role demonstrated a shift from blame to personal responsibility.

John and Karen agreed that they had not done anything about these problems and just went on with their daily business without making a concerted effort to participate in each other's lives. Despite these covert problems, neither of them felt that they had a tumultuous relationship. John seemed to feel that they argued more after Karen found out about the third party. He also felt that Karen had become 'unnecessarily paranoid'. With this in mind, the alleged affair could be reframed (Watzlawick et al., 1974) as a perturbing act to re-instigate interest in each other and in their lives as a couple, that is, to pay attention to a marriage where disconnection was paramount.

Finding Solutions: Expectations of Therapy

When the 'crisis' emerged, Karen revealed her desperation by explaining that she had struggled to deal with John on her own and needed some help. Therapy was regarded as a place where she could come and talk about the alleged affair to seek professional help. Therapy was going to be the saviour and implicit in these expectations were the demands she placed on us (the therapists). Her comments seemed to point to her preconceived ideas about the *context* of therapy. She realised that other domains such as family, friends, or the church

would not work in the light of Tim's prejudices, and hence sought therapy as part of her desperation to get through to him. Although friends were supportive, Karen claimed that 'not being heard' was a common pattern between her and John and she therefore felt that therapy was *a place* where John would realise:

how much I loved him and that...I didn't want to leave him...and I wanted to work it out...I just wanted to get rid of her...I needed to get that over to him. I don't think I would have been able to do that myself.

Karen had clearly placed high expectations on the context of therapy. For Karen, therapy was going to be a place where she could give voice to her inner thoughts, or the therapists were going to voice it for her. Karen's uncontained behaviour in therapy (previously described) signalled her desperation and as well as her struggle to voice her own emotions and expectations.

John claimed that he had been aware of the other problems in the relationship prior to the 'crisis', but had simply isolated himself and continued in his own way. He felt that addressing the problems with Karen would have been wasted effort due to problems in their communication, that is, he felt that Karen would not have taken his complaints seriously. When the crisis emerged, John still toyed with the idea of attending joint therapy sessions and did not seem to have experienced the same kind of urgency that Karen had. This had left Karen feeling doubtful, alone, and desperate, but was congruent with his pattern of finding ways to be in a one-up position. John claimed that prior to entering therapy, his expectations were very low. He explained that he was curious to see what we (the therapists) were going to say to him and what would transpire from that. John provided his preconceived opinion regarding psychology and therapy based on his experience with psychiatrists both personally and with other family members and friends. Furthermore, he had researched some literature on therapy and psychology. John's expectations were contrary to Karen's desperate outlook and can clearly be understood in his statement:

You can only get certain things from it. You can't expect somebody to solve all your problems in your life. You can only get them to do certain things possibly or to facilitate certain things. But you can't expect to come to somebody and expect everything to be solved. It doesn't happen.

Clearly his opinion was tainted by his personal experience in the domain of psychology, particularly with other family members. His personal framework elicited a very sceptical consideration of therapy but could also be regarded as helpful in urging him to take responsibility for change and not rely too much on us (the therapists) to change things for him. Thus Karen and John arrived for therapy with different attitudes which influenced their processes during the therapy sessions.

Researcher's Reflections

Overall it was clear that there were many problematic areas in the relationship that were unevenly defined and communicated by both Karen and John. John was clearly aware of his dissatisfaction but preferred to pull out of the relationship and do his own things. Karen was also aware of a change in their relatedness, but had defined the situation as part of married life. However, their behaviour had clearly created a homeostatic balance which allowed them to remain disconnected and culminated into the alleged affair. This seemed to be the catalyst to perturb them back into each other's lives and pushed them into the direction of therapy. Karen and John held different expectations for therapy which could explain particular behavioural patterns that were witnessed during the therapy sessions, such as John's evasive mannerisms and Karen's uncontained emotions. Karen and John's descriptions of their experience in therapy demonstrate the transformations experienced by them individually and collectively and points to the co-construction of a new relationship reality.

The Therapeutic Process: Themes and Transitions

Over the course of several months, Karen and John entered therapy which resulted in many unexpected trials, tribulations, successes, and failures for both of them. The following is a description of the common themes which emerged throughout the research interview as part of their description of their experience of therapy and the resulting relationship changes.

The Meaning of Therapy: A Defined Context

Throughout the research interview reference was made to the 'place' or 'space' of therapy as was already illustrated in Karen's and John's expectations. Their comments regarding the meaning of the therapeutic context provided a broader understanding of their participation in therapy. Each spouse indicated that therapy provided them with the space to talk about problems in a way that they would not have been able to do alone. From this discussion, it appears that the context of therapy redefined the meaning that was attached to the evolving conversations. For example, John explained that being in therapy *created a space* where the 'lines of communication were opened'. For John, it was this aspect that was most helpful to him in terms of what he felt elicited the desire to commit to the therapy. Karen's comments reiterated these sentiments; explaining that therapy created a forum whereby she could explain herself more clearly and get her message across to John in a way so that he was able to understand her point of view.

Challenging the various discourses in a context where these conversations were permissible, shifted patterns of interaction and allowed for new patterns to emerge, such as listening attentively to what was being said. The conversational space allowed for unspoken emotions to emerge. Furthermore, emotions that had been expressed, were now heard differently, that is, stories were reframed and new meanings attached, as observed in the responses from either spouse to emotionally charged statements. The therapeutic context had created the space for them to re-visit and question their typical actions and reactions through a process of deconstructing the meanings and intentions and the unspoken feelings, thoughts, and emotions. This process afforded both Karen and John an opportunity to obtain a richer understanding of each other's positions and through this emerged an alternative relationship, which was unlike what they had encountered before. By engaging in these conversations both were able to see how they were responsible for their own behaviour and they shifted from blaming in the victim position to each of them taking responsibility to reassert his or her own behaviour. Overall, it appears as though the facilitation process and the definition of therapy as a defined space allowed for communication processes to develop outside of their old patterns or styles of relating.

The Experience of Therapy: Personal Struggles

Karen explained that the therapeutic process was highly traumatic for her. She remembered feeling very upset and hurt over the 'discovery' of the problematic areas in the relationship which John had revealed. She remembered crying a lot and thinking intensely about things that had been said in the sessions. Karen explained that through these revelations she had become cognisant of these problems which she attended to seriously. The thoughts and feelings associated with therapy consumed Karen's life. As she said:

It was in my mind all the time...it stuck with me and if something came up, I sort of saw you and what you had to say. The little things that he said, and it still comes to mind now you know.

Despite the overwhelming feelings inherent in the therapeutic process, Karen claimed she remained committed to the process, that is, despite the adversity she was experiencing, she realised that she had to be prepared to deal with these difficulties if the relationship was going to work. Karen appeared to be driven by the fear of the loss of her marriage and was prepared to tackle anything that she was confronted with. The process was described as incredibly emotional. She explained that there were times when she could not contain the tears and would cry uncontrollably. This was felt to have had a strong impact on John as he had attempted to contain her emotions. For Karen, the anger lingers and still hurts her now but the majority of the trauma was dealt with in therapy.

John explained that his experience of therapy was unlike Karen's. He explained that he initially felt that therapy would benefit Karen more than him. Furthermore, he was originally highly sceptical of attending therapy. These statements were seen as congruent with his 'expectations' of therapy. John did not emphasise the trauma associated with therapy. He explained that he had enjoyed talking about the problems and found it relaxing. It seems that John used therapy as a form of escapism from the routines and/or hassles present in their lives at that point. Therapy was a place to step off the 'merry-go-round' of life. John's explanation was congruent with my experience of his pattern of avoiding discussing issues in a direct manner.

Opening Communication Channels: Co-Creating Clarity

Karen and John explained that one of the most significant changes that took place between them was related to their *communication channels*. Karen and John indicated that effective ‘communication’ had been a major problem in the relationship and both spouses displayed an intense awareness regarding the transformations that had occurred in this respect throughout the therapeutic process. It appears that therapy had created a ‘starting point’ from which they expanded their conversations within and between the sessions. In this way, the ‘unspoken’ was made *overt*.

Karen explained that she had also kept a *diary* of events during the therapy which she found beneficial. Writing out her thoughts and feelings was experienced as relieving and was a way of placing things in *perspective*. In this way, Karen managed to keep track of the therapeutic process in terms of the homework task requirements as well as what was being done in the therapy itself. It appears as though keeping a diary helped Karen to find a voice in the written form which she could reflect on calmly. This was contrary to the chaotic emotions that consumed her life at the time. It appears as though this process was another training procedure for Karen to develop communication skills regarding the recognition and voicing of inner thoughts and feelings. Karen explained that although most of her thinking about therapy was done alone, she felt a ‘little more open’ to regularly confront John between the sessions and to ask him about his thoughts for the next session. Karen explained that one of her major concerns lay in explaining the intensity of her emotional pain to John. Therapy provided the forum to express and clarify her desperation and explain why it was coming out in behaviour which was unfamiliar to her, such as following him or listening to phone calls. It was in this context that John was forced to listen. She felt she had no choice because her trust had been broken and she was left uncertain due to John’s ambiguity and aloof attitude. Behind what John interpreted as paranoia, was a woman trying to convey a message which stated:

I wasn’t doing what I was doing to aggravate him. I just wanted him to realise that I wanted to be here. I didn’t want anybody else in our lives the way that she was.

Karen believed that John’s behaviour and attitude changed once John clearly understood the meaning of her behaviour. Furthermore, Karen had explained the consequences that would

result if the relationship with the third party did not end, that is, a divorce. This was a previously marginalized voice which reflected strength and independence. Karen's transformation resulted in her being able to move beyond emotional outbursts to being able to clarify her emotionally driven behaviour. Giving voice to these factors seemed to improve her own and John's understanding of the circumstances and recursively resulted in solution-focused conversations.

John's explanations regarding the opening up of communications channels were similar to Karen's. He explained that therapy was a defined *context* where he could reveal his discontentment regarding Karen and the relationship. He felt that therapy was the only place where Karen would pay attention to what he was saying. This reiterated the theme of not 'hearing each other' prior to therapy and was directly related to their problem regarding communication. Furthermore, John recognised that he revealed much about himself and his personal fears and concerns regarding their financial and personal matters. Perhaps this practice of sharing these thoughts was what resulted in John feeling 'relaxed' or relieved during therapy. Through John's discussions of his grievances and concerns (an unspoken territory for many years), it appears as though Karen grew more aware and was clearly learning about John himself, thus enhancing her *understanding* of him. John expressed the opinion that he had learnt a lot from the Filial Therapy course that they attended with Kim. Many communication skills were acquired in this course which he felt were particularly beneficial to their own relationship. John's emphasised how messages were translated successfully in the therapy context. This was an alternative experience to what he claimed had continuously occurred prior to therapy.

The improvement in the communication channels was recognised in the tolerance and respect that they demonstrated towards each other. This was also identified in the interview and was revealed in the way they attended to each other's statements and assisted each other without attempting to ridicule each other's descriptions of his or her experience. Karen and John were able to comment on points which illustrated their understanding of the perceived improvement in communication and also suggested various changes in themselves. As Karen explained:

I don't have to be scared of what he's doing on the computer or whatever. He'll say to me now – 'just hang on for five minutes then I will speak to you'. Whereas before it was 'just fuck off, I'm busy'.

Overall, both Karen and John were satisfied with the quality of the communication which they had achieved. Both spouses acknowledged their own and each other's efforts and the resulting change in the atmosphere between them.

Changes in Self and Other

As therapy progressed both Karen and John experienced behavioural and attitudinal changes in themselves and in each other which were recognised and acknowledged both during therapy and particularly in the research interview. These descriptions should not be regarded as static or the only existing changes as these are ones which were punctuated in this particular conversation. The process of change seemed to be highly correlated with the improvement in *communication* between the spouses, and/or the *honesty* inherent in the content of what was revealed in the conversations. Karen and John explained that the conversations held in therapy were followed up between the sessions and resulted in overt attempts to improve the factors that had been described as problematic. Karen said:

He had his say and I had my say. And after therapy, I think he worked on what he had to and I worked on what I had to and there was a lot more communication.

Karen was able to indicate her own behavioural changes which were directly related to specific grievances pointed out by John; for example she was far more mindful of keeping their home tidy which had bothered John immensely before and which had been defined as her role. From the above discussion, it appears that Karen developed an appreciation for John's perspectives and desires. This was a recursive process which allowed for a spiralling effect in the direction of 'positive' changes and which motivated John to change as well. The behavioural changes seem to have incorporated a shift in the meaning attached to their own behaviour as seen from the other's perspective and recursively influenced their attitudes. This was described as a gruelling process as it involved much confrontation and required each one to take responsibility for his or her own contribution to problems in the relationship.

Of particular interest was Karen's description regarding changes in her own expectations of John. It seems that much of what Karen had previously emphasised as lacking in the relationship, such as John not phoning her during the day, was reframed and a new meaning attached to the behaviour. Karen redefined particular aspects as insignificant and they therefore did not bother her any longer. Karen further referred to changes that she had recognised in John's behaviour, such as holding her hand, hugging her, sending her flowers, and also emphasised the extent to which their sexual intimacy had gradually, but vastly improved. Karen attached significance to the fact that John initiated these behaviours. Such behaviour seemed to symbolise a commitment to her and the marriage and eased her anxiety, thus removing the so-called 'paranoia'. Karen reiterated that these changes started developing while they were attending therapy, and have continued since then.

John was also able to point out many overt changes that he recognised in himself and in Karen and which began occurring progressively throughout the therapy. The changes took place in areas which were deemed significant for Karen and/or himself. The most noticeable and significant and meaningful change that John was aware of was Karen's:

(m)aturing...becoming more of an adult. She became more realistic...in terms of what she expects from life and how life is and things like that.

John seemed to experience a sense of relief at what he explained was Karen's growing up, and punctuated this change as a result of therapy. John explained that Karen started handling more responsibilities which he acknowledged with reference to Kim and being able to cope with 'adult' issues, such as their financial problems. Another key indicator of Karen's 'growth' seemed to be marked by her being less inclined to rush to crisis scenes. Karen's 'maturing' was an aspect that was evident to others as they commented to John and this made him acutely aware of this. John felt that this change alleviated some of the responsibility and pressures he felt, and hence had a direct effect on the relationship. It seems that John experienced pressure due to Karen's apparent idealistic view of John and he therefore felt 'obliged' to live up to those expectations. As he said:

I don't ever want to be put on a pedestal by somebody...and I think it brought that down to a more realistic level in terms of her expectations...It made me feel better...Before, I often felt like a father with two daughters.

John's new definition of Karen as 'mature' seemed to alleviate much of the pressure he felt to be 'perfect' and allowed him to shift some of the responsibility to Karen without the fear of her failing, and also gave him more space to be human and fail himself (recently failing her by allegedly having an affair). John was also able to recognise changes in himself, and took responsibility for his faults prior to therapy. He acknowledged his own faults by using gender discourses to point out that men become complacent in relationships. John explained that he is aware of this and now makes an effort to do things and help Karen even if she has not requested help from him. John pointed out that he felt these aspects were important as they helped to improve the relationship.

Upon reflection, it seems that by deconstructing and reframing the issues which were made overt in therapy, a respectful and accommodating attitude emerged. Solutions and compromises were made by revealing the meanings that were attached to the behaviours or the absence thereof. New behaviours and/or new attitudes evolved in response to each other's requests and the relationship developed aspects which they had not previously experienced.

Commitment to Change: Personal Responsibility

Another theme which was insisted upon by both Karen and John is related to the success of therapy being dependent on the commitment to each other and change. Karen never doubted her commitment to the marriage and was aware that she had made this overt in the therapy. She had confirmed on several occasions that she did not want to leave John and wanted to sort out the problems. Despite the alleged affair and the continued association with this girl for some time during therapy, Karen remained adamant that she loved John and did not want to end the marriage. Hence, Karen's commitment was never really a disputed area of concern. Karen believed that if she had not felt that way she would have divorced John and not been bothered to attend to the problems which were being described during therapy.

On the other hand, John explained that he had found therapy mostly difficult in the sense that he had remained extremely cynical regarding the possibility of a successful outcome and

this impacted strongly on his sense of commitment. This statement revealed a particular lack of initiative on John's behalf and contradicted what he claimed earlier in terms of therapy only being able to do so much for a person. His foremost concern was that of Karen's 'paranoid' behaviour, which seemed to indicate or symbolise a doomed outcome for the relationship, but did not encapsulate any understanding towards the origin of Karen's so-called 'paranoid' behaviour. John claimed that he reached a turning point in the therapy when he realised:

I think people are not aware actually as to how much influence you in fact have on your own life...(y)ou either want it to work or you do not. If you want it to work there are things you are going to do about it, and if they don't work then either person obviously doesn't want it to work. And that was our case. I realised that when Karen actually went and did certain things, she was prepared to do it...(O)nce the lines of communication are open and people have clearly understood each other it still doesn't work, then somebody's either lying or they don't want things to work. It's as simple as that...(I)f I had for instance decided, as men often do, that this young girl was what was going to open my life and that I wanted her in my life, there was no way that the therapy was going to help.

John had linked this discussion with the idea that the onus is on each partner to take *responsibility* for their dedication and commitment to each other and therapy. This style of thinking was congruent with John's tendency to formulate any behaviour into theoretical terms and hence find it logical and easier to go along with. This was an aspect that John had articulated during therapy and which can be understood to have profoundly shifted his attitude and behaviour towards himself and Karen, and hence recursively influenced the entire system. He further explained that giving Karen more attention along with his own attitude change, and naturally the third party disappearing off the scene, was what assisted in Karen feeling more secure and eradicating the paranoid behaviour. In this way, he was able to recognise the role that he had in changing the existing patterns in the relationship.

The Therapist: Helpful and Hindering Points of Consideration

This section deals specifically with the couple's perceptions of the role of the therapists as well as with the impressions about the therapeutic interventions that were prescribed by the therapists. These two domains are seen as interrelated. The way the relationships with the

therapists were defined and experienced recursively influenced the overall experience of therapy and the meanings attributed to the therapeutic outcome. Many of the comments made in this section may reflect a particular bias due to the fact that the co-therapist (Shaun) was not present in the research interview. Biases may also have resulted from the fact that the couple was sharing their view with *the* therapist who was acting as the researcher in this context.

Co-Creating Relationships

A strong *relationship* and the experience of connection with the therapists (Shaun and I) was regarded by both Karen and John as paramount for a constructive experience in therapy. Several factors affecting the development and maintenance of a good therapist-client relationship were revealed. The couple explained that it was very important for them to feel instinctively that they could get along with Shaun and I. The emphasis was placed on the therapists and couple being able to co-operate with each other. As Karen said:

You have to get on with your therapist. You can't speak to somebody who you can't communicate with...you know by the first or second time whether or not you'll be able to speak to these people or not.

Karen and John also felt that having had two therapists, one being male and the other female, was extremely worthwhile. However, the significance lay in different areas for them. Karen perceived the usefulness of working with a *male and female* therapist in terms of how we (the therapists) would be able to identify with our own gender more closely, which seemed to symbolise *equal representation* for her and John. This aspect seems to have settled the anxiety of feeling misunderstood due to possible gender biases. On the other hand, John's understanding was highly related to his narratives regarding gender discourses and was hence partial towards relating to women more easily. John reiterated that he generally struggled to relate to men and had a more critical stance towards men than towards women. In this respect he felt his ability to relate to me as a woman surpassed his ability to relate to Shaun and he seemed to feel that his attitude towards the therapy would have been different had Shaun been the sole therapist. John explained that if he had felt that Shaun had made a 'mistake' it would have influenced the meaning he attached to Shaun's suggestions or comments, that is, he would have taken Shaun less seriously and attempted to manipulate him. These factors were

not known prior to the therapy and would have impacted on the course of the therapy and perhaps contributed to the ‘problems of therapy’ which would have needed to be dealt with before the ‘therapeutic problems’ could be addressed effectively.

Another issue which was predominantly brought up by John, related to the *age* of the therapists. John compared the topic concerning age to catholic priests who don’t marry but can surprisingly offer good advice related to marriage and children. In this manner, John illustrated his prejudice against Shaun and I due to our ‘lack of experience’ in life (being unmarried and without children). However, he also expressed his respect for our ‘knowledge’ which he acknowledged as helpful despite our age. Furthermore, the issue of ‘age’ was further interrelated with John’s gender discourses as he highlighted his preference of women by suggesting that they are different because they ‘mature’ earlier than men do.

Both Karen and John were able to acknowledge that their opinions relating to Shaun were incomplete due to the fact that Shaun had been absent for several sessions. They both recognised that this influenced their relationship with him but did not feel that Shaun’s absence and subsequent re-entering of therapy was problematic for them. However, it was clear from these descriptions that John was far more articulate around factors that affected his development of a relationship with the therapists and how these factors influenced his attitude towards therapy. Karen seemed to feel more at ease with the fact that there was equal representation by having two therapists of both genders. However, both Karen and John agreed that it is advantageous to have a sound relationship with the therapists, else therapy would be ineffective.

Trust

Another influencing factor regarding the therapists related to the element of trust. Both Karen and John accentuated ‘trust’ in the therapist-client relationship, but articulated their thoughts differently. Trust was deemed a cornerstone of therapy and was closely related to the essence of building a relationship with the therapist. As Karen stated:

You’ve got to feel safe with that person. You’ve got to feel that you can be open with them.

You mustn’t feel scared to talk to them.

John contradicted himself in terms of his personal need for trust by initially explaining how trust takes time to develop and could easily be broken and may not necessarily be re-established. Later on he stated how he is able to talk to anyone at any time. John shifted the emphasis of trust to incorporate the concept of confidentiality in therapy. This was an important issue for John which he had also addressed in the therapy sessions. This concern was directly related to the government organisation which he works for, as they can access his files. The building of trust was thus relevant to both trusting the therapist so that *safety* can be felt to express oneself, but also to the need for reassurance of the confidential nature of therapy. Upon reflection, it seems as though John was largely making generalised statements as if he was attempting to teach me how trust works in therapist-client relationships, but inferences could be made about how this related to his own experience. This is congruent with his pattern of demonstrating his 'expertise'.

Overall, both Karen and John recall having experienced an intense feeling of trust with both Shaun and I. This was felt to influence their desire to participate openly in the therapy and their willingness to share intimate thoughts and feelings in this context. Trust was also placed in the therapists' capacity to deal effectively with what was being shared, which revealed a need for competence and professionalism.

Therapist Expertise

Therapist expertise was a theme which was predominantly emphasised by John. Although Karen did not expand on her opinion, she illustrated her agreement with John's sentiment through verbal and non-verbal gestures. In this respect, professionalism and the importance of the therapist's knowledge was referred to as paramount. This theme had come up throughout the therapy and was restated in the interview. Therapist expertise and knowledge was deemed critical in creating confidence in terms of where the process was headed in the therapeutic context. As was previously stated, the no-nonsense role that I had assumed was dominant and seemed to be associated with expertise and professionalism. My stance seemed to come across to John as more structured and professional. As John said:

I experienced you as trying to be professional in terms of analysing the situation from the way you were trained... You would stick to a procedure. You had a particular aim with each session whereby you probably knew what questions you were going to ask...

The biases that Karen or John held (communicated through his and/or her dominant discourses) influenced their impressions regarding this perceived expertise. This topic was already traced with regard to the discourses surrounding *age and life experience*. John acknowledged that despite our ages, we were still capable of providing valuable 'advice' as therapists. It therefore appears that more meaning was attributed to our profession and academic knowledge than to our actual chronological ages and experience. This perceived expertise seemed to allow John (in particular) to respect our positions as therapists. John further associated professionalism and expertise with therapist neutrality which emerged as a theme in its own right.

Therapist Neutrality

Karen and John agreed that an essential issue relating to the therapists was therapist neutrality, that is, the need for a therapist to remain impartial. John emphasised the need for therapy to be judgement-free, that is, refraining from imposing personal values on the couple. Professionalism and therapist expertise was linked to therapist neutrality. In relation to his experience of Shaun and I, John reasoned that professional neutrality came through when we (the therapists) would refrain from answering certain of Karen's questions which would require us to pass a value judgement; for example questioning what we would do in her situation. As John said:

If we went into an area, then you had a way that you knew to handle that. And in that aspect, what you were doing was trying to maintain your emotional aloofness in terms of being more impartial.

The concern of therapist bias or judgment was indicated by John in many statements as pointed out in the various areas in which it may have or did emerge. Karen's first private session with Shaun was distinguished by John as problematic as he had developed a preconceived idea of us (the therapists) exhibiting a unfair bias towards Karen. Furthermore,

he explained that he was originally concerned that I would more easily judge him because I was a woman and would identify more with Karen's struggle (gender discourse). John also mentioned that he felt the therapy had slanted in Karen's favour at times which he recognised in the comments that we made to him and/or to her. However, he explained that he was not sure whether these particular comments were aimed at orchestrating a specific response from him or if our emotions had overwhelmed us and hence led us to pass what he perceived as a judgement. Karen disagreed with John's sentiment. For the majority of the time, the therapists were experienced as fair and balanced. As Karen said:

Some of the time you were nailing John and some of the time you were nailing me.

John and Karen revealed that being judged does not necessarily take the form of overt comments made by the therapist. From this discussion it seems that John and Karen had certain perceptions of our (the therapists') 'expectations of them, even if these aspects had not been articulated. This seemed to affect their attitudes towards us, and the meaning that was attached to our statements. Overall, Karen and John agreed that an unprejudiced and impartial perspective was maintained throughout the therapy. There were only a few occasions where a slight bias was perceived and even that was questioned, that is, questioning whether we were attempting to elicit a desired effect.

Therapist Empathy

Empathy was another 'ingredient' that was regarded as necessary for the therapist to provide towards the couple. It seems that Karen had been doubtful about me in the first session, which she claimed to have determined from the way I initially presented myself as being quite 'strict' and 'aloof'. However, it seems that this no-nonsense approach was accepted as containing a positive element as well. I was perceived as capable of being *understanding and approachable*. Karen's comments can be understood in terms of the need to establish relationship and connection. As she said:

You didn't soften, but I realised we could talk to you, and I think that helped a lot.

Karen's use of a metaphor best described her experience of Shaun and I, that is, as the 'softy' and the 'hardy' respectively, and collectively we were regarded as the 'brain box'. This had a positive and negative meaning attached. Shaun was regarded as more empathic and understanding. This was further revealed in John's statement:

Funnily enough, in that way, there were times when I felt he was more understanding than you were.

On the one hand, it appears as though Karen's and John's perception of Shaun were influenced by their belief that he wasn't as 'acutely' aware of the processes that were occurring between them (perceptions related to professionalism). On the other hand, it seems that Shaun's demonstration of sympathy and empathy was very necessary for them. It seems that it was possible to connect with the 'hardy' and the 'softy', which seems to be a declaration of having established a relationship. Overall, Karen and John ascribed alternative meanings to the roles that Shaun and I were playing. However, it seems that the no-nonsense approach was deemed more professional and instilled confidence in the couple. On a meta-level, this approach seemed to contrast with the chaos in the marriage while the empathic stance seemed to provide the necessary holding and validation which was equally necessary.

Interventions: Proactive Therapists

Karen and John were urged to reflect on any specific tasks or statements in the therapy which they felt had strongly impacted on them individually or collectively. The homework tasks were regarded by both spouses as having had a strong influence as it forced them to reflect deeply about the therapy session and the specific requirements of the task. This process extracted the 'unspoken' elements in the relationship that incorporated areas of contentment and/or dissatisfaction.

Karen felt that each session was beneficial as new issues were consistently being addressed. Although she experienced each session as gruelling, due to the content that was brought up, she never felt that she was wasting time or had any regrets about any particular events during therapy. These comments may have been directly related to the outcome of the therapy being 'successful'. Karen attached specific meaning to the fact that we (the

therapists) prescribed homework tasks for them to work on between the sessions. This seemed to influence her perception of us as dedicated and committed to them as a couple which benefited the therapist-client relationship. She said:

You weren't just sitting there and making money and watching us and wanting to talk to us and waiting for the next session. You actually wanted us to get up and do something... You weren't just saying 'oh no, not another couple'. Your heart and soul was there.

John commented specifically on the writing-tasks and the inherent benefit of translating ideas into words. John felt that a greater self-understanding emerged as a result of writing out ideas which recursively influenced his ability to articulate his thoughts clearly. John explained that he had experienced some frustration when we had not gone through the homework in the following session. He explained that going through the homework would have made the completion of the task feel worthwhile and provided clarity about the objective of the task. Furthermore, the couple explained that carrying out the homework tasks contributed to their dedication to the therapy. Karen's and John's statements indicated that the homework tasks had created a means of connection outside of the therapeutic context. Thus 'therapy' continued between the sessions which further sustained the developing connection between the spouses.

Terminating Therapy

Attempts were made to understand how Karen and John felt 'safe enough' to terminate therapy and go forward on their own. This was an area of interest as there were two occasions where the topic of termination was introduced into the therapy. John explained that it was an instinctive feeling that therapy was no longer required. Both Karen and John enhanced this idea with the explanation that the necessary conversations were taking place in their own domain and therefore they did not have much to talk about in therapy. This was a further indicator that they were feeling secure and that therapy was no longer necessary. Both Karen and John agreed that they had learned new skills and behaviour patterns from attending the therapy, which specifically included the Filial Therapy course. It appears that having acquired communication skills training was useful and facilitated their communication practice outside of therapy, which recursively influenced the entire relationship in terms of

attitude, achieving clarity and understanding, being respectful, and so on. The Filial Therapy course was emphasised as being a major contributor to the improvement of their communication skills and yet was still framed as something that was more for Kim than for themselves.

An On-Going Process

Karen and John agreed that they were a lot closer emotionally and more intimate in their relationship. Karen and John both felt it was significant that the changes continued and were still continuing to take place, despite the fact that therapy had ended. This was a key indicator of real change for them. Furthermore, both Karen and John were able to recognise that the year had been particularly trying as they were faced with financial ruin, several familial deaths, robberies, and so on. It seemed that they are both able to view their relationship in the context of these occurrences and used each other supportively, rather than take out the frustration on each other. Both Karen and John agreed that they managed to handle the crises in a manner which they would not have been capable of prior to therapy. They ascribed this to the openness in communication and the resulting understanding that helped them remain supportive of each other.

When Karen and John were given the opportunity in the research process to provide further feedback after reading their transcript, they re-confirmed much of what they had explained during the interview. At this point, the couple were experiencing even more distress as a result of external stressors. John's stepson had attempted suicide and the financial crisis had worsened. This resulted in even further strain on the relationship. The couple were largely disconnected and completely immersed in their struggle to survive. The couple felt they were dealing with these circumstances to the best of their ability. Their descriptions of their coping strategies incorporated many of the changes they had articulated during the research interview. The couple had managed to keep their communication channels open and were satisfied with how the relationship was being maintained. Recognising that any meeting with the couple was still an extension of therapy, I validated the collective and individual struggles they were experiencing and the inherent frustration. Furthermore, I left them with the final message of being their own 'watchdogs' in order to keep track of the relationship in what seemed to be another 'whirlwind'. The couple acknowledged that the relationship had

become secondary to their daily battle of remaining financially afloat. Furthermore, the couple were of the opinion that prior to therapy they would not have dealt as effectively with a crisis of this degree. This was a comment on their growth and continued awareness of their changes, thus enhancing their narrative of change.

Looking Back

Overall, Karen and John explained that the therapy was a difficult but beneficial experience. The changes had been ongoing with an improved commitment and desire to put in the required effort to sustain a healthy relationship. Each spouse reiterated throughout the interview that he or she didn't believe they would have managed to deal as effectively with the problems they encountered had they not attended therapy and that the relationship would have ended without the facilitation that took place. As Karen said:

If we didn't have this therapy it wouldn't have come up and things would have been totally different now...What we did with you, we wouldn't have done on our own at home.

Both Karen and John pointed out that an important factor for them was the therapists' apparent *dedication* to the process which was enhanced by the fact that we had contacted them a few months after therapy had ended to inquire after them. Their experience in therapy also accounted for their belief that they would re-enter therapy if they encountered problems in the future.

The Researcher's Closing Comments

The co-constructed ideas about the couple's experience of change within the context of therapy were embedded in a series of discourses. These discourses influenced the way in which meaning was attached to their personal circumstances, the experience of therapy, as well as the therapists. It seems that their individual and collective experiences of the therapists were highly influenced by their personal discourses. This was particularly evident in John's statements and opinions which reflected a particular preference for women, and which were congruent with the narratives provided in the therapeutic context. The definition of the therapists as 'experts' within a particular domain seemed to override any prejudices

(age or gender related) held by either spouse towards the therapists. Furthermore, the collaborative experience in the defined context of therapy shifted the attitudes and meanings attached to the conversational content of the therapy sessions. Therapy provided a defined forum whereby they could give voice to the 'unspoken' dissatisfactions embedded in the relationship. This process was facilitated by the therapists, in what the couple experienced as predominantly judgment-free conversations. Each spouse experienced supportive and provocative elements in the therapy which allowed for the emergence of new experiences of self and relationship narratives. An interlinked network of evolving ideas was co-created by the couple and myself into the above descriptions. These descriptions comment on both the couple and myself. However, the researcher is aware that the story told is one of many and emerged as a result of the researcher's choice of drawing of distinctions both in the research interview and the reconstruction of the story. Overall, the research interview could be viewed as an expansion on the couple's narrative regarding their changes in the context of therapy. By providing them with an opportunity to articulate their experience and subsequent changes in the domain of research, the couple co-created an enhanced understanding of themselves, each other, and their relationship. Thus the research interview influenced the way in which they articulated their changes and enhanced their shared reality regarding their collaborative process in therapy. Thus, the research interview itself can be regarded as having had a therapeutic influence.

Case Presentation: My Story of Nick and Penny's Story

When therapy began, Penny (40) and Nick (45) had been married for 21 years. The couple have two daughters who were 21 and 22 years old. Both spouses predominantly grew up in Durban. Penny's family did, however, move around frequently. She was the seventh child in a family of 13 children (six brothers and six sisters). Penny grew up in an abusive family where alcohol and physical abuse was a common occurrence. Nick grew up with two older brothers. His parents divorced when he was eight years old and the children lived with their father. His father was a police officer who was largely absent and left the boys to fend for themselves. Nick joined a government organisation directly after completion of his matric year, while Penny studied nursing. Nick and Penny met on a train in May 1979 and started dating in August of the same year. Nick was transferred from Durban to Pretoria and the couple decided to marry in November 1979 so as not to 'lose each other'. Penny and Nick

married when they were 18 and 23 years old respectively. Penny eventually joined the same organisation and has remained there ever since. Nick has since retired from the organisation and currently does security work at major events, such as rugby games. Penny and Nick divorced a few years ago and remarried several months later. Penny has a previous history of admission into the psychiatry ward for suspected anorexia. This was later found to be a medical problem. Nick did not reveal any previous psychiatric history. The couple struggled financially due to the erratic nature of Nick's income, and Penny's salary was not enough to support the entire household. Furthermore, the daughters were still living at home which resulted in even more financial stress.

Penny was admitted into the government hospital in October 2001. She had attempted suicide by deliberately taking an overdose of tablets, but had been found by her husband and immediately brought to the hospital. At the time of this event I was carrying out my psychiatric rotation for my internship and was on emergency call for that week. The hospital policy stated that any person who was admitted on account of a suicide attempt had to be consulted by a psychologist on call. The consultation form was only sent to the Psychiatry Department by the time Penny was scheduled to be released from the hospital. The consultation requested an evaluation to assess her stability and hence allow for her release, or to have her referred to the Psychiatric Ward for further treatment. The first session with Penny was held in the ward where she had been admitted. We were unable to consult in her room and managed to find privacy in the waiting room. During this conversation, Penny revealed that she had only attempted to take her life out of despair because her husband had discovered that she had been involved in an extramarital affair. Penny was terrified that her husband would divorce her and therefore spontaneously decided to overdose on tablets. She admitted that she had not really wanted to die and was simply desperate and thoughtless. Furthermore, she explained that Nick had been very supportive and reassuring towards her since her admission into the hospital. Penny was eager to get home in order to spend some time with Nick with the hope of sorting out these problems. Based on my clinical impression of Penny at the time, I agreed with the doctors that she could be released. Penny and I contracted that should she feel emotionally overwhelmed at any point that she should contact me immediately. This contract was made so as to provide Penny with an alternative to another suicide attempt and created the impression that she could talk about her situation before making a life threatening decision. Penny eagerly agreed to this arrangement. Penny and I also arranged that she would enter therapy. I suggested the prospect of couple therapy

for both her and Nick to attend together. Penny appeared ambiguous about this prospect. Her chief concerns related to not having the opportunity to express her opinions (finding voice), and not feeling understood (feeling heard). This information had implications for her needs in a therapeutic context. Her comments were also regarded as possible indications of her experiences in her marriage. This information was used to reassure her that these aspects would be taken very seriously and monitored very closely. Penny seemed to feel comforted by this and agreed that attending therapy with Nick would be beneficial. We scheduled the following appointment and I left it up to Penny to invite Nick to the next session.

Enter the Couple

The first session with the couple focused on finding ways to connect with them and establish a trusting relationship. I therefore created the space for both Nick and Penny to discuss their individual perspectives of their situation. Penny's previous requests from our first encounter remained at the forefront of my mind and I incorporated this into securing a connection with her. Furthermore, I was particularly eager to observe whether or not this pattern was revealed in their relationship. Clues pertaining to other relational patterns were also attended to as this was thought to reveal the rules (spoken and/or unspoken) inherent in the relationship. Once again, attention was given to verbal and non-verbal cues and the congruency between these two levels of communication. The conversational domain together with the inherent discourses and/or themes were of paramount importance. It was assumed that the couple's manner of languaging about themselves and the relationship would provide many avenues through which to connect with them, inform the role I was to take as a therapist, and clues of what areas to deconstruct in their relationship. Furthermore, I remained particularly aware of my personal biases and the fact that my presence would influence that which would emerge in the process. Thus, the meta-level position was one of curiosity and the non-expert stance. My role was flexible so that I could use myself as a therapeutic instrument and shift myself accordingly in order to introduce difference into the therapeutic system.

First Impressions

The first session influenced my perception of Penny and Nick. The nature of their relationship was viewed in a relational domain and the way they made sense of the affair and other factors affecting the relationship. These factors were revealed through the way in which each spouse storied about themselves, each other, and the relationship, that is, their dominant narratives. The impressions were puzzled together by including the physical appearance of the spouses and their idiosyncratic mannerisms.

Nick's physical appearance reminded me of a stereotypical 'biker' with a shaven head and a well-built physique. His short stature both accentuated the build and shaded this macho appearance. Nick's hurt was highly apparent as tears often welled up in his eyes when expressing his viewpoint, and contrasted with this macho appearance. Nick was overtly uncomfortable with this occurrence and would prevent himself from crying by becoming abrupt or *disqualifying* these feelings with anger. This revealed an intense and sensitive aspect to his character and I typically experienced him as a 'big teddy-bear'. On the other hand, Penny's physical appearance was the antithesis of Nick's. She had a minute frame which created an image of 'fragile goods'. A metaphorical accuracy learnt through the sessions that followed. Her striking orange hair paled her complexion and created a gaunt and under-nourished appearance. Penny spoke very softly and this was further complicated by her overbite which often distorted her pronunciation.

Penny came across as panic-stricken and desperate to provide an explanation for the affair. She was unable to stay focused on the direction of the conversation and continuously incorporated answers which were unrelated to the questions. This was particularly challenging due to the fact that she had made a request to 'be heard' which placed me in a dilemma to keep the conversation focused while also allowing the space for her to experience a domain where she would be able to openly express herself and feel heard. Although she did participate in the session, I was acutely aware of Penny's shift in behaviour in Nick's presence. Penny appeared to have 'lost voice', that is, she appeared withdrawn and reluctant to share information in the manner she had when we were alone in our first session. I felt that this shift confirmed the suspected pattern of interaction which she had hinted at when she expressed her demands concerning therapy. Nick was overtly dominant in the relationship

and Penny clearly took a one-down position, thereby illustrating the complementarity in the relationship. Through a self-reflective process I was able to identify and monitor the feelings and emotions which were evoked in me by the couple. Penny evoked a feeling of urgency in me whereas Nick elicited empathic and frustrated elements. These feelings were closely monitored so as not to allow these factors to interfere with the therapeutic process. I also remained aware of how my presence and the role I was playing in the therapy was influencing that which emerged in the therapy. This self-reflective process allowed me to shift my role and the direction of the therapy when necessary.

Therapeutic Challenges

The therapy sessions with Penny and Nick presented many personal challenges. The most prominent of these lay in the dealing with the problem of therapy, meeting the language of the couple, personal impressions and values. The following is an exploration of the challenges that were faced in the therapeutic context.

The Problem of Therapy

In the first session held with the couple, I had decided to explore both Nick's and Penny's expectations and understanding of therapy. Nick presented the 'problem of therapy' by suggesting that he was willing to cooperate and attend the therapy for Penny, but *disqualified* this by stating that he did not think it would be worthwhile and they would only need one or two sessions. His opinion at the time was that therapy did not work. Nick's biases were not related to age or gender discourses, but to the discourse related to psychology as a profession. His argument was based on the idea that therapist fail to 'cure homosexuals'. This discourse related to therapy was particularly challenging and an area of concern. I felt that his comments had disqualified my role and the context of therapy. I further felt that this attitude would influence the meaning attached to the therapeutic conversations and/or the couple's process in the therapy.

Much time was spent deconstructing and reframing the way in which therapy could become a useful context for Nick. I was careful not to pass judgement on his reasoning

related to this discourse. Rather, I sought to reframe the usefulness of his presence and participation in therapy so that he could redefine and attach alternative meanings to his role. In this way, I intended to shift the responsibility away from myself as the so-called ‘healer’ or ‘curer’, and towards his role as imperative to the outcome of the process. I incorporated Penny into this discussion by using the theme of ‘commitment to the therapy’. Both Nick and Penny were placed in a position where they were required to consider the nature of their commitment to the process in terms of their willingness to endure the difficulties inherent in a therapy process, and the extent to which they would push themselves to seek solutions for their situation. I created a particularly demanding image of the therapeutic process. Furthermore, I explained that I was merely a facilitator of the process who would follow their lead. In this way, I had shifted the meaning of my role *and* theirs and placed them in a position whereby their commitment to therapy was a reflection of their commitment to each other and the outcome was dependent on their behaviour rather than the ‘psychology profession’. This was an influencing discourse which was closely monitored throughout the therapy. I felt that therapy would be more effective if they (particularly Nick) were placed ‘in charge’ of the process as the responsibility was reframed as being in their control. Although Penny did not share the same perspective regarding therapists, it was essential to include her in this conversation so as not to disqualify her role in the outcome, and also allowed her to voice her opinion (in line with her requests). On a meta-level, I had redefined and reframed (Watzlawick et al., 1974) all our roles and taken the one-down position as this was hoped to remove any pressure that may have been placed on me to ‘seek the cure’ for their problems which would have been congruent with Nick’s described discourse.

Meeting The Language of The Couple

Meeting the language of the couple posed many challenges in the therapeutic context. Nick and Penny’s home language was/is Afrikaans, while mine was/is English. Although they were/are fluent in the English language, difficulties occasionally emerged in the form of communicating ideas and interpretations. Nick’s use and understanding of the English language was superior to Penny’s. As such, problems did not emerge as frequently with him. Nick was often required to act as a translator. This was not experienced as disrespectful or insulting as the issue of language was addressed overtly when therapy commenced. Furthermore, commenting on non-verbal cues and gestures was a useful means of maintaining

connection and allowing the spouses to feel understood. Despite these problems, I felt at ease with the couple and the conversations flowed smoothly. The requirement for them to rearticulate particular Afrikaans terms or phrases into English was reframed as a useful means to gain clarity about particular issues. On a whole, their command of the English language was sufficient to conduct sessions productively and the couple did not seem irritable concerning the issue of language.

Nick and Penny used different styles of languaging which placed different demands on me so that they could feel respected and heard. Nick's communication style was cut and dry. His answers were short and to the point and constantly reflected his confusion surrounding the affair. His need to achieve clarity was strong and he attempted to elicit the answers from me. This constantly placed me in a position where I would have to be the expert and was therefore contrary to the non-expert stance. Nick's pain was communicated non-verbally, while he overtly remained distant. This lack of congruence had a strong effect on me and I needed to be aware of Nick's difficulty in communicating his emotions while acknowledging my pull to make these feelings overt. Nick's answers were fraught with contradictions which was a further reflection of his struggle to share his underlying emotions. This was witnessed in comments whereby he stated that he had come to terms with the affair and he was coping well, followed later on with questions reflecting his hurt and confusion. This behaviour was demanding and I would often find it necessary to meta-communicate about this process in order to create a space where he was able to reveal his 'honest' emotions. On the other hand, Penny was more basic in her use of language. Penny often evoked sympathy as she consistently expressed her remorse and guilt around the affair. Penny's anxiety was overwhelming and often distracting but was often used to create avenues whereby useful information could be attained.

Personal Impressions and Values

Throughout the therapy, I experienced a difficulty with respect to my impression of the couple's process as apposed to their descriptions of the process. For the majority of the therapy I did not recognise or experience many shifts between the couple. Based on the descriptions of their past experiences and behaviours, I was perturbed by an undercurrent theme of avoidance. During the therapeutic process, I continued to experience this feeling

and overtly voiced my concern and dubious beliefs to open up the conversation and allow them to reflect on these thoughts. My intention in this regard was not to reach what I 'determined' as the truth, but to explore alternatives and open up the conversation. Although meta-communicating about these thoughts was helpful and brought richer descriptions about their process, the couple continued to language about major changes in themselves and the relationship and seemingly avoided areas of difficulty in the relationship. I was often swept up by my own concerns and continuously self-reflecting in order to avoid pushing my issues/reality thereby becoming the 'expert'. The challenge was in remaining respectful in a not-knowing position. Due to my epistemological lens and understanding of multiple realities, I accepted their chosen way of articulating their changes and shifted myself and the conversations accordingly. However, I was continuously challenged by my personal impressions and monitored myself cautiously so as not to co-create further problems. This challenged the role that I played with the couple as I balanced this not-knowing approach with a provocative style in order to avoid being incorporated into the system and thus simply continue with 'more of the same' patterns, which would not have been therapeutically beneficial. Overall, the process was highly perturbing as I was challenged to accept their reality of their circumstances rather than enforcing my own, but used this therapeutically to perturb them and open up new conversations.

Due to the nature of the issues and themes addressed in the therapy, many of my personal discourses were challenged. The perturbing factor which had brought the couple to therapy was the revelation of an extramarital affair and a subsequent attempted suicide. I questioned how I would react if my partner betrayed me or whether or not I would deceive my partner in such a manner. Questions relating suicide were pitched on various levels; for example how I would react if a close relative or partner attempted suicide. These issues were language within the domain of the couple's religious and societal discourses. I was challenged to find ways of working within these frameworks. My own biases and value judgments regarding the subsequent themes were confronted and I was pushed to find beneficial ways of deconstructing the relevant themes. Furthermore, my personal impression of their avoidance to authentically deal with their problems influenced the manner in which I approached the therapy and I had to remain mindful of the recursive influence I was having in the therapy. The not-knowing approach and curious position was particularly helpful in this regard and relieved much pressure. The curious style was useful in that I presented myself as respectful and was able to perturb the couple so that new stories could emerge in this deconstructive

process. I did not experience a pull from the couple to self-disclose and I was therefore relaxed when exploring their perspectives. The discourse related to psychology as a profession was addressed by reframing our roles and did not evoke any further discomfort or concern throughout the rest of the process. However, I remained mindful of Nick's discourse as it influenced my therapeutic role and style throughout the duration of the therapy.

Themes and Patterns in Therapy

The themes depicted in the following sections are based upon the way in which I punctuate the therapy and are influenced by my conceptual framework. As such, the themes which have been highlighted are based on my personal frame of reference according to what I deemed to be significant. The themes addressed in this section may not be the only possible reflections of this process and as such reflect my personal understanding of the process. These thematic punctuations create a rich description of the issues addressed within the therapeutic context, but do not attempt to describe a linear progression in the therapy.

Avoiding Relationship Issues

From the time the couple began therapy, both Nick and Penny insisted that their situation had radically improved. Despite the fact that this was understood as part of the perturbing effect of the suicide attempt, it was felt that there was a vast amount of unspoken concerns between the couple. Despite the description of the improvement, it was still felt by the couple (predominantly Penny) that therapy was still necessary. The contradictions provoked me into feeling highly suspicious and confused about the couple's messages, that is, describing the relationship as 'secure', yet still requiring therapy.

Penny and I spent two of the six therapy sessions alone as Nick had also been unable to attend the third session. This brought about an opportunity to observe distinctions in Penny's behaviour as well as my own. The circular influence between Penny and John's behaviour was highly apparent. Penny exhibited distinct behaviours when Nick was absent from the sessions. Penny's marginalised voices emerged when Nick was absent which further illustrated the complementarity in their relationship. I also used the opportunity to reflect on

my own shifts in Nick's absence. Upon reflection, I realised it was extremely difficult to remain in conversation about problematic areas in the relationship when he was present. Nick clearly struggled to engage in these conversations and he evaded these areas of concern by disqualifying certain emotional difficulties and then contradicting himself. Nick's apparent discomfort in this area recursively influenced my own and Penny's behaviour. As a result, I consistently found myself torn and frustrated by this avoidance pattern and Penny's apparent willingness to address these issues. The conversations were thus fraught with contradictions and confusion. When Nick was present Penny seemed to avoid discussing problematic issues and mostly followed his pattern of commenting of positive elements in the relationship. Although Penny experienced more space to voice her concerns and explore the relationship when Nick was absent, she maintained the opinion that the relationship had improved. These patterns provided me with useful information to incorporate into the therapy sessions and allowed me to comment on this process. Nick's and Penny's patterns pushed me to find creative ways of dealing with the couple. The conversations were regarded as solution-focused and centred around discussions regarding their perceptions of change and solutions.

I realised that I needed to accept the reality that was being co-constructed. By reflecting on the apparent process and what had been evoked in myself by Nick and Penny, I decided to continue to place the couple in the expert the role. Penny had provided me with much information about previous transgressions in the marriage which had been hurtful to both spouses and which they had managed to work through together. These included aspects such as her previous affairs, Nick's alcohol abuse, and the previous divorce. By noting Penny's narrative regarding hurt, betrayal, and then absolution, I requested that her and Nick attend the next session with the intention of teaching me about forgiveness in a marriage. In this way, their spoken reality was accepted and I acknowledged that perhaps it was my personal reality that relationships could not recover so quickly after a transgression of this nature. The spouses were therefore required to deconstruct (Freedman & Combs, 1996) their discourses related to 'forgiveness' by illustrating how forgiveness has played a major role in their lives; hence their familiarity with this process. Assuming a non-expert and curious position (Goolishian & Anderson, 1992) relieved much of the confusion and internal struggle that I had been experiencing.

Voicing Relationship Issues

By reframing the session as a 'lesson' and re-defining my role as the 'student', Nick and Penny found the space to give voice to the problems inherent in their relationship; both from the past and present. Furthermore, I was able to ask questions so as to allow them to explore the relationship in a way that was non-threatening. All these issues were discussed under the umbrella theme of forgiveness, which seemed to provide the 'safety' for them to articulate their problematic areas in the relationship. Thus the emphasis was placed on how the couple had become experts at forgiving each other throughout the duration of their marriage. The deconstructive process allowed each of them to point out events in the relationship where they had felt hurt or betrayed as well as how they had managed to overcome these turbulent times in the relationship. Inherent in this process was the discussion of how they have learnt to deal with various emotions, such as guilt, anger, remorse, pain, and so on. The effect seemed to be twofold: firstly the spouses were deconstructing and reconstructing ways of managing this particular crisis by expressing their expertise in forgiveness; secondly, the spouses were articulating problems in the relationship and allowing for the 'unspoken' to be shared. In this way, Nick felt more relaxed to discuss problems as they were framed in a positive light, that is, that the problem was solved. Penny was also given the space to express her frustrations and explanations for the affair which allowed Nick to join in this narrative and express his unresolved feelings and dissatisfactions. The stories of forgiveness from the past were used as guidelines and lessons whereby they were able to reconstruct a new story of understanding and empathy for dealing with the current crisis. A major shift emerged when the couple began deconstructing the problems in the relationship and developed an awareness of how particular problems have remained constant. Although, Nick's alcohol problem remained central in the conversation, Penny and Nick began discussing their communication problems specifically related to conflict management, and unresolved emotional frustration which had lingered from the past.

Overall, the couple began developing voices which were able to express relationship problems. Despite this difference, I was still concerned at an underlying process whereby I felt that their descriptions of change were illusions which stemmed out of their emotional relief that they had not divorced. This appeared to be a continuous pattern in the relationship. I validated their mastery of the art of forgiveness but decided to express my concern and metacomment on my thoughts. This was in response to Nick's suggestion that therapy be

terminated. Penny's non-verbal cues suggested that she was not in agreement with Nick. I commented that they had provided me with a lot of information in this session and voiced my concerns that a lot of aspects had remained 'unspoken'. I came across as very caring and concerned, and questioned whether they were sure that they were not 'sweeping issues under the carpet' which they felt may be useful to talk about in this context. These comments placed the couple in paradox whereby they were required to question their own thoughts. Their motivation to make sure that the marriage survived pushed them into agreeing that another session may be helpful just in case there was anything that they had not dealt with.

Making Sense: Challenging Discourses

Through noting the couple's feedback and acknowledging that my role had a strong influence on what emerged during the sessions (observing system) (Boscolo et al., 1987), I decided that a provocative stance would not be useful in this therapeutic process. Rather, an understanding, accepting, and nurturing role was creatively employed in order to create a context where both spouses felt comfortable to articulate their thoughts. I remained mindful of their tendency to avoid discussing problematic areas in the relationship, and conversely my struggle with this pattern. However, I was constantly struck by Penny's 'silenced voice' in Nick's presence and attempted to find ways of allowing her to express herself and for Nick to 'hear' these voices.

Engulfed with much confusion and uncertainty, I decided to deconstruct many of the fixed beliefs and the dominant discourses which had emerged in the couples narratives up to that point. Some of the dominant discourses which had been narrated included discourses related to religion, forgiveness, the influence of the family of origin, and alcoholism. These discourses were entwined to shape and document the stories of their marriage and patterns of relatedness and expectations. For example, Penny expected Nick to forgive her due to the fact that she had forgiven him for his years of alcohol abuse. Her ability to forgive him was described through religious discourses which preaches forgiveness. Penny therefore felt that Nick owed it to her as she had forgiven his past transgressions. On the other hand, Nick expected Penny to be openly responsive to him during an argument. He felt that her withdrawal was unnecessary and frustrated him. Each spouse articulated his or her version of the problems by **justifying** his or her own behaviour and **blaming** the other for being the

cause. Their own behaviours were described as a response to the others and therefore reflected a 'victim position' without assuming any responsibility for the role they played in the interactional process.

These discourses were deconstructed by questioning the origin and nature of these beliefs. Furthermore, the deconstruction allowed for the spouses to reflect on their expectations, attitudes, and behaviour towards each other. Thus, the spouses' epistemological stances were uncovered in a co-created conversation. A gentle atmosphere allowed for 'unspoken stories' to emerge. Nick gave voice to specific problems he had experienced in the relationship. By deconstructing Penny's understanding of particular behaviours she exhibited in the relationship, stories of her past were revealed. For example, Penny described her childhood experience with an alcoholic and abusive father and how this had led to her fear of conflict and uncertainty of how to express her thoughts and feelings. In this process, I validated Penny's efforts and provided feedback which allowed her to connect the past to the present. This was done through questioning possible links between the past and present, asking feed-forward questions (Penn, 1985), and gaining double description (Bateson, in Penn, 1982). These therapeutic actions opened up the avenues of conversation regarding these discourses and began generating alternative stories. By reframing (Watzlawick et al., 1974) events and behaviours many untold stories or unique outcomes (White & Epston, 1990) emerged and began to be incorporated into the dominant narratives.

Old Discourses – New Stories

Over time, Penny and Nick developed a broader understanding of themselves and each other. I was particularly intrigued by the depth of Nick's sensitivity and found this information useful for understanding his pattern of avoidance. Penny's life story saddened me and it was through her descriptions that her physique was metaphorically understood to express her inner world. I grew to respect and appreciate their individual dispositions as we collaboratively reconstructed their relationship story to incorporate the unspoken. Not all the information that was revealed was new and unheard. However, the portrait, which was their relationship, was repainted. Furthermore, the focus shifted away from the affair towards pertinent problems of their daily existence. In this process, Nick and Penny began formulating solutions for their described problems, particularly regarding their

communication patterns. Nick began reflecting on his role in arguments and realising the effect that this had on Penny. This was understood in relation to Penny's experiences in her family of origin. Penny, also began to identify alternative responses which she found empowering and liberating as she sought to shift her own role. These differences pushed her beyond her fears which were related to her past. In this respect, both spouses began assuming responsibility for their own behaviours. These changes recursively influenced each spouse to continue engaging in these new mannerisms. Due to the new meanings which were attributed to old behaviours, Nick and Penny were not provoked in the same way as they were in the past. This resulted in the spouses being more respectful and accommodating towards each other.

Making Sense: Confronting Self and Other

As part of their healing process, Nick and Penny worked through a tremendous amount of emotional anguish. However, their reiteration of the improvements in the relationship and 'denial' or avoidance of their difficulties created a paradox whereby either spouse could not express any difficulties which he or she were experiencing while dealing with the affair and the attempted suicide. I struggled to deal with the inconsistency between their overt statements which suggested they had 'recovered', and the continuous emergence of problematic areas in the relationship. Moreover, Penny portrayed an intense discomfort when the prospect of termination was suggested which further contradicted the insinuation that they had overcome this crisis. This had become blatantly obvious when Penny objected to terminating therapy after Nick made a formal request for termination. Penny explained that she did not feel comfortable with this and felt that they should come for one more session. I remained concerned that Nick and Penny were not 'ready' for termination, but acknowledged that they would only attend one more session.

By metacommenting about the discrepancy between Penny's and Nick's needs to continue the therapy, Penny was able to provide additional information regarding her request for another therapy session. She explained that she was acutely aware of the consistent fluctuation in Nick's moods and felt that he had not completely dealt with many of his emotions related to the affair. Furthermore, she explained that she felt unequipped to deal with these residual emotions and did not want to end the therapy until she felt secure.

Penny's statement created the opportunity for undercurrent emotions to be dealt with. I further felt that perhaps it was these aspects which had remained unaddressed and resulted in my suspicions and discomfort relating to the couple. The couple had co-created a dominant narrative of forgiveness, love and support, while the story of pain, loneliness, and unmet needs was subjugated. Hence the couple had become 'stuck' in the story of stability and forgiveness and in this way, the stability had become the stuckness. In light of Penny's statement, the therapy session focused on a central theme of 'permission to be'. Once defined, the couple were able to express their struggles and needs pertaining to their healing process. This allowed for each of them to communicate their expectations of each other and 'gain permission' to experience these underlying emotions thus allowing for the subjugated story to penetrate the dominant narrative of forgiveness. For example, Nick explained that despite the fact that he had forgiven Penny for the affair, he was still experiencing much anger and frustration, which he could not keep bottled up. This provided Penny with a clearer understanding of Nick's fluctuations in his moods which resulted in his distancing behaviour. I continuously encouraged Nick to elaborate on these feelings and validated the struggle and distress he was experiencing. Nick's emotions were overwhelming and he eventually expressed this by allowing his tears to spill. This came as a great relief to him and created the opportunity for Penny to inquire about what she would be able to do for him when he experienced this anger. In a collaborative effort, the couple were able to verbalise actual expectations which they felt would assist them in their process of healing. New avenues of conversation materialised and created a domain where the couple were able to liberate themselves from the paradox inherent in the dominant narrative. Penny and Nick were able to share their separate struggles without masking this reality with the descriptions of stability and forgiveness and hence allowed for further changes to emerge.

Ending Therapy: Altered Impressions

When therapy ceased, Nick and Penny had shared six sessions which provided sufficient opportunity for me to develop a richer understanding and appreciation of each spouse. In this evolving process, I was concerned about my personal impressions regarding their process and consistently reflected on this in terms of what I was introducing into the therapy. Certain patterns between the spouses persisted and I was challenged into accepting their spoken reality as well as needing to remain aware of higher order processes. For the most part the

couple avoided discussing problematic areas in the relationship by explaining that everything had changed and was stable. Throughout the therapy I remained sceptical of these so-called changes. The couple did exhibit certain changes in their style of communicating and conflict management. In this respect, Penny had developed a stronger voice, even in Nick's presence. This represented a major shift as she had previously 'lost voice' in Nick's presence. It appeared as if Penny was able to recognise her needs and felt empowered enough to voice these thoughts and feelings. Nick was also able to develop and communicate an improved understanding of the affairs and Penny's withdrawal pattern in conflict. New meanings were attached to the circumstances under which the affairs arose, which shifted the sole responsibility away from Penny and became shared by Nick. Furthermore, a new relationship narrative was co-constructed through the therapeutic conversations which allowed for alternative understandings of each other to emerge. In this way, the spouses expectations of each other were reshaped and re-formulated into a ecology which was permissive of struggles and emotional turmoil. Furthermore, Nick's marginalised voice regarding his pain and hurt had grown and taken shape. He was able to communicate these feelings in an effective manner instead of resorting to anger which recursively influenced Penny's desire to open up and give voice to her own opinions. Throughout the therapy I had remained largely unconvinced about the changes that the couple had articulated. This feeling was alleviated in the last session where I experienced various differences in both spouses and felt satisfied that the new narratives would continue to evolve outside of the therapeutic context. I intuitively felt that Penny would have preferred to continue with the therapy for a few more sessions and therefore invited them to return should they feel the need. I was able to acknowledge that perhaps my scepticism had more to do with personal value judgements than what the couple deemed necessary. Despite my opinion, the couple insisted that they were satisfied with the therapy and were comfortable with termination.

Re-Searching Couple Therapy: Penny and Nick's Story

The following description involves Penny and Nick's understanding of their therapeutic journey and the changes which occurred between them. Incorporated into these descriptions are the researcher's reflections stemming from the holistic understanding she obtained from the therapy and research encounter. The themes and descriptions referred to in this section

have been discerned by the researcher and are therefore influenced by her own understanding of the couple's portrayal of this experience; hence a story about a story about a story.

The Research Setting

Penny and Nick were contacted over two months after the termination of therapy. After explaining the nature of the research, both spouses expressed their willingness to participate. This surprised me due to Nick's original preconception of therapy as well as the meaning that I had attached to their process and outcome. The research setting took place in the same context as the therapy sessions. This was purposeful so that the couple could be re-immersed into the context where the therapy had taken place in order to evoke as many memories as possible. The office was unchanged, but the purpose of the meeting was redefined as a research encounter rather than therapy.

New Roles – New Meanings

Alternative roles were allocated to each of the participants in the research setting. My role as a researcher remained challenging, but I felt more confident due to the fact that this was my second interview. I was more focused and at ease with my role in relation to the couple. I was sensitive to the fact that that this interview formed a delicate balance between a research encounter as well as an extension of therapy. I was careful to observe the emotional climate due to the fact that I believed the conversation could elicit painful memories which would have to be dealt with therapeutically, and required flexibility in terms of my role. I was aware of my lingering biases and impressions from the therapy encounter, but needed to create a space where the couple could be honest and forthcoming with valuable information which they felt was relevant for the research. Furthermore, the spouse's roles had to be redefined to 'co-researchers' in order that they shift the meaning attached to the conversation. They too were accustomed to being clients and needed to be monitored in this regard. My role as a researcher was consistent with my approach as a therapist. I remained curious and interested in what the respondents had to offer. In this way, it was thought that the couple would feel comfortable to provide information even if this was confronting or 'insulting' to me.

The Need for Therapy

Penny's and Nick's explanations for attending therapy was the first area of interest which was explored. It was felt that this would expose their original expectations of therapy and whether these coincided with what transpired during the therapy and in their relationship.

Nick and Penny punctuated alternative problems leading up to the therapy. Both spouses attributed the *reason* for the initiation of therapy to be prompted by the revelation of Penny's affair and the subsequent attempted suicide. Penny justified that although there had been other affairs in the past, the problems stemmed from Nick's previous drinking problem. Penny felt that both her and Nick would need help to get through this crisis and therefore asked her psychiatrist to see Nick as well. The psychiatrist explained that he would refer the case to a psychologist, that being myself. Prior to therapy, Nick claimed that he had not perceived major problems in the relationship. He was concerned about the suicide attempt, but did not feel that therapy would be necessary. He felt that they could sort out their own problems as he had already decided not to divorce Penny despite the revelation of this affair. Thus, therapy came about as a result of Penny's fears and need for assistance in getting through the crisis.

The Relationship Prior to Therapy: Contextualising the Problems

Penny metaphorically described the nature of the relatedness between her and Nick as a 'cliff' which had resulted in the extramarital affairs. The 'cliff' was attributed to Nick's drinking habits (alcohol abuse). Penny did not define Nick as 'an alcoholic'. This was viewed as congruent with her discourse regarding alcoholics as she associated alcoholics with her father; an issue she did not want to deal with again after leaving home. Penny explained that although Nick had stopped drinking nine months prior to therapy, they were already distanced due to the problems which arose while he was abusing alcohol and which resulted in her seeking comfort and validation from other men. Penny portrayed herself as a 'victim' and avoided any responsibility for her role in the affairs. She explained that the drinking problem had also been the reason for their divorce several years ago. They remarried a few months later when Nick had promised to quit drinking. However, Nick did not follow

through with this promise and much meaning was placed on the wedge that grew between them as a result of this failure and the accompanying problems. A strong ecology of insecurity and confusion seemed to evolve in the relationship at that time. Penny explained that when Nick resumed drinking, she had questioned whether or not he had remarried her simply because he had 'felt sorry' for her. An undercurrent of doubt and distrust of each other's feelings and intentions seemed to prevail in the relationship at that time.

Penny pointed out many aspects of Nick's behaviour which contributed to a dominant story of loneliness, feeling unappreciated, and undervalued; for example Nick would forget to fetch her from work because he was drunk. Later on Penny contradicted herself by stating that not many problems existed in the relationship, but continued to describe other factors which were punctuated as problematic. Such aspects included her fear of his 'temper' which she highlighted as a major problem. Penny revealed an awareness of her withdrawal and avoidance pattern in response to Nick's so-called 'anger' in an attempt to avoid conflict. As was described in the first segment, she described this behaviour as a learnt response from her experiences in her family of origin, that is, discourses related to her family of origin. Penny's dominant narrative included a long history of witnessing her father's alcoholism and enduring physical abuse, which resulted in her fear of conflict. I was uncertain as to whether Penny's awareness regarding her reaction to Nick's 'anger' existed prior to the therapy and/or the research encounter, or if it was a result of the deconstructive process which occurred during the therapy. Unfortunately, this was only recognised in the researcher's process of immersing herself in the transcripts.

On the other hand, Nick seemed to be aware of Penny's dissatisfaction with his drinking problem prior to therapy. He put forward his own narrative regarding the problems in the relationship which also centred around the alcohol abuse. Nick was aware of his drinking problem and that he should have stopped drinking. However, he claimed that he succumbed to the pleasures of drinking as a preference, rather than dealing with the drinking problem. Nick used his alcohol abuse as a *justification* for his ignorance regarding the problems in the relationship. He admitted that he had been both unaware as well as chosen to disregard how the drinking had been a major contributor to their marital problems. The only factor that he punctuated as problematic in the relationship itself was related to their lack of sexual intimacy. Nick seemed to be aware that Penny had been physically distant from him and claimed that he had complained about that to her at the time. He maintained that at that point

he was not able to connect the lack of intimacy or other marital problems to his alcohol abuse. Furthermore, Nick had believed that once he had stopped drinking there was no reason for their relationship problems to continue. This belief contributed to intense confusion and dismay he experienced regarding Penny's affair subsequent to him quitting the drinking. The affairs which occurred while he was abusing alcohol were justified; an idea fuelled by *guilt and remorse* for his drinking. Nick therefore accepted his drinking problem as a valid reason that Penny sought other men. The dismay Nick experienced seemed to stem from the fact that he had attributed all their problems to his drinking and he could not come to terms with such an occurrence after that 'problem' had been eliminated.

Nick's comments on their interactional pattern of 'aggression-withdrawal' revealed the recursive nature of this process. Nick did not define himself as 'aggressive' and he struggled to understand Penny's definition of him as such. His point of punctuation differed from Penny's in that he felt that he became angry due to Penny's withdrawal response during an argument. It became clear that each spouse had alternative definitions and points of punctuation regarding aggressive or threatening behaviour: As Nick said:

(W)hen I used to confront her about something, she used to stare in front of her and not say a word and that used to frustrate me tremendously. I wouldn't say that I was angry before the confrontation, rather I was angry after the confrontation because of her non-reaction.

In his explanation Nick revealed the distinctions in their points of punctuation related to their conflict scenarios. Prior to therapy, these differences resulted in much frustration and distance between the spouses and pointed to the disconnection they experienced. Nick also pointed out other stressors which created a more holistic picture of the problems in the family prior to therapy. These included financial concerns and problems related to their children, which Penny was attempting to cope with simultaneously. In the context of these issues, an enormous strain was placed on the relationship which was ridden with unspoken emotions of insecurity, guilt, remorse, and anger as dominant themes underlying the processes between them.

Upon reflection, the researcher recognised an undercurrent of insecurity and instability in the marriage which resulted in their disconnection. Paradoxically, Nick and Penny attempted to paint a picture which minimised these problems during the research interview (an

experience I had become familiar with during the therapy). Overall, it seemed that both Nick and Penny had emphasised Nick's alcohol abuse as *the* problem in the marriage which was used to justify Penny's affairs. All other marital problems, such as interpersonal conflict and lack of intimacy were secondary and the result of the alcohol abuse. This dominant narrative resulted in the other problems being subjugated. The couple had externalised the problem and hence created a narrative which suggested that no drinking problem meant no marital problems.

Finding Solutions: Expectations of Therapy

Nick and Penny described divergent expectations of therapy. Penny revealed that she had been in therapy several years ago as she was severely underweight and thought to be anorexic. Penny only attended two sessions with this therapist as she had found her insulting. This experience did not seem to influence her discourse related to psychology and/or therapy. Penny explained that although she had refused to see that therapist again, it did not create any reluctance to participate in therapy in the future; hence her willingness to contact a therapist in this case. When Nick found out about Penny's affair, she became desperate and overwhelmed by her fear that Nick would divorce her. It was this fear that led to her suicide attempt, despite the fact that she had not really wanted to die. In this regard, the suicide attempt could be reframed as an attempted solution. While in the hospital, Nick reassured Penny that he would not divorce her, but this did not seem to eradicate the terror of being abandoned by him. Penny explained that when the psychiatrist recommended that they should both see a therapist, she had felt very relieved. As she said:

I felt that at least they were getting somebody to help us through this whole situation, this whole mess. We were not going to be on our own. And that meant a great deal...cause you'd be there for us, somebody that you could open up to, get advice from, and all that.

In these comments the definitions and meaning ascribed to the context of therapy were revealed. Penny was depending on therapy to get her and Nick through this crisis. High expectations had been placed on therapy to ensure that the marriage would overcome this turbulent time. For Penny, therapy was a *place* to seek *professional advice* for them to acquire the answers that they needed in order for the marriage to succeed. Her expressed

hope was that they would achieve a shared understanding for the reasons for the affairs. Penny had shifted responsibility on to ‘therapy’ to uncover the solutions and prevent the marriage from falling apart. Although, Penny consistently included a strong religious discourse in her narrative, she felt that neither friends nor ministers could be *trusted* to deal with this situation and therefore did not seek help in these domains.

Nick’s expectations of therapy were minimal. He explained that he had been adamantly against therapy and felt it was completely unnecessary. Nick narrated this dominant discourse relating to psychology as a profession which I had experienced in the first session. Nick had agreed to attend the therapy as his presence was regarded as a symbol of his support and commitment to Penny. Nick had never been to a therapist prior to this experience. He had stopped drinking on his own accord and had not received help from any health professional in that process. His discourse was related to self-reliance where people must help themselves (congruent with his learnt experience in his family of origin). He explained how he had felt:

You can sort out your own problems...(Y)ou don’t need somebody who you don’t know to listen to you and all your rubbish and sort it out for you...and wave a magic wand and then it’s gone.

Nick revealed his intense scepticism and apprehensive attitude regarding therapy. He felt that only one or two sessions would have been necessary. Nick did not think that this attitude influenced the way in which he participated during the sessions. He claimed that he had accepted that help was being offered and was prepared to take advantage of this situation. Nick’s statements implied that his commitment to Penny and desire to be ‘supportive’ overrode his scepticism about therapy.

The Researcher’s Reflections

It was clear that the suicide attempt could be reframed as a desperate measure or an attempted solution to elicit an ‘asocial’ reaction from her husband after he found out about the affair. Despite Nick’s subsequent reassurance that he would not divorce her, Penny’s fear continued to haunt her and thus provoked her to seek help. Penny punctuated the problems in the relationship as a ‘cliff’ which stemmed from Nick’s alcohol abuse. Nick also punctuated

the 'drinking problem' as central. The alcohol abuse was used a justification tool for all subsequent behaviour in the relationship. Thus, the drunken behaviour and the affairs were blamed on the alcohol which allowed them to find ways of remaining in the relationship. Penny's and Nick's expectations of therapy were clearly different and were mirrored in their behaviours at the time of therapy.

The Therapeutic Process: Themes and Transitions

Penny and Nick participated in therapy over a course of two months. The following section reveals the common themes which emerged from their descriptions of change in the context of the therapy encounter.

The Meaning of Therapy: A Defined Context

Penny and Nick made reference to the context of therapy as a defined setting in which to discuss the relationship problems and seek solutions. The relevant comments provided new insights into the behaviours which were observed during the therapeutic encounter. Originally, Nick had indicated that he had not expected anything from therapy as the meaning he had attributed to the context was bound in his discourse related to the profession, that being, a waste of time. However, Nick indicated that his experience in this setting allowed for a shift in this attitude. As he said:

I guess I came to realise that there is a need for somebody to have an escape valve and you can't open that valve by yourself...to open up and talk about what your problems are...I do realise that you do need a facilitator to solve problems...(M)ost problems can be solved by what we were doing here.

Nick's opinion had clearly changed and pointed to him experiencing the context of therapy as a place where he could *open up* and talk. The meaning attached to therapy had shifted from a 'waste of time' to a useful '*escape valve*'. Penny concurred with therapy being a place where she could feel *comfortable* and talk about the problems in a way that she felt *safe*. Penny attributed much of the relief to sensing that someone could lead them through this difficulty and provide them with support. Therapy created a forum whereby they could express

themselves in a contained manner without the discussion becoming out of hand, thus a containing and safe context. For Penny, therapy was the context in which her fears were *contained* and further allowed her to give voice to these unspoken sentiments. Both Penny and Nick agreed that the therapeutic space allowed for unspoken thoughts and feelings to be expressed and that this was meaningful opportunity. As a final reflection on their experience and the meaning attached to the therapy, Penny emphasised that the context of therapy allowed for her and Nick to discuss their issues outside of the usual pattern of blaming which did not resolve the issues. Thus therapy provided them with the space to express their views in an environment which would contain them and shift them out of these destructive patterns. Both spouses agreed that the *physical setting* of therapy was irrelevant and that the atmosphere and the way 'business was conducted' was what made the difference. Furthermore, Penny was particularly relieved by the fact that the context did not allow for any *distractions*. The context afforded them privacy and was dedicated to sorting out their problems. It seemed as if this was a sacred space or time for sharing.

The Experience of Therapy: Personal Struggles

Nick's and Penny's experiences during therapy influenced the overall meaning that they attached to the therapeutic context and their outcome. He referred to the *atmosphere* of therapy which allowed him to feel relaxed and comfortable and eliminated his preconceptions. Nick and Penny explained that they had gone through a turbulent time during the course of the therapy. Therapy was a time of questioning and seeking answers, confusion and clarity, and above all pain and reconnection. Penny described how the period after her suicide attempt was a particularly trying time for her. She had been afraid to face friends and work colleagues as well as other family members. Work colleagues appeared to be the most intimidating context for her as she felt that people would treat her like a freak and reject her. However, it seems that having been validated in the therapy allowed Penny to attach new meanings to her own behaviour. Penny revealed that by experiencing reassurance and validation from me in the therapy, she was able to feel at ease with herself. Instead of defining herself as a failure and criticising herself for this, she began to see herself as human being who had made a mistake.

Nick's chief struggle after he found out about the extramarital affair was in working through the pain and anger which was associated with his confusion regarding this particular affair. This was congruent with the fact that the other affairs were justified through his drinking problem. Nick was haunted with thoughts and images associated with the particular man that Penny had the affair with. He was often tempted to approach this man and deal with him through physical force. These emotionally driven inclinations resulted in an internal struggle and mood fluctuations which needed to be closely monitored. Nick found that discussing these feelings in the therapy was relieving which was congruent with his reference to therapy as an 'escape valve'. In this way, Nick was able to temper himself and kept his emotional rage at bay. He learnt alternative manners of dealing with anger and frustration. The conversational space allowed Nick to release his bottled up emotions in a context that represented safety. Clearly, the therapeutic context had provided them with the space to co-construct new ways of dealing with their personal struggles and hence shifted their views of themselves and each other.

Metaphors were used to illustrate Nick's and Penny's personal experiences of the therapeutic encounter. Nick was able to provide two metaphors which allowed me to achieve a broader understanding of his personal journey in therapy. The two metaphors were stated as follows:

(T)he whole experience was like a river that started in a mountain and flows out towards the sea. Gushing in the beginning when things were tough and then slowly it got more calm until you've reached the sea where everything is very calm and everything is sorted out...(F)or therapy, I would say something like a flower blooming. It starts at the bud and opens up, opening up. Things were opened up here and everything was clearer. Not one hundred percent, but most of it was clearer.

These description revealed Nick's personal journey and his perception of the outcome regarding their relationship. Nick's emphasis lay in therapy being a place where he and Penny achieved an understanding of each other and sorted out their problems despite the difficulties inherent in the therapeutic process. Penny's use of a metaphor also revealed her personal journey and exposed her fears and the subsequent shifts that occurred in this process. As she said:

In the beginning it was like riding in a dark tunnel and I thought there was never going to be a light at the end of the tunnel. And we actually reached that point where there is a light...There is such a thing as a pot of gold at the end of the rainbow.

Implicit in her statement was a story of hope and delight, and one which contrasted strongly with that of suicide, fear, and darkness. Both Nick and Penny linked their experience of therapy to their experience of the therapist. The therapist was seen as a fundamental influence on their journeys and overall outcome of the therapy.

Communication Channels: Creating Clarity

Nick and Penny explained that one of the fundamental areas of change which occurred related to improved communication which in turn had a profound influence on their conflict management. The couple had indicated that their previous patterns of interaction were counterproductive and dissatisfactory. Nick and Penny were able to elaborate on the changes regarding this concern. Nick explained that therapy had provided a forum whereby they could *clarify* misunderstandings. Maintaining an honest stance in the therapy was seen as paramount to opening 'locked doors' between them. Nick revealed that he and Penny had developed an 'open and honest policy' whereby they feel free to talk about anything that is bothering them. The policy seemed to allow for many 'unspoken' aspects to be made overt in an ecology that has become permissive of dissatisfaction. Nick felt that their communication channels improved over the sessions. Despite the fact that he felt that changes had begun prior to the first conjoint session, he felt that noteworthy progress continued to occur in the area of communication over the course of the therapy.

Nick explained that he had been aware of the communication problems prior to therapy, but was unaware of how to solve them. He revealed a broader understanding of Penny's perception of him which had shifted the meaning he had attached to her responses. As he said:

She always used to tell me that I'm a very aggressive person, but I never wanted to believe it...I thought she was exaggerating because I don't perceive myself as an aggressive person. She usually said that I raise my voice...but I didn't realise it...or I didn't perceive it as

being a threat to anybody. I might have just been trying to express myself...and I think it was perceived as being angry.

Penny and Nick explained that they had acquired various communication skills during the therapy which were extended outside of this context. Penny was also able to recognise the role she played in aggravating the problems they were experienced in their relationship and in the broader family. She explained that the way she withdrew and kept her emotions and thoughts to herself left her feeling isolated and only aggravated the situation. Nick was able to acknowledge that he had learnt the importance of being able to discuss their issues with each other or face the consequences of an undesirable and escalating situation. Nick's understanding of this policy, together with his newfound tolerance, seemed to create the space where both he and Penny could give voice to both their needs and aggravations. Implicit in these comments was the opportunity for both spouses to 'hear' each other and hence create alternative patterns to what was presented at the start of the therapy. Furthermore, Nick and Penny revealed a broader understanding of themselves and each other. Marginalised voices were given space to disclose thoughts and feelings thus developing broader understandings of each other. Perhaps it was this process which resulted in both spouses experiencing therapy as relieving. These voices had gained strength and were audible throughout the research interview. Penny was particularly vocal and shared her opinion with ease, while Nick was more aware of himself and the effect he has in interaction with others.

Nick reflected on a specific session which was dedicated to deconstructing their personal needs at that time and was thought to have immensely contributed to opening up communication channels. He explained that this was particularly useful as it allowed each spouse to realise and acknowledge each other's expectations. Nick commented that:

When we came to the session about the permission, that was very important that we did set the rules or set the guidelines of how things should be...(If Penny knows what my expectations are then at least she can understand where I'm coming from...that I'm still going to have these thoughts...and she mustn't be angry at me for asking her about it...But it opened a communication channel. A possible communication channel that would otherwise be closed.

Penny agreed with Nick's sentiments regarding their enhanced understanding of, and respect for each other. It seems that deconstructing their emotions and urges and framing the conversation along the lines of 'permission to be', introduced an element of *respect*, *understanding*, and *clarity* about each partner's intentions. As Penny said:

(W)here he's talking about that communication channel...(i)t's important that we mustn't feel threatened. Not only threatened, but I mustn't feel like he keeps on throwing it at me.

By deconstructing Penny's and Nick's expectations and emotional needs, new meanings were attached to behaviours which were previously considered problematic. This allowed for alternative attitudes, perceptions, and reactions to emerge which shifted the patterns of interaction between the spouses. Furthermore, the couple expressed that they further attained a greater understanding of self. This understanding of their behavioural responses and urges created an awareness which recursively influenced their behaviour in those situations. Penny was especially aware of her shifts in this process whereby she could explain her previous urges to withdraw and related them to her familial experiences as a child (discourse related to her family of origin). Nick also commented on the benefit of having achieved a broader understanding with respect to her childhood and the resulting behaviour which surfaced in their own relationship. Within this co-created and shared understanding, Penny was able to modify her behaviour and recognise her old patterns. Moreover, Nick's understanding shifted the meaning attached to her responses. The recursive cycle shifted the ecology from one of withdrawal and aggravation towards one of patience and respect.

Changes in Self and Other

Both Penny and Nick were able to highlight prominent changes which they recognised in themselves, each other, and their interaction together. Many of these changes were expressed during therapy, but were particularly acknowledged during the research interview. These elements were recursively interlinked as their experiences of change in themselves recursively elicited changes from each other. Furthermore, the behavioural changes simultaneously brought about new meanings and definitions attached to these aspects. These changes should not be regarded as static or as the only changes which occurred. Rather, these are the changes which were punctuated in this particular conversation.

Penny's main point of punctuation was in defining herself as a 'stronger person'. She attributed many of her shifts and the accompanying changes to this altered definition of herself. Penny described herself as having an improved ability to 'handle' things. These strengths have been acknowledged by her daughters, which in turn served to reassure Penny even further. Penny also believed that her daughters were behaving differently towards her which she used as another sign of her changes and a comment on her newfound strength. Penny's descriptions pointed to an adjusted outlook on life and to her coping strategies. As she said:

(I)t doesn't matter how dark things look...you don't always have to fall onto the same track...I must say that the therapy helped me to realise that you are not alone. Life isn't easy, but it's not that bad either. You can make a positive out of a negative. You just have to be willing to share it with somebody.

Penny's comments illustrated her newfound ability to recognise alternative outcomes and new prospects that do not always involve the same damaging patterns of interaction. This acknowledgement was accompanied by a positive outlook; a person who could view positive outcomes and value herself in the process. Thus, a previously subjugated story of strength and triumph had intensified and become dominant. With this came the strong implication of *personal responsibility*. Penny acknowledged that she could work through the struggles that life presents, but that her personal effort forms a critical ingredient for the outcome. This was particularly different from the way she originally articulated her role in the relationship when therapy commenced.

Penny was also able to describe the changes which she had recognised in Nick during the course of the therapy. She pointed out various events where she had become acutely aware of the variations in Nick's behaviours and mannerisms. She primarily emphasised changes in the support, patience, and motivation that Nick offered her. These aspects were regarded as having been absent in the relationship prior to therapy. She also expressed her delight at Nick's assistance with household chores and that he makes sure that he spends time with her. Penny placed much meaning on Nick's supportive behaviour, which she further described as having influenced her own view of herself. For Penny, Nick's behaviour was radically different from what she had been used to, and seemed to have impacted on her self-esteem,

leaving her feeling confident, valued, and self-assured. Furthermore, the perceived change in his participation seemed to eliminate much of the insecurity which had arisen as a result of the extramarital affair and the subsequent fear of divorce. Penny explained that the changes took place over the course of the therapy, but there were visible improvements after each session. Much significance was placed on Penny's perception of the *voluntary* nature of Nick's assistance. It seems that much meaning was placed on the fact that Nick initiates this behaviour without Penny having to request it. For Penny. This behaviour is perceived as an illustration of Nick's love and support.

During the research interview Nick seemed to struggle to articulate his changes. Overall, he concentrated on his changes regarding his communication style with particular emphasis on conflict management. However, he indicated that he is a much happier person. Nick related this change in himself to Penny's changes. His descriptions were congruent with his previous description of experiencing frustration in reaction to Penny's pattern of withdrawal. Nick presented himself as more *tolerant and accepting* of Penny's behaviour. He explained that he learnt to accept that Penny may not have all the answers to his questions and that he could not get aggravated with her if she was unable to answer him. This shift in understanding seemed to change Nick's expectations of Penny which removed pressure from her to provide satisfactory answers. The circularity and recursive influence was clear and could be recognised in Penny's description regarding her ability to stay in the moment of the argument rather than withdraw.

A prominent change for Nick was the improvement in their sexual intimacy. Prior to therapy, Nick had been aware of Penny's physical distance, but attributed this behaviour to the possibility that she did not love him, thereby equating sexual intimacy with love. Nick explained that during the therapy he developed an appreciation for Penny's point of view and came to realise why she had been so distant. As he said:

(B)ut hearing things from her side I can understand that that made her distant. Because of my drinking, she didn't want to be intimate with me.

Nick exposed a broader understanding of the lack of intimacy in the relationship. Implicit in this comment was an awareness of the impact that his alcohol problem had had on the relationship. This understanding was attributed to the conversations held in therapy where

Penny gave voice to the frustrations and hurt that she endured as a result of Nick's drinking problem. On a metalevel, it seems that this process allowed for new meanings to be attributed to this 'problem' which co-created an enhanced respect between them. Furthermore, Nick and Penny spoke of alternative ways of understanding affection and intimacy. It seems that the couple had found a shared reality regarding affection and intimacy which is satisfactory to each spouse. Through a collaborative effort new meanings were attributed to alternative forms of behaviour, such as cuddling or holding hands.

Nick attributed many of the changes that took place as a result of the suicide attempt itself rather than therapy. However, it was thought that the changes were strengthened, and made more concrete by partaking in the therapy. These comments reinforced the idea that the suicide attempt was the most prominent 'perturbation' which shifted the system, but also confirmed that the resulting shifts were enhanced in the therapy context which nurtured these so-called changes.

Commitment to Change: Personal Responsibility

The theme of commitment was reiterated throughout the research interview. Penny's commitment was driven by her fear of the loss of the marriage. Moreover, Penny was ridden with guilt and was prepared to do anything to remedy the situation. Nick insisted that his scepticism of therapy did not interfere with his dedication and participation in the therapeutic process. Through his explanations it seemed that the meaning he had attached to his desire to support Penny provided enough motivation to fully cooperate in the sessions. However, the statements made by Nick and Penny implied that therapy would have been ineffective had both spouses not been prepared to dedicate themselves wholeheartedly to the marriage and the process of change. As Nick said:

If I really wanted to be a bad person after this whole experience, I doubt whether the two of us would have been here.

The Therapist: Helpful and Hindering Points of Consideration

This section focuses primarily on the couple's perception of the role of the therapist as well as on their impressions about any specific event(s) which occurred in the therapy setting. These two domains are seen as interlinked. The definitions ascribed to, and the personal experiences of the therapist, can be understood to have influenced the couple's overall understanding of therapy and the meanings attributed to the therapeutic outcome. Many of the comments made in this section may reflect a bias due to the fact that the couple was required to share their attitudes and opinions with me (the therapist) in this research context (the researcher).

Co-Creating Relationships

Both Nick and Penny expressed their need to feel that they could get along with the therapist. The therapist-client *relationship* was considered vital for a beneficial experience in therapy. Penny's comments related primarily to her previous therapeutic encounter where she had been 'insulted' by that particular therapist. She claimed that she could not communicate with that therapist and was very hurt by her comments which led to the premature termination of the therapy. The partners shared the opinion that 'gut instinct' informed them of whether or not they could get along with the therapist (myself) and share their personal experience with me. Penny and Nick did not provide any further information regarding particular features of the therapist, such as biases related to age or gender that could have influenced their relationship with me. Once again, Nick's comments indicated that his determination to support Penny surpassed any prejudice he may have felt towards therapy or therapists (discourse regarding psychology) and hence urged him to co-operate to the best of his ability. However, these statements were contrary to the numerous attempts he made to terminate therapy. However, his described attitude and his experience of apparent comfort in the therapeutic context seemed to allow him to form a sound relationship with me. The level of comfort which the couple experienced in the therapy stemmed from the nature of the therapist-client relationship and was said to be influenced by a variety 'therapist ingredients' which they determined as paramount.

Trust

The element of *trust* featured as the most prominent factor related to the development of the therapist-client relationship. Trust was considered to be an essential component of the therapy by both Nick and Penny who incorporated this facet into the feeling of comfort which they experienced in the therapy setting. Nick and Penny again related the feeling of trust to a 'gut feeling' or an 'aura' which allowed them to instinctively know that they could trust me. As Penny said:

(Y)ou must be able to trust the therapist...From the very first time that we spoke, you made me feel comfortable, you made me feel like it's okay – I can open up, I can get everything out.

Both Penny and Nick felt that they would not have continued with the therapy had they not felt that they could trust me. The sense of trust that they experienced contributed to their feeling of comfort and collaboratively created a context where they could be honest and open in the therapy. The sense of trust contributed to the therapeutic process as it allowed the couple to trust my intentions in terms of where the conversations were directed and hence secured cooperation from the couple.

The issue of trust extended into the realm of the unspoken contract related to *confidentiality* in therapy. Penny and Nick emphasised the importance of this, particularly in the context of the government organisation that they worked for. Both spouses were aware of friends or colleagues (within this organisation) who had participated in therapy and consequently found out that the therapist had exposed the content of their sessions to other members of the community. This was an issue which was brought up during therapy and seemed to reassure the couple of the confidential nature of these sessions.

Therapist Expertise

Therapist expertise was a theme that was inferred in the comments made by Penny and Nick throughout the research interview. When commenting on their understanding of their expectations prior to therapy or actual experience of therapy, Penny and Nick suggested that

they hoped to receive sound *advice* and felt secure to open up in front of a ‘psychologist’. This was particularly true for Penny who had placed much emphasis on the meaning of therapy. As Penny said:

We needed an outsider who knew what to do to lead us through the new road that we had to take.

Statements made by both spouses revealed an expectation of a certain level of conduct and professionalism. Their perception of this professional conduct was noted in the way in which I questioned them during the session as well as in the way I responded to their answers. They felt that this assisted in guiding them to open up and get useful answers which they otherwise would not have been uncovered. As Nick said:

It’s just the way that things were conducted here that allowed for the flow and got us to understand things better.

Nick trusted that the training I had received was sufficient to allow me to conduct the sessions in a manner which was responsible and therefore did not question my integrity. Thus, issues of age or experience did not enter into the conversation.

Therapist Neutrality

Along with therapist expertise emerged the theme of therapist neutrality and the necessity of the therapist to remain judgement free. This appeared to be a crucial element for both spouses. Penny had carried the fear of being judged and/or insulted from her previous experience in therapy. She had been particularly concerned about this element and again linked it to the reason for the premature termination of therapy at that point. Her experience of being judged had broken her sense of comfort and trust with the therapist as it was deemed unprofessional and intrusive. Nick and Penny shared the sentiment that they had not felt judged in the context of our therapy sessions.

Nick’s and Penny’s comments consistently fuelled the idea that therapist neutrality contributed to their heightened sense of trust. Furthermore, the experience of neutrality

seemed to maintain the level of honesty which they offered during the sessions. Nick was certain that if he had felt judged in an unreasonable manner, he would have stopped cooperating. He explained that he is prepared to face confronting issues but that:

(T)here's a difference between offending and judging and getting to the truth...I don't think it's fair for anybody that touches the truth to feel offended. There's a very fine line between the two...(H)andling the truth in a respectable or delicate way will keep the client here all the time...

The maintenance of a respectful approach and neutrality was therefore closely linked with the therapist's ability to conduct a session in a professional manner.

Therapist Empathy

Of considerable importance to the couple was their experience of support, comfort, and containment in the therapy setting. The couple used metaphors to illustrate their experience of me as a therapist. Penny quoted a verse from the bible which created the image of her being carried through very dark times when they (the couple) were not able to walk on their own, thus only leaving one set of footprints in the sand. Nick's image was similar whereby he stated:

What comes to mind when I think of you is that you're holding my hand; holding my hand and giving me support.

Penny and Nick both emphasised their experience of support which was considered vital due to the fact that they were going through extremely treacherous period, consumed by pain. Throughout the interview Penny and Nick spoke about the importance they placed on feeling *at ease* and comfortable during the sessions. Again this was attributed to the manner in which I conducted myself and respected both of their viewpoints. This contributed to their experience of therapy as a safe context to share their feelings and thoughts. The sense of safety emerged out of the fact that they felt I responded fairly and *understood* and *validated* their points of view. It seems that this contributed significantly to Nick's change in attitude

and judgement of therapy where he came to enjoy the sessions and looked forward to attending the therapy.

Interventions: A Proactive Therapist

Nick and Penny were not given homework tasks to complete during the therapy sessions and therefore could not comment on this. Nick explained that he did not think he would have completed homework tasks as he felt that the one-hour therapy session was sufficient and further tasks would have been unnecessary. Nick and Penny did not perceive the session on 'forgiveness' as being specifically helpful to them per se. Rather, they felt that that session had benefited me more than them, but did not feel that the session was a waste of time. However, Nick and Penny passed several comments which pointed to specific actions of the therapist that they found valuable. It seems that the perceived level of *interest* which I demonstrated during the sessions, was deemed significant. As Penny said:

To me, it showed that you were interested in helping a couple get through deep waters.

The couple's perception of my interest in their situation seemed to nourish their sense of trust. A variety of examples pertaining to the behaviour I exhibited in the therapy sessions were pointed out and illustrated their perception of what was deemed significant for them. Such behaviours included *validating* each of their perspectives, asking both spouses the *same questions* seemed to represent equality and fairness, portraying a *positive* demeanour, and the fact that *I* would ask for another appointment instead of them having to suggest it. These behaviours were considered very meaningful and contributed to their overall attitude towards the therapeutic process. The behaviours seemed to hold a greater meaning than just the action itself and often suggested to the spouses that they could trust me.

Terminating Therapy

Part of the research interview was dedicated to seeking a shared understanding of Penny's and Nick's judgments regarding the termination of therapy. This was an area of interest as each spouse expressed diverse feelings regarding the termination during the therapy sessions.

When provided with the opportunity to reflect on his thoughts and feelings, Nick explained that his original suggestion to terminate was premature and was influenced by his 'old feelings' about therapy. Thus, his original discourse seemed to have influenced his willingness to stay in the therapeutic process, which contradicted his previous statements which suggested that this discourse did not influence his participation. Nick explained that at the time he had felt he had said and done enough. He felt that the relationship had improved to a satisfactory level and therefore felt comfortable to suggest termination in the first place. Overall, he was unable to provide clarity regarding this original attempt to terminate therapy and mostly appeared confused about these thoughts. Nick explained that he did not understand Penny's objection to his suggestion, but was willing to cooperate in order to show his *support and commitment*.

Penny's explanation was congruent with her demeanour during the therapy in terms of her willingness to explore the relationship to a greater extent than Nick. She explained that she had instinctively felt that further sessions were necessary. Penny explained that when therapy was terminated, a point of safety for her was in being invited back to therapy should they have felt the need to return at any point. This allowed her to feel comfortable to venture on their own while aware that they could return if necessary. Both Nick and Penny agreed that the improvement in their communication outside of therapy was a significant sign that they could continue without therapy. While providing her viewpoint regarding termination, Penny exposed an underlying uncertainty and reservation regarding the stability in the relationship. She explained that she was going away on a training course for six weeks and was very worried about the time that Nick would be alone as he would be able to rethink their situation again. To me this re-evoked a suspicion of an underlying insecurity in the relationship. However, it also revealed Penny's ability to articulate her thoughts and make these feelings overt. This confirmed the difference she spoke of about herself as these marginalised voices penetrated the conversation and created the space for these uncertainties to be discussed. In this sense, the research interview was clearly an extension of therapy and it was important for me to metacommunicate around her ability to give voice to these thoughts. Penny's comments provoked Nick to reassure her of his thoughts and feelings.

An On-Going Process

Penny and Nick agreed that their relationship had vastly improved and that they were more in touch with each other; a narrative which revealed connection rather than disconnection. Penny and Nick felt that the changes they had undergone were to the benefit of their personal well-being and the relationship overall. Penny felt that further changes since therapy had been terminated were also constructive. Both spouses agreed that working through the pain continues to be very difficult, but that they work through these challenges. Penny explained that she often thinks back to the therapy and remembers certain comments made during the sessions which help her get through some of these difficulties. Nick however, explained that he does not experience this.

When the couple were offered the opportunity further on in the research process to provide feedback after reading the transcript, they explained that the changes described in the research interview had remained stable. However, Nick's comments and behaviour exposed discrepancies. Despite the fact that he spoke of the continued improvement in their communication channels, Nick had delayed talking about a particular incident which had unsettled him. He explained that he thought it would be better to discuss this issue in front of me rather than with Penny alone. This apparent inconsistency again instilled some reservations about the changes which the couple spoke of. However, their spoken reality was one of transformation and I respected this as their dominant story. The concerns revealed by Nick suggested the continuous struggle in dealing with his emotions related to the affair. From this discussion, Penny's changes were even more apparent. Her previously marginalised voice had developed even further and she appeared more self-assured and confident than on our previous meeting. Penny appeared to have moved beyond the struggle of the affair and considered it a mistake which lived in the past. Penny came across as grounded and more convincing of the changes she had accomplished. Nick's emotional struggle seemed to linger on, but his personal growth was considerable.

Looking Back

Overall, Penny and Nick agreed that therapy had been a highly beneficial experience. Both spouses agreed that there was a remarkable change in the relationship. The spouses agreed that therapy would not have been effective without their personal commitment, honesty in the process, and the fact that both of them had attended. Penny felt that the therapy had reconnected them in a way which would not have been possible on their own. She felt that the entire healing process would have been more difficult and the outcome may not have been the same. As Penny said:

What I wanted to happen, did happen. And without the therapy I don't think it would have been possible, nor without his support...The therapy was a very positive step in our lives.

Both spouses believed that they would re-enter therapy if they encountered problems in the future. This belief was based on the fact that they were able to articulate that which they found beneficial as well as aspects that they would not have found beneficial, such as a sense of disrespect. Furthermore, the couple were particularly pleased that they had not experienced any setbacks since therapy had ended and were very satisfied with the nature of the relationship. As Nick stated:

We have seen from this that there is no magic wand. There are things that will never go away. We did forgive...but we can't forget. It's very difficult to forget, but the therapy has made it easier.

The Researcher's Closing Comments

Through the research interview the couple and researcher engaged in a collaborative effort to co-create a narrative regarding change within the context of therapy. The researcher is aware that the story that emerged is one of many. The story resulted from the points that were punctuated at the time and the various distinctions which were drawn in this particular conversation. The couple's discourses influenced the meaning they attached to their experience of change in themselves and the relationship. The spouse's individual and collective experiences of therapy and the therapist (myself) were further influenced by their

discourses. Both in therapy and the research context, the couple's story was understood and related in broader societal and cultural discourses and demands. This was particularly evident in Nick's discourse related to the psychology profession which was further influenced by his personal narrative and discourse related to his experience in his family of origin. However, Nick's commitment to Penny overrode his prejudice and through his therapeutic journey a new narrative regarding therapy and therapists developed. Therapy provided a forum whereby the Nick and Penny were able to articulate pains of the past and the present and hence co-created an ecology whereby they could continue to give voice to problems in the relationship. Although this was a continuous struggle, Nick and Penny had challenged the patterns that perpetuated their behaviours. The narrative which evolved out of this research context reshaped much of my scepticism that I had experienced at the time of therapy. Their relationship narrative recognised their struggles, but spoke of hope and fulfilment. Each spouse experienced a supportive and comforting element in therapy which allowed to them give voice to problematic areas. By participating in this research interview a more entrenched reality was created regarding their relationship and the changes they experienced. Thus the research interview could equally be understood as an extension of therapy whereby their dominant narrative of change was enlarged in a deconstructive process. The descriptions which were offered are comments on both the couple and myself as the story reflects the couple's chosen way of articulating their story as well as my way of punctuating the story of their story.

Conclusion

This chapter furnished a holistic discussion regarding two couples' transformations throughout their particular therapeutic encounters. Both the researcher's and the couples' stories were presented. The events and descriptions were elucidated on the basis of the researcher's understanding of the couples' changes in the context of their therapeutic experiences. Both couples were able to reconstruct a new narrative which evolved out of their experiences both in and out of the context of therapy. The respective spouses were able to recognise changes which occurred in the relationship as a whole as well as individual changes. Change, viewed in the context of each couple's therapeutic experience, had major implications for the relationships as a whole. In a collaborative encounter each couple was able to reconstruct a new story for themselves which evolved out of a deconstructive process

in therapy. Both couples were able to recognise the changes in their relationships, and the manner in which they languaged around themselves revealed the revised points of punctuations and meanings attached to the old and/or new patterns of behaviour. Moreover, the meaning attached to these changes, weaved together to form a dominant narrative of re-connection and triumph. Multiple realities became evident when examining the diverse perspectives conveyed about their therapeutic encounter. However, the researcher remained aware that the reality, as defined by each couple, was pivotal and was thoroughly explored within this research context. The many themes that emerged from the interview, process notes, and self-reflections, illustrate the complexity of the therapeutic experience and the simultaneous process of change as defined and a co-constructed between the researcher and the participants.

An overview of the research findings will be provided in Chapter 6, including the themes that the researcher considered to be common to both of the case studies.

CHAPTER 6

THEMATIC DESCRIPTIONS AND COMPARATIVE ANALYSIS

Introduction

In this chapter a discussion of the themes that emerged from both the therapist's and the couples' narratives will be provided. The story-telling process in the context of the research created the opportunity for both the couples and myself, as the researcher, to share stories of couple therapy. During this process, themes that surfaced from my story, in the capacity of the therapist, will initially be explored followed by the description of the shared themes from the participating couples' experiences. These themes are punctuated in accordance with the researcher's frame of reference. The idiosyncratic distinctions drawn by the researcher can by no means be regarded as absolute and other researchers may have identified and articulated different conclusions from the same set of information. These descriptions are seen to convey the recurring themes across the two couple therapy encounters as described in Chapter 5. Throughout the articulation of these themes, a comparative analysis with the existing body of literature on couple therapy and the emergent changes will be provided. In this manner, previous research will be highlighted and the similarities and/or differences which emerged from this study will be illustrated. The uniqueness of each couple's story has not been neglected. Thus, although the themes remain similar, there are unique differences in the way each theme arose and evolved. These themes are highly interrelated and have only been separated for the purpose of this discussion, but in no way serve to simplify the complexity of the therapeutic encounter and the couples' individual journeys in this process.

The Therapist's Experiences: Emerging Themes

From the stories described in Chapter 5, various struggles, manoeuvres, and processes as experienced by the therapist were revealed. The researcher was afforded an opportunity to reflect on the effects of the research process on her personal understanding of herself as a therapist in the domain of couple therapy. Certain themes emerged from these descriptions

which were relevant to the therapist's experiences as applicable to the specific context within in which they emerged. It is critical to comment on the fact that the punctuated themes stemmed from the researcher's epistemological lens (discussed in Chapter 2) and recursively allowed for the re-examination of this lens. The meta-perspective taken by the researcher allowed for various distinctions and similarities to emerge and resulted in the following themes:

- Evolving Self Awareness
- Relief
- Respect
- Challenges

Evolving Self-Awareness

The theme of self-awareness was consistent throughout the therapeutic processes. This awareness is directly related to the attention that was paid to myself as an influencing member of the therapeutic system and that any description offered or observation made was self-referential. Recognition of this aspect was brought about through the epistemological assumption of the observing system and non-objectivity (Boscolo et al., 1987; Hoffman, 1985). Throughout the therapies I strived to be cognisant of personal values and opinions which stem from my culture, self-theories, experience, and other aspects which together make up my personal epistemology. This approach is congruent with the thinking of postmodern theorists, such as Hoshmand (in Downing, 2000), who acknowledge that there are fundamental limitations in any therapist's knowledge. Accordingly, reflexivity involves revisiting habitual and accustomed ways of thinking, thereby accounting for the contributions of the observer in constructing a particular body of knowledge.

Reflexivity became a useful mechanism or tool through which I could obtain a meta-perspective of the therapeutic process and precluded the possibility of my personal feelings interfering with the spouses' needs. By remaining attentive of feelings, emotions, and prejudices which were evoked in me, I was able to search for more useful ways of thinking about, describing, and working with the couples and their exclusive ways of attributing meaning to their circumstances. In this manner, the uniqueness of the couples' experiences were explored in depth. Certain of my personal thoughts were introduced into the

conversations which provided the opportunity for the spouses to elaborate on their narratives, and for me to feel and appear like a real participant rather than an outsider. Reflexive thinking prevented me from closing conversations based on my personal prejudices and provocations that were evoked in me in response to the various comments and issues being discussed by the spouses. In this way, I felt confident that an ethical approach in psychotherapy was being maintained. Not only did the couples' search for explanations evolve into alternative relationship narratives, but the conversations also shifted *my* empathy for, and appreciation of, each spouse and their shared reality within the domain of their respective relationships. This process created further changes in myself by broadening *my* discourses regarding relationship definitions, opportunities, and avenues for healing. Thus, therapy became for the therapist as well as for the client.

My own recognition of the benefit of this reflexive process was/is congruent with that of various theorists who state that reflexivity is the therapist's ability to think about his or her thinking and is regarded to encompass professional and ethical dialogue regarding psychotherapy practice (Downing, 2000; Fruggeri, 1992; Hoffman, 1992). In this respect the therapist remains cognisant of the fact that he or she is actively participating in the construction of the therapeutic reality (Keeney, 1982).

Relief

Relief was a theme that emerged out of my adherence to a non-expert approach as advocated by postmodern theorists (Anderson & Goolishian, 1988; Epston & White, 1990; Weingarten, 1998). The *non-expert* stance released me from the direct responsibility of having actively to change the problems that the couples were experiencing. I felt emancipated from the pressure of having to know precisely what to do next or how to guarantee a successful outcome. A sense of freedom was experienced by acknowledging the distinction between my responsibility as a linguistic artist and the non-expert stance (Anderson & Goolishian, 1988). For me, the distinction lay in my role being one of a participator (rather than a leader) in conversations which consistently opened up new avenues of exploration. This is consistent with a perspective of a therapist's role as a collaborator rather than an expert in couple therapy (Gottlieb & Gottlieb, 1996). Being able to distinguish between a not-knowing stance and my area of conversational 'expertise' as a psychotherapist is also

congruent with Minuchin's (1991) appeal for therapists to recognise their expertise in their ability to manage dialogue and stories. However, humility is achieved and maintained by acknowledging that any described reality is incomplete. During the therapy sessions there were no prescribed outcomes or goals that were being pursued and hence neither the couples nor myself could 'fail' when their therapeutic journey ended. Steering away from a prescribed outcome allowed for the therapeutic process to remain flexible as one particular aim was not rigidly adhered to as more desirable than any other.

The experience of relief and freedom also emerged from the *flexibility* and manoeuvrability that I was able to achieve in my roles and responses during the therapy conversations which allowed for an enhanced therapist-client relationship to emerge. The roles that I assumed in relation to the particular spouses were based on the meaning that I had attributed to the information and feedback that I had received from the couple, rather than on some predetermined technique which attributes a particular role to the therapist. This understanding is congruent with Gottlieb and Gottlieb's (1996) assertion that a not-knowing approach enables a therapist to hear the couple's story with new perspectives and curiosities and to join with them accordingly by using his or her total range of responses. Thus, I could draw on my therapeutic repertoire to engage in the *use of self* (Aponte & Winter, 1987) as a therapeutic instrument without strain and/or anxiety. For example, at times I was able to reveal a highly provocative element, while at other times I was more holding and supportive. I could also incorporate various tools, such as externalisation (White & Epston, 1990), reframing (Watzlawick et al., 1974), paradoxical intention (Selvini-Palazzoli et al., 1978), and other fitting conversational processes. Such flexibility required that I pay attention to each spouse's idiosyncracies, such as his or her style of languaging, dominant discourses, conceptual framework, and so on. The flexibility in my approach towards the partners allowed for me to shift myself in accordance with what emerged in a particular session and cultivated a trusting and open relationship whereby each spouse felt heard and validated. The perception of flexibility in my stance is congruent with Pascoe's (1999) and Shub's (1999) descriptions of the need to be creative in couple therapy. Pascoe (1999) asserts that creativity is essential in couple therapy as the endeavour calls on particular innovative skills from the therapist. The therapist's use of self allows one to gain a sense of the couple by allowing him- or herself to be finely attuned with the couple's experiences. This implies being able to tap into the complexities and depth of resources that comprise the therapist's personality (Shub, 1999).

Respect

The theme of respect emerged out of my recognition of the ‘truth’ as partial and prejudiced which is congruent with an ecosystemic epistemology (Hoffman, 1990; Von Foester, 1981). Maintaining a respectful attitude that the couples perceived as genuine, was an essential element in co-creating and maintaining relationships with each spouse. Many couple therapists explain that spouses tend to place a strong demand on the therapist to educe a coalition against the other partner and further attempt to manipulate the therapist to ‘judge’ the other spouse (Fishbane, 1998, Pascoe, 1999). I was often faced with situations where each spouse attempted to coerce me into ‘judging’ his or her partner’s behaviour. By adhering to a non-expert stance and understanding the plausibility of multiple realities, I did not feel compelled to respond to, or to know, the answers to many of the questions which the spouses expected me to answer. Although these instances were often experienced as pressurising, respect was maintained by remaining *impartial* in relation to the disputes that the spouses were experiencing. Neutrality is a therapeutic stance that is emphasised by various schools of thought. Neutrality implies that a therapist avoids being more committed to change than the couple; avoids siding with one spouse and being triangulated into the couple’s conflicts; avoids being judgemental; and understands that clients are trying to cope with their circumstances (Israelstam, 1989; Selvini-Palazzoli, 1980). By remaining impartial towards each spouse, I was able to avoid a possible coalition with one spouse thereby isolating his or her partner. Any prejudices that may have been expressed were not imposed on the spouses, but rather used as part of the ongoing co-creation of new meanings and narratives.

Respect was also conveyed in my willingness to explore the validity of the spouses’ values and ways of making sense. This created the opportunity for *my* conceptual framework to be further explored and revised. Mutual respect between myself and each spouse was enhanced by validating the plausibility of each partner’s thoughts and feelings. This is congruent with the opinion that the validation and legitimisation of each spouse’s reality benefits the therapeutic process by allowing additional feelings to emerge as a feeling of safety is created through the recognition they experience in this context (Greenberg et al., 1993). Furthermore, the spouses may experience a sense of empathy and understanding which may have been lacking in the relationship, which enhances the therapeutic relationship (Broderick, 1983; Fishbane, 1998) and is regarded as imperative by couples (Greenberg et al., 1988). Fishbane (1998) also comments that validation serves to influence the respect that the partners exhibit

towards each other as they are able to witness the therapist as a model who teaches them this respectful transfer in behaviour. At times this respectful stance stifled me from staging alternative roles or styles. For example, I was hesitant to act in a provocative manner towards Nick or Penny as I felt that the therapist-client relationship would have been damaged.

By remaining respectful towards the spouses' relationship-realities and refraining from imposing my 'truth' onto them, they were able to define their relationship on their own terms and attribute their own meaning to the changes that they were claiming to experience. This is congruent with Fishbane's (1998) assertion that a deep respectful care for both partners allows for a true collaboration. This led to several unique outcomes which were often unexpected. I was often pleasantly surprised at how the spouses were able to seek solutions which were comfortable to them. With both couples the unexpected had emerged which revised my understanding of transformation and in whose eyes it exists. The surprise lay in how the couples articulated their changes which further altered my understanding of their reality.

Challenges

The theme of challenge was predominant throughout the therapy. This theme encompasses a variety of feelings that account for various levels of discomfort experienced during the therapy that emerged from my personal struggles. This theme seemingly contradicts the theme of relief and thus accounts for its complementarity. Various theorists write of the difficulties inherent in couple therapy which are particularly demanding on the therapist (Loos, 1991). Broderick (1983) acknowledges that therapists are faced with precarious situations when spouses present their arguments; for example one spouse is less verbal (generally one-down position), spouses verbally attack each other while portraying themselves as the victim, and so on.

Working with couples proved to be highly provocative as I was often faced with various challenges which pertained to both my *therapeutic skills* as well as to my *personal framework*. At times I struggled to 'join' with both spouses. This dis-ease stemmed from the fact that the content of the therapies provoked certain moral issues, such as discourses of marriage, gender roles, and extramarital affairs. This is congruent with one of the many challenges that Loos (1991) points out in couple therapy. Furthermore, certain spouses

disqualified my role as a therapist which forced me to find alternative ways of forming a relationship with them. This influenced my perception of the partners and I had to remain particularly aware of how my behaviour shifted in this regard so as not to impose my personal values on the couples. The process of self-questioning was strenuous but resulted in much personal growth through the expansion of my discourses and biases. The multiple challenges faced by therapists in couple therapy are recognised by various theorists (Clulow, 1985; Fishbane, 1998; Waller & Spiegler, 1997). Many of my personal challenges are recognised by Broderick (1983) who suggests that some challenges involve helping spouse(s) to overcome 'fears' of therapy (if relevant), and/or their individual attempts to either disqualify the therapist, and/or attempts to form a coalition with the therapist against the partner.

A further challenge was experienced when working as a *co-therapist* alongside Shaun. Although Shaun and I shared similar epistemological lenses, it was still challenging to get used to working collaboratively and coherently with him during the sessions. Despite this difficulty, much benefit was experienced through working with a co-therapist. Firstly, more ideas emerged in this process which were debated between Shaun and myself both inside and outside the therapy sessions. This created a perceived thoroughness and allowed for alternative interventions to be utilised, such as two therapists 'gossiping in the presence' of the couple (Penn, 1982). Secondly, the opportunity to assist each other in the verbal deconstruction of our personal stories resulted in a heightened awareness of any of our biases or motives in the therapy. Thirdly, a wider variety of therapeutic roles were played with as difference was introduced through complementarity in the positions taken up by either Shaun or myself. Fourthly, the couple experienced a heightened awareness of gender sensitivity which was unknown at the time. Fifthly, an added perception of 'expertise' placed more importance on any reframes or recommendations that were made by us and which assisted the therapeutic process.

The feeling of *uncertainty* was dominant on various levels and thus represented a further challenge. Downing (2000) suggests therapists should move between the dichotomous poles of conviction and uncertainty in order to moderate their preferred ways of knowing. My epistemological stance leads me towards engaging in a therapeutic experience which moves away from a fixed position of certainty; an aspect that would otherwise amount from approaches which embrace an expert stance and/or specified technique. However, working within a non-goal directed and non-mechanistic therapeutic approach promoted the feeling of

uncertainty. This uncertainty often resulted in a feeling of helplessness. Furthermore, staying in the struggle of the uncertainty was challenging as the pull from the couples often revealed their need for certainty. Validating each spouse's needs and opinions as well as reframing the meaning of certain events often assisted in creating this certainty without restricting the couples' alternatives. Further uncertainty lay in various therapeutic styles that I attempted, such as a provocative stance, which were particularly challenging. In this respect I was fearful of harming a particular spouse or the couple as a whole when acting provocatively. This wariness was in line with damaging the therapist-client relationship as well as introducing further problems into the relationship as a result of stern or callous comments. The only certainty that I did have was through my understanding that I could at best perturb a system and wait to see how it reacts. This is congruent with Hoffman's (1990) assertion that a system will either compensate for a perturbation by altering a structure or not shift at all. Thus unilateral control or predictability is no longer conceivable. The constant evolution of my role is interlinked with the flexibility in my approach, which is further congruent with Loos's opinion (1991) who states that the therapist's role in couple therapy is a negotiated part of the narrative and is constantly changing. Staying in the uncertainty provided the spouses with the opportunity to explore their own solutions and develop their own meanings which were fitting for them. These options were not enforced on them and often exceeded any expectations that I may have held by providing them with solutions. Hoffman (1990) explains that the meaning ascribed to a perturbation is autonomously generated and more useful narratives can arise through the meanings the couple attributes to the conversation.

The Couple's Experiences: Emerging Themes

Within the co-constructed stories of change, the process of the couples' transformations in the context of couple therapy were described. Inherent in these stories are various themes which illuminate the journey of change, the experience of couple therapy, and the interlinked process between the two. The stories exposed the idiosyncratic features of each couple's progression within, between, and after the therapy. The research process, understood as an extension of therapy, created a context whereby the couples were afforded the opportunity to solidify and mutually qualify a reality of change as directed by the topic of this particular study, thus enhancing the meanings which they had come to attribute to their arduous processes. This section will highlight the common themes that meandered throughout the

stories and which were common to both the couples. For the purpose of clarity some of these themes will emphasise the experience of therapy and others will focus more on the couples' relationships. However, this is an arbitrary distinction as the process is understood as intertwined and will be explained as such. Although the thematic punctuations are common to both couples, there are differences in the way that the themes arose. These themes are punctuated according to the researcher's frame of reference. These may not be the only themes that pertain to these stories and other readers may elicit other themes of equal relevance. Thus, this is simply one particular interpretation. The following themes were determined:

- Commitment Through Crises
- Emotional Resolve: An Ongoing Process
- Cycling Between Blame and Responsibility
- From Confusion to Clarity: Enhanced Empathy
- Within and Between Avoidance and Confrontation
- Honesty

Commitment Through Crises

Prior to entering therapy, both couples endured a severe crisis in the relationship. It was these crises which seemed to elicit the need for therapy as a viable context in which the couples could work through their problems. Both couples punctuated these crises as the primary catalyst for bringing about change. Inherent in this process was the accompanying perception of commitment to this change process as an essential ingredient for the resulting changes. The uniqueness of each couple's understanding of their particular crises was previously outlined in Chapter 5.

In the case of **Karen and John**, John had allegedly had an affair with an 18 year old girl. This revelation had spun a tangled web of deceit which the couple was attempting to deal with. However, the attempted solutions had created a stalemate or polarised position whereby neither spouse was prepared to budge from his or her particular point of departure. Within the stability of this perceived stalemate position, the relationship was changing; moving rapidly towards the prospect of divorce. Karen's initial attempts to deal with the alleged affair had proved unsuccessful and she was met with much resistance from John. However, she was

prepared to try anything in order to overcome the problems. John's stance was initially understood as ambiguous as he was sceptical of the probability of sorting out the problem, and of therapy itself. By uncovering the couple's unspoken grievances throughout the therapy it appeared that this crisis (the extramarital affair) was a catalyst for change. This perturbation seemed necessary to shift the couple out of an arena of comfort and into discomfort in order that they seriously address their relationship grievances. Prior to this perturbation, the couple had remained aware (more or less) of certain problems but had not addressed these issues in any significant manner. Karen understood her global commitment to have resulted from her desperation to save the marriage. John also emphasised an essential need for a primary commitment to the marriage before the therapy had a chance of having a successful impact. John's commitment to the marriage, and hence to the therapy, was heightened when he was able to recognise Karen's perseverance to rectify the problems. The crisis could be metaphorically described as a 'loudspeaker' as both spouses explained that the other did not take him or her seriously, or just ignored attempts to discuss the problems. The crisis was understood to elicit the commitment to attend to the relationship problems.

Nick and Penny experienced two initial crises with equal and opposing effects. The first crisis was the revelation of Penny's extramarital affair. The second crisis was that of Penny's failed suicide attempt, which can be understood as a counter-paradox. Although death was not a desired outcome, Penny's fear of a divorce had compelled her to attempt suicide. In this way, the suicide attempt can be understood as an attempted solution, which paradoxically subdued Nick's expression of hurt and outrage over the affair. Rather, Nick was in a position where he was required to reassure Penny that he would not divorce her which reciprocally suppressed his voice of anger thereby stunting his process of healing. Penny's voice of hurt and disappointment from the past was also subjugated due to the overwhelming guilt she experienced. Under the disguise of commitment, neither spouse had the space to express his or her needs and disgruntlements due to this paradoxical situation. The two crises challenged the relationship where each spouse felt remorseful, and they responded by *committing* themselves to making up for their mistakes and transgressions. Prior to the therapy, the couple continued in their known 'dance' of forgiveness by avoiding the discussion of the underlying problems. However, therapy was recognised as a useful forum whereby their process of healing could be facilitated. Nick's opinion differed, but his '*dedication*' to the marriage was understood to overcome any scepticism that he may have had about therapy, and fuelled the motivation to participate in the therapy process. Under the banner of crisis

management, the spouses were prepared to participate in therapy and address the problems in the relationship. Ironically, it was the crises that reconnected them, rather than pushed them further apart.

Although each couple had different contextual backgrounds and idiosyncratic circumstances leading up to an initial crisis, the primary perturbations were perceived as a significant catalyst for shifting the stability maintaining behaviours. The couples' 'dances' were interrupted in this process and the couples were guided into a space of discomfort and difference. The positions of the respective spouses were coherent with Evans's (1992) statements regarding the polarised positions (physically, behaviourally, and emotionally) that the spouses had assumed prior to the crisis. The crises can be understood as perturbations which shifted the system by introducing difference. Commitment formed a significant element without which the couples would have continued with 'more of the same' behaviour, which was both changing and maintaining the relationship in an unsatisfactory manner. Attending therapy was understood as a testament of this commitment. This supports the research conducted by Bischoff and McBride (1996) where clients stated that simply attending therapy was helpful and seen as a commitment to the partner and the relationship. In this study, the awareness of their commitment seems to have been empowering for the spouses as they felt in control of how they were going to behave in the relationship. The couples' statements were congruent with findings from the Bischoff and McBride (1996) study that the context of therapy was a defining situation of commitment and helped the couples maintain the changes they were attempting to make in their lives. Moreover, the voluntary decision to come for therapy was regarded as a commitment to the partner and the relationship (Bischoff & McBride, 1996). Mismatched commitments between spouses is regarded by Broderick (1983) as one of the most difficult aspects to deal with in couple therapy. The difficulty seems to be that the spouse who is most disengaged seems to control the terms of the relationship (Broderick, 1983). This was evident in the initial stages with Karen and John.

Emotional Resolve: An Ongoing Process

Both couples emphasised the emotional distress that accompanied their journey of therapy. The emotional distress resulted from the nature of the problems between the couple, and from the therapeutic experience itself. Within the domain of this emotional turmoil were levels of uncertainty regarding the marriage, and feelings of ambiguity and/or conviction towards therapy, which were often overwhelming for the couples. As a complementary stance to the emotional turbulence, was an experience of relief which seemingly contradicted the difficulty of the process. However both spouses felt that the therapeutic journey allowed them to deal with the majority of the emotional mayhem. Broderick (1983) explains that relationships which have suffered through hurt, neglect, or betrayal can heal without outside help, but that the natural process of healing can be blocked during which time therapy is extremely helpful.

Karen and John emphasised the emotional turbulence that they underwent from the time the affair was exposed and all the way through their therapeutic experience. Initially, Karen's desperation and anguish prompted her to seek therapy. She had an emotional investment in the therapy and regarded the context and therapists as the 'saviour' of her marriage. John did not share this sentiment and experienced as much *scepticism* about therapy (embedded in his discourses regarding therapy and prejudices regarding age and gender) as he did about the prospect of the marriage remaining intact. John's aloof and condemning attitude towards their situation provoked much anger, and further hurt for Karen who at times left the therapy sessions distraught. At times, this left John even more uncertain of how to deal with their circumstances. The overwhelming nature of these feelings oscillated and left them questioning themselves, each other, and the marriage. The primary emotions which were being expressed were those of anger and resentment. Expressing these and alternative emotions in the therapeutic context was regarded as beneficial. Karen and John explained that revealing these emotions, and feeling contained and supported was extremely significant as it calmed the intensity of the anxiety that was dominant at the time. Karen continued to experience an emotional hangover after the termination of therapy. A strong sense of pain and hurt still lingered for her which points to the ongoing process of healing that continues to take place outside of the therapeutic domain. John's emotional experience was always masked with the all-knowing stance that he displayed. Although therapy was challenging, John felt that it was more of a relieving process than remaining in the dance of stuckness by

themselves. He no longer dwells in the emotional residue. Although John's attitude remained aloof, he was able to expose his emotional difficulties at the time of the therapy.

Nick and Penny both reacted emotionally to their circumstances. Penny's sensitivity and fear initially led to an emotionally spontaneous reaction to attempt suicide after Nick found out about her affair. The couple experienced an emotional struggle insofar as their vision was clouded by confusion, guilt, pent up hurt, and anger, and an overall 'inability' to express such feelings. Their masks of forgiveness had not allowed for the couple to voice their underlying emotional pain about past events and the current crisis which left them suffering in silence. The expression of guilt and remorse kept the couple in the story of self-blame which was severely punishing, but did not allow for other emotions to emerge. Sharing the pain, anger, and anguish was challenging for the couple and represented an emotional difficulty in itself. The fluctuating emotions led to the expression of many contradictory thoughts regarding the relationship; for example stating that there were no problems which was later contradicted with exposing problems of intimacy and conflict management. The discomfort that the couple experienced with their conflicting emotions was understood in the light of their overt statements of forgiveness. As such, the spouses never questioned their desire to remain in the marriage and work out their problems. Despite the spouses' struggles with sharing these feelings, each relayed the benefit of having persevered in this process. They explained that they were able to express aspects which they had previously silenced. This was relieving for both spouses. For Penny, the pain of the therapy process is a matter of history. Her feelings and emotions have settled and she no longer dwells on the past hurts. Nick's voices of pain and dis-ease still whisper to him and re-evoked the hurt and confusion related to the infidelity. However, he has found various ways of dealing constructively with these intrusive thoughts, such as letter writing or confronting Penny openly.

The emotional anarchy that plagued both couples evoked much uncertainty and instability. Each spouse experienced the therapeutic process as strenuous, but they recognised the benefit of confronting and expressing these emotions as part of their process of healing as the partner was able to recognise their hurt and vulnerability. The spouses were able to bring new voices into the relationships and hence brought news of difference concerning their feelings. EFMT is the school of thought that markedly focuses on accessing and exploring spouses' emotional experiences in order to create change (Johnson & Greenberg, 1986). The couples' descriptions are congruent with EFMT's theoretical assertion that the expression of

underlying emotions brings about change (Greenberg & Johnson, 1985). EFMT asserts that the emotional content elicited in therapy is often different; for example vulnerability and hurt is often exposed as opposed to anger and disappointment. In this manner, the spouse is perceived differently by him- or herself and by his or her partner, thus shifting the definition attached to the spouse and the relationship. The partner's behavioural responses then shift according to this new perception (Greenberg et al., 1988; Greenberg and Johnson, 1986). Thus accessing unexpressed or subjugated emotions seems to be helpful in creating a shift between the couples.

The overall process of therapy was emotionally taxing for both the couples. By the time the couples terminated, they felt stable enough to continue their journey of healing outside of the domain of therapy, but acknowledged that this did not signify that the hurt had been terminated. In both cases, the spouses who expressed a continued emotional struggle after termination were the spouses who had been 'wronged' by their partner through the infidelity. This illustrates that the journey of healing is continuous and no final emotional marker can be pre-determined for a spouse to attain as a specific goal. Thus, despite several approaches' attempts to define *when* change has occurred, this does not imply that the emotional turmoil should be resolved by then. Whether or not one addresses emotions as a starting point for change or not, credence must be given to the emotional component of couple therapy as a dynamic that deserves attention and which serves to influence the therapeutic process.

Cycling Between Blame and Responsibility

Fluctuating between blame and personal responsibility was a common theme encountered throughout the therapeutic journey as well as in the research encounter. This theme was determined through the way in which the spouses punctuated their own and/or their partner's roles in the co-creation of the problems and/or solutions being discussed.

Karen and John continuously shifted between acknowledging their individual roles as being part of the problem, and also blaming the other for the problem. The process of shifting between these two positions was *emotionally laden*. Karen was initially dealing with the shock and trauma of finding out about the affair, while John was defensively endorsing his actions. Karen required time to deal with the emotional trauma before she was able to 'hear'

and address the other relationship problems which had been introduced during the therapy sessions. John's behaviour was recursively linked to Karen's and reflected an equal and opposing blame as he justified his actions through his needs (embedded in his discourse related to his childhood) and disgruntlement with Karen's role as a wife (discourses related to gender roles and marital expectations). During the process of therapy, each spouse's *needs* and *expectations* were deconstructed. Stories of the *past and present* revealed much unspoken frustration and concern and contained many emotional outbursts. As part of the process of blame, each spouse attempted to coerce the therapists into siding with his or her version of the truth. Even during the research interview, the spouses still punctuated many issues which revealed a sense of blame and attempted to illuminate themselves as victims of the other's actions. As time went on and various aspects of the relationship had been deconstructed, Karen and John became calmer and were able to acknowledge the role they had each played in co-creating the problematic areas which were highlighted during the therapy. This shift seemed to become most prevalent when the third party was eradicated. This act seemed to symbolise a ritual of commitment and allowed for their defensiveness to subside. In its place emerged a willingness to accept each others' points of view as valid, and the recognition of each one's accountability for his or her actions.

Nick and Penny did not enter therapy with a venomous desire to blame each other. Rather, a dominant narrative of *self-blame* was obvious to the point that there was often a denial of the hurt (sub-plot) that each partner had caused the other and the suffering of, and in, the relationship. Furthermore, a lack of responsibility was achieved by both spouses justifying their behaviour through their definition of the primary problem being the alcohol, that is, they had externalised the problem away from themselves and blamed 'a bottle'. This situation resulted in the expression of much *confusion* between them which was punctuated around the occurrence of this particular affair. Forgiveness was part of this dominant narrative which constantly contradicted the surfacing of hurt and anger which emerged in the therapeutic context. Penny had accepted responsibility for the affair and out of the fear of losing her marriage was prepared to do anything for Nick. Nick lingered in the shock from the attempted suicide and feared provoking Penny through his anger. Both spouses were aware of their stories of hurt and disappointment, but did not share these feelings with each other. The process of healing in the context of therapy allowed for these voices of anger to emerge which was celebrated by the spouses as relieving. Although blame was part of this process, the stories of responsibility were reconstructed in a way which allowed for the hurt

and anger to be validated. This brought about difference in that both spouses were able to balance their voices of accountability for the resulting 'cliff' that had developed between them with voices of blame. The spouses gave voice to their hurt, thereby shifting their regular pattern of 'sweeping the dust under the carpet' under the guise of forgiveness (a reminder of their pattern of avoidance).

The shift towards responsibility was revealed in the spouses' manner of languaging in their reflections of the relationship problems and therapy. The difference lay in the spouses' abilities to account for their roles in co-creating the relationship problems. Theorists from varying schools of thought emphasise the importance of responsibility in determining a successful outcome for couple therapy. For example, Cognitive Therapy outlines various categories, such as attributions, which are prevalent in maintaining a blame stance and need to be challenged in order to shift that spouse's reality, and to recognise his or her role in the problem creation and/or solution (Baucom et al., 1989; Bradbury & Fincham, 1990; Dattilio, 2001). Another example stems from research conducted within the EFMT model. Findings point to the shift in blaming and hostile behaviour towards a spouse during the therapy process (Greenberg et al., 1993). Spouses who have participated in EFMT emphasised that by witnessing and acknowledging the effects of their own behaviour on their partners, in an experiential process, a deeper sensitivity for and understanding of that partner's reaction emerged. Taking responsibility for this removed the blame and shifted the spouse's behaviour, which is congruent with EFMT's underlying assumptions (Greenberg et al., 1988). A further example stems from FOO theorists who emphasise that by facilitating self-other awareness between spouses in a complex process, they are able to take ownership of certain belief systems, which stem from the interaction in the FOO, and understand the circular nature of their interaction. In this way, the spouses may stop attempting to change each other and rather focus on themselves (Israelstam, 1989). Systemic and Linguistic approaches emphasise that reality is partial and that a description of a sequence of events is only one particular punctuation of events. Double description allows for the re-evaluation of these points of punctuation in order that the meaning attributed to these events may shift and thus include the element of responsibility in a collaborative process to shift the patterns of interaction and/or expand on the relationship narrative (Keeney, 1983). Overall, the shift from blame to include responsibility is regarded as significant for solving conflict and accepting the other (Fishbane, 1998). Feeling heard and validated in the therapy seemed to facilitate the shift from the sole position of blame and decrease the polarisation between the

spouses. The recursive effect was that of openness and acceptance of the partner's reality which appears to be congruent with the literature. However, a final blame or responsibility stance is never achieved, which exposes the fluidity of reality.

Self-blame was prominent in Nick and Penny's process. Fishbane (1998) concurs that although personal responsibility is an essential aspect of the healing process between couples, spouses may often be overly self-critical and self-blaming. Fishbane (1998) asserts that continuous guilt feelings may fuel anger and blame and therefore block empathy. The therapist is regarded as crucial in encouraging the spouse to have compassion for self and encourages the spouse to witness his or her own guilt to determine whether it is appropriate. In this sense, a spouse must explore these guilt feelings and learn to make amends in order to move beyond the bind of blame and self-blame (Fishbane, 1998).

Within and Between Avoidance and Confrontation

The shift from avoidance to confrontation emerged as a theme in the couples' stories. The understanding of confrontation in this sense does not necessarily refer to fighting or arguing, but rather as the complementarity of avoiding dealing with relationship issues. In their descriptions of their relationships prior to therapy, both couples revealed a strong tendency to avoid discussing the problematic issues which were prevalent in the relationship at the time, thereby maintaining the problem or sense of stuckness. The avoidance had also infiltrated into their physical relationships. The patterns that existed prior to therapy support various theorists' descriptions of interaction in distressed couples, that is, one of reciprocal aversiveness leading to hostility or withdrawal which in turn hampers communication and negotiation skills (Johnson & Greenberg, 1995; Snyder & Wills, 1989). The spouses' patterns which were deconstructed during the therapy were also congruent with assertions made by FOO theorists who state that many learnt styles of behaviour and rules in patterns of interaction stem from the spouse's FOO (Larson et al., 2001). The avoidance pattern and accompanying marital distress confirms Waller and Spiegler's (1997) assertion that a couple's inability to deal effectively with differences is not only a source of friction, but also interferes with mutually satisfying intimacy.

Karen and John explained that their relationship had suffered various changes which they had not communicated to each other. The spouses had understood these changes differently. Other family members had shifted Karen's thoughts away from defining John's behaviour as problematic and towards defining his behaviour as being congruent with his personality style. Therefore, Karen did not feel apprehensive about John's 'distance'. Within the bounds of this reality, Karen did *not confront* John with her thoughts and feelings regarding the changes that she had become aware of, such as his lack of interest and intolerance. John's story was different in the sense that he claimed to have been conscientious of various problems in the relationship which had been highly dissatisfactory to him. However, he had not attempted to address these problems as he felt that Karen would not pay attention to his complaints. He felt that verbalising these issues would fall on 'deaf ears' which would have left him more frustrated. Instead he kept these thoughts to himself and recognised that he had withdrawn from the relationship. Each spouse was therefore aware of problems or differences (as defined by Karen) but avoided dealing with them in order to rectify what each had experienced as dissatisfactory.

For both spouses, therapy was a context where they experienced the 'space' to articulate their thoughts and feelings. They felt that the 'space' of therapy provided them with the 'safety' to feel contained and guided in what was a difficult process of sharing and confronting areas of disappointment and frustration. This was a highly *provocative* and emotional experience, particularly for Karen who was unaware of the extent of John's frustrations. Furthermore, she had not shared the same amount of dissatisfaction as John had which confronted her reality of the relationship. On a meta-level, immersing themselves into a process of confrontation allowed for subjugated voices to gain recognition. It was felt that areas of concern were addressed in a manner which allowed for the evolution of negotiations and new contracts which were more acceptable to both partners. Outside of the therapeutic context, Karen and John continued to confront these issues and iron out the creases in the relationship which had led to such *disconnection*. By the end of the research process, it was understood that despite their contextual difficulties (such as familial death and financial crises), the spouses were continuing to confront each other in a productive way, rather than only avoiding issues. This was a more satisfactory ecology for them and despite the hardships that they continued to face they remained *connected*.

Penny and Nick's interaction pattern also shifted from avoidance to including confrontation in their interaction. According to her descriptions, Penny had been aware of various problems that had amounted as a result of Nick's alcohol abuse and placed a 'cliff' between them. Penny had experienced much difficulty confronting Nick due to her fear of his temper and hence she avoided circumstances where his temper could erupt. Her understanding of herself had connected her tendency to avoid such circumstance to discourses surrounding her experiences in her family of origin with an alcoholic and physically abusive father. Nick explained that he had also been aware of his drinking problem but had not acknowledged the effects that this had on the relationship. His interest in alcohol surpassed his desire to address the problems in the relationship and after giving up his drinking habits, he continued to assume that any problems that had been present would disappear along with the alcohol problem. Thus, the avoidance and/or denial of any existing problems left the spouses feeling detached and separated from one another. Nick and Penny attributed many of their problems to the alcohol abuse which became the justifying excuse for engaging in many hurtful behaviours in the relationship. The spouses were bound in a domain which tended to negate problems and/or feared, and avoided, the confrontation of problems. Initially, Nick and Penny's process in the therapy sessions predominantly symbolised and mirrored this pattern. However, through working with their preferred understanding of the relationship a space was created whereby their suppressed narratives of frustration and past hurts were expressed in a contained context. The spouses clearly struggled in this process of learning to confront self and other. However, the couple managed to create an alternative ecology wherein they could address the problems they were experiencing as part of their healing process. This process of confrontation took place both inside and outside of the context of therapy until the spouses were familiar and able to incorporate these voices into a dominant narrative which embraced confrontation as part of their relationship.

Learning to confront problematic areas in the relationships was attributed as meaningful by both couples. Whether or not 'confrontation' involved an argument or simply the space to bring up a topic of contention, the shift confirms findings by Gottman and Krokoff (1989) which suggest that couples who are willing to engage in conflict (provided that the couple returns to the topic of resolution) experience an increase in marital satisfaction, rather than couples who avoid conflict. For both couples, a unique outcome of this shift was the improvement of communication and negotiation skills which were punctuated as significant changes in the relationships. Both couples appeared to have found a balance between

avoiding conflict, by thinking about their respective positions regarding the problem, and confronting the problem if necessary in a less destructive manner. This improvement was largely attributed to improved communication skills. Communication skills are targeted by BMT, but also comprises a central concern in the literature on couple therapy across therapeutic paradigms (Broderick, 1985; Waller & Spiegler, 1997). The Filial Therapy course was deemed significant by Karen and John in this regard, which supports the BMT assertion that positive behaviour modification and negotiation skills are crucial to the maintenance of the relationship (Johnson, 1986). The procedure of this course is highly congruent with the technical nature of BMT therapy, that is, **teaching** communication and problem-solving skills, which is deemed necessary for marital satisfaction and relationship enhancement (Jacobson & Addis, 1993; Snyder & Wills, 1989). However, Nick and Penny did not receive technical training or technique-driven therapy, and also attributed much meaning to their definition of enhanced problem solving skills. Also, their patterns of avoidance were steeped in their stories of their respective families of origin which influenced their current relationship. This is congruent with theoretical underpinnings of the Intergenerational Approach; for example that socialisation patterns in the FOO influence future relationships, such as the family's emotional climate, family roles, communication patterns, and so on (Anderson & Sabatelli, 1992; Larson et al., 2001; Morrisette, 2000). By deconstructing these aspects of their stories, the spouses were able to shift themselves in relation to their partner. The meaning that they had ascribed to these patterns also shifted with a heightened empathy which recursively influenced the flow of reactions from both spouses. Thus, the relationship shifted and allowed for new interaction patterns to emerge along with the enhanced understanding of self and other.

The level of contact, interaction, and sexual intimacy that the spouses initiated with their respective partners also increased. The spouses seemed to engage in more voluntary forms of interaction which were deemed significant. The voluntary nature of these behaviours, such as helping with household chores or assisting with work matters, were extremely meaningful and enhanced the sense of warmth and connection between the spouses. This is congruent with EFMT assertions that an increase in emotional expressiveness and self-disclosure shifts the spouses' perception of each other and leads to more affiliative behaviour towards each other (Greenberg et al., 1993). However, Jacobson and Addis (1993) warn that one should be cautioned against making linear assumptions; for example communication skills and/or the expression of underlying emotions leads to relationship satisfaction.

From Confusion to Clarity: Enhanced Empathy

Both couples emphasised the intensity of the confusion they experienced regarding the initial crises and/or subsequent relationship problems which were discussed during the therapy. The confusion was entrenched in the alternative meanings that the spouses had attributed to certain aspects in the relationships. The confusion illustrated the extent to which the spouses were disconnected and unable to communicate their particular viewpoints to each other in a constructive manner. The emotional distress which the spouses were experiencing brought about a need to condemn and blame which left them further detached and polarised. During therapy the spouses were able to share their perspectives which impacted strongly on the sense of empathy they experienced for their partners.

At the start of therapy **John and Karen** were polarised in their positions towards each other. The polarised positions stemmed from the alternative relationship realities which had resulted from their silenced voices prior to the relationship crisis. The primary confusion resulted from the alleged affair which was most distressing to Karen as she had defined John as the type of man who would never have an affair. John's refusal to admit to, or clarify, the nature of his relationship with the third party fuelled the confusion. Further confusion penetrated the relationship when alternative discourses regarding marriage, gender roles, parenting styles, and particular idiosyncratic needs, were revealed during the therapy. John was confused about Karen's reaction to the affair as well as by choices that he was needing to make. Further misunderstanding emerged from John's initial determination to remain in relationship with the third party who had come to symbolise choices, freedom, and a way for him to satisfy his needs in the light of his self definition (related to stories and discourses of his childhood). Overall, the web of confusion left the spouses disconnected and consistently arguing, which inflamed the situation. Blaming each other was congruent with the inflexible stances and the spouses were unwilling to 'hear' each other's perspectives. The system was further perturbed by suggesting divorce which resulted in the spouses re-questioning their own perspectives. The spouses became more open to developing a consensual understanding of the affair and other problematic areas in the relationship.

Nick and Penny also began therapy in the domain of confusion. This confusion lingered, despite each spouse's eagerness to assume responsibility for the problems. Both spouses were confused about why this affair had occurred if the 'primary problem' of the alcohol had been eradicated several months prior to therapy. The couple revealed further confusion regarding certain behavioural responses to each other during interaction. This was problematic as discomfort was continuously underlying their interaction and kept them detached. The emotional discomfort was stifling and confusing to both the couple and myself as various contradictions became apparent during the therapy. These contradictions were embedded in their paradoxical dance of apparent anguish and denial of any relationship problems which left the relationship stuck. On a meta-level the disconnection created by such confusion, and silenced narratives of hurt and anger, was apparent. Originally, Nick's anger regarding the affair and Penny's resentment from feeling unvalued and neglected during Nick's years of alcohol abuse were unspoken and created room for misunderstanding and the misattribution of the meaning of particular behaviours and events in the relationship. The crises of the affair and subsequent suicide attempt created the opportunity for unspoken voices of hurt and disappointment to emerge in their relationship narrative.

By deconstructing the ecology of ideas prevalent in each couple-system, particular shifts became apparent as news of difference was co-created in the system. The spouses attributed their behavioural and attitudinal changes to an enhanced understanding of themselves and each other. This is congruent with the Linguistic Approach which claims that people interact in conversation such that a sense of understanding and shared meanings of each others' thoughts, feelings, and actions can be generated (Lax, 1992). The spouses ascribed the amplified clarity to the conversations which involved deconstructing the past, present, and the future. This was understood to be an extremely emotional process and each couple was encouraged to give voice to these aspects in the context of their own circumstances as an essential element to their own healing process. The overall effect seemed to influence the partners' attitudes and willingness to shift themselves in the deconstruction and reconstruction of a new relationship reality. The clarity and empathy served recursively to allow for each spouse to explain and clarify his or her difficulties and feel 'heard' in this process. The reciprocal nature of this process represented an enhanced respect, tolerance, and accommodation and hence shifted the responses and behaviours of the partners. Much meaning was attributed to the increased capacity of the spouses to understand their partners

and the resulting empathy and respect which emerged simultaneously. Empathy was understood to lead to changes and to represent a change in itself.

The need for understanding is emphasised by various approaches. For example, debates within EFMT exist as to whether understanding leads to change or if it is a by-product of other changes (Greenberg & Johnson, 1988), FOO approaches emphasise the need to unpack various belief systems or rules of interaction stemming from the FOO in order to achieve specific understandings of this influence on the particular spouse's behaviour (Morrissette, 2000; Wamboldt & Reiss, 1989). Linguistic approaches explain that during dialogical communication, spouses may develop co-evolved meanings that they co-construct together while deconstructing various discourses or other elements in the relationship which also shifts their understanding of themselves and each other and allows the couple to make sense of their experience. In this process, the spouses' languaging reflects this shared understanding and represents a difference from their previous disconnection (Anderson & Goolishian, 1988; Freedman & Combs, 1996). Systemic Approaches suggest that a change in the meaning attached to specific aspects represents a second-order change which is a higher order change than simple behavioural change (Watzlawick et al., 1974). It implies a change in perception/meaning. Thus achieving so-called clarity may imply that new information allowed for the meaning simultaneously to shift, which recursively shifts the system. Acceptance and understanding is recognised in the literature as a significant shift in couple therapy. Waller and Spiegler (1997) explains that two therapeutic strategies are widely used to cultivate this exact shift, that being, *personal narratives* whereby spouses are able to make sense of beliefs and practices of their spouse by listening to his or her narrative (stemming from the Linguistic Approach), and cognitive restructuring to replace distorted thought and beliefs with more functional cognitions (stemming from Cognitive Behavioural Therapy).

The emergence of this theme is congruent with various couples' statements which suggest that an improvement in an emotional and intellectual clarity of themselves and/or their partners is relieving and leads to differences in spousal behaviour (Goldman & Greenberg 1992, Greenberg et al., 1988). The shift between confusion, which encompasses blame and avoidance, towards clarity is congruent with Fishbane's (1998) explanation of distressed and non-distressed couples. She used Martin Buber's theory to describe the I-It and I-Thou relational positions between spouses and describes therapy that centres on fostering a sense of empathy. The former stance takes the form of an exploitive, blaming, and self-interest

position, whereas the latter stance incorporates mutual equality and respect for the 'wholeness' of the partner. Fishbane (1998) claimed that the movement from blame to empathy requires self-responsibility for one's actions and needs. Understanding and accepting each other's reality is fundamental to the development of an I-Thou stance. Empathy is developed through the spouses' witnessing of each other's work. Exploring vulnerabilities and history tends to evoke sympathy and care from the other and the therapist's validation in this process often stimulates the partner to become empathic (Fishbane, 1998). It seems that empathy is a fundamental shift that is elicited between spouses in a complex process and is congruent with the research participants' descriptions. Although the respective spouses cannot be defined in a fixed I-Thou relationship, they seemed to have incorporated this stance into the relationship.

Honesty

The theme of honesty emerged from the couples' descriptions and was regarded by them as having a significant influence on the outcome of therapy. The context of therapy was thought of as an opportunity to discuss openly and sort out problems which may have been unspoken or appeared unsolvable at the time. The construct of honesty is immeasurable for the researcher. However, the researcher accepts the description of change in honesty as measured by the spouses in their respective relationships.

Karen and John emphasised the difficulty of enduring the therapeutic process. However, they felt that without the element of honesty, the effort of being part of the therapy sessions would have been wasted. An integral part of being able to be honest with each other was in forming a trusting relationship with the therapists. Based on their perception of the therapists' expertise, neutrality, empathy, and other mannerisms, the spouses instinctively felt that they could trust the process and rely on the therapists to guide them in a particular direction. Once trust was established between the spouses and the therapists, the spouses felt 'safe' to reveal their feelings and hence share the inner world of their relationship. The confidential nature of this context was deemed significant in this regard as it ensured privacy. Revealing these previously undisclosed thoughts was considered to have allowed for each couple to understand his or her partner's viewpoint. Furthermore, the ecology of the relationship shifted from one of 'silent voices' to one of honesty and openness. Thus, the couple were

able to bring the honesty that they were sharing in the context of therapy to outside contexts which was thought to facilitate their process of deconstructing the problems and seeking solutions. Despite the difficulty inherent in this process of change and confrontation, the couple emphasised their sense of relief. Voicing frustrations and being open in a safe context alleviated much of their anxiety and created a sense of hope. A significant factor for the couple was that this openness was continued once the therapy was terminated.

Penny and Nick also emphasised the importance of honesty during the therapy and how this element filtered into an overtly stated policy for their relationship. They too placed emphasis on the therapist's ability to conduct the sessions professionally in order to create a sense of trust so that the couple felt safe enough to expose the problems in the relationship. Both spouses entered therapy with preconceptions and previous stories of therapy. Both Nick and Penny emphasised that their experience of the therapist was essential in allowing them to participate honestly and without hesitation. In this process their discourses relating to psychologists and the profession shifted from one of scepticism to one of enthusiasm and comfort. Nick and Penny struggled in confronting and sharing their thoughts and feelings which had been submerged for many years. However, their experience of sharing such thoughts in the therapeutic context was mutually understood as beneficial and led to the establishment of a rule. Including this policy into their relationship narrative, brought much relief to the spouses as they felt they were able to discuss problems openly. However, it appears that the maintenance of this policy was dependent on their understanding of improved negotiation skills and an enhanced understanding of each other.

It seems that honesty (albeit an immeasurable construct) represented a change in itself, and facilitated further changes between the spouses. However, some writers feel that honesty should not necessarily be the most sought after policy (Beavers, 1985). Beavers (1985) suggests that selecting, screening, and monitoring communication is a necessary part of any interaction. Blindly expressing 'true feelings' may create a context where free and open criticism become justified despite the damaging effect this may have on a partner. Beavers (1985) suggests that therapists closely monitor this process and comment on the damaging nature of being overly 'honest' so that boundaries are kept in place. Although the starting point for experimenting with honesty began in the therapeutic context, it seemed to filter into their relationships and stabilise outside of the context of therapy. Honesty is not a theme that is highlighted in the literature. Rather the ability to be open is discussed in terms of the

context of therapy and therapist's relationship skills. Enthusiasts of the Linguistic Approach acknowledge the "not-yet-said" element in conversation and regard this aspect as a resource for change (Anderson & Goolishian, 1988, p. 381). The spouses labelled the voicing of these unspoken elements as honesty which they valued and entrenched in their relationship through a 'policy'. Because problems are understood to exist in language, the couples' ability to explore the 'unspoken' created the opportunity to explore new conversation under the theme of honesty. Thus a positive meaning was attributed to their ability to voice their concerns and issues even outside of the context of therapy. This does not imply that the spouses were consistently voicing every problem, but rather they had become aware of the benefit of sharing these thoughts which left them able to decide when to voice such thoughts. Furthermore, it does not mean that they were voicing the 'truth'. However, the meaning they attached to their policy provided the spouses with continuous permission to voice these unspoken elements. However, for Penny and Nick, deconstructing the sequence of events in their conflict and communication, as well as their emotional frustration, and standards and expectations became an essential aspect to developing the felt space of openness.

Both couples explained the importance of the therapist for cultivating a safe context through a professional and impartial stance. This is congruent with various findings which suggest that the therapist's relationship skills, particularly empathy, validation, non-judgemental caring, and trust, are fundamental to the success of therapy (Bischoff & McBride, 1996; Fishbane, 1998; Lambert et al., 1978; McCollum & Beer, 1995). Broderick (1983) emphasises the added principle of *symmetricality* with couples. This principle implies that each spouse feels **equally** accepted and supported. This is supported by research on couples who suggested that mutual participation was deemed an important aspect of the therapy (Bischoff & McBride, 1996). Broderick (1983) adds that if one spouse feels disadvantaged (like John described) it may be beneficial to have private session in order to build rapport and create a sense of equality. The confidential nature of therapy was also deemed essential by the spouses for allowing them to feel able to divulge their relationship problems.

The Researcher's Perspective: A Meta-Theme

By taking an overview of the therapist's and the couples' perspectives, I (in the capacity of the researcher) am able to provide a meta-theme which comments on therapy as a domain of change. This theme emerges out of the combination of the therapist's and the couples' themes and focuses on the context of therapy as a domain in which the particular processes and changes were possible.

Therapy as a Domain of Change

An overview of the research themes as well as the stories in Chapter 5 would appear to suggest that various changes took place in the couples' relationship in coherence with certain occurrences that took place during the therapy sessions. Furthermore, certain literature suggests that change results from addressing particular issues, such as emotions in EFMT, or communication skills in BMT. This would be tantamount to a Newtonian description of change and could possibly lead to recipe-driven therapy as is common in the literature. Furthermore, this description would be a linear explanation of change and suggest that all couples who enter therapy and who undergo particular transitions, such as those described in the above-mentioned themes, will be ensured of a successful outcome. However, an ecosystemic and narrative perspective draws attention towards 'context' and 'meaning' as paramount to any description. The domain of therapy has established an important place in society as a discourse in its own right. Therapy has become understood as a context where the possibilities of change and/or stability and/or healing may emerge. As such, the defined space of therapy has various meanings attached to it and can act as a catalyst of change regardless of the therapeutic approach. This approach is congruent with postmodern theory where the therapeutic system is understood as a linguistic system where communicative action has relevance specific to itself (Anderson & Goolishian, 1988; Epston & White, 1990; Fourie, 1996). Fourie (1996) asserts that in particular contexts certain meanings are carried by the venue, the definition of the situation, the participants, and their idiosyncratic attributions of meanings, needs and ideas. Anderson (1997) shares this view by stating that the discourse of therapy exists within broader cultural, social, political, and economic contexts which places certain expectations on the context of therapy; for example that a therapist is an expert who can solve problems.

From my viewpoint, in the capacity of the **therapist**, the defined context of therapy placed various expectations on the roles of the various participants, and on the prospect of change occurring in that context. Fruggeri (1992) suggest psychotherapy is a socially defined context for problem solving, evolution, and change. Moreover, therapists cannot avoid acting as the change agent (Fruggeri, 1992). The efforts of the Linguistic and Systemic approaches (discussed in Chapter 3) are most congruent with the epistemological lens of the therapist. In this respect, the focus was not on achieving a predetermined outcome, but rather on engaging in a process of conversation that allowed for difference to emerge by opening up new avenues within the couples' spoken narratives. This is congruent with theoretical underpinnings of postmodern approaches which state that therapeutic conversation is the process through which participants co-develop new meanings, new realities, and new narratives (Goolishian & Anderson, 1992). With the conversation as a primary therapeutic tool, the therapist focused on various domains, these being the linguistic, the behavioural, the emotional, and the meta-domain. This was not a linear process, but rather involved the simultaneous deconstruction of the various aspects involved in these intertwined areas. For example, how did the couple define the problems?, what were the behavioural patterns between the spouses?, what were the various discourses underlying the spouses' understandings of their problems?, what were the various underlying emotions accompanying their behaviour?, and what were the common themes between these aspects (a meta-perspective)? No one area was deemed more significant than another, nor did the therapist assume that by addressing one specific area, such as accessing emotions, would the spouses develop a more satisfactory relationship. Conversation is recognised by postmodern theorists to be a fundamental therapeutic tool (Anderson & Goolishian, 1988; Gergen, 1994; White & Epston 1990). No technique employed was used as a guaranteed mechanism to bring about change. Rather the employment of any technique was understood as one possible way to perturb the existing ecology of ideas. In this light, language is contextually relevant and a therapist's actions have no meaning outside of the defined context of therapy, nor do they have meaning other than what meanings the clients ascribe (Fourie, 1996; Goolishian & Anderson, 1992). The conversation involved deconstructing and reframing the couples' narratives in each domain so that their problems were unpacked and understood in the broader cultural and societal ecology in which they function. The deconstruction process that occurred in the therapy was consistent with Anderson and Goolishian's (1989, in Gottlieb & Gottlieb, 1996) definition of deconstruction, that is, to unload and disband the interpretative assumptions of the ecology of

meanings on which the system operates in order to reveal the underlying assumptions. In this process, the space is opened up for alternative meanings to emerge. The spouses' particular needs required that the therapist adjust her style and mode of working, rather than adhere to one prescribed technique or stage theory. This is congruent with the recognition that the therapeutic relationship forms the fundamental aspect of therapy (Loos, 1991). In this process, the couples were able to reconstruct a relationship narrative which included unique outcomes that they defined as satisfactory for them and thus represented the changes that they required to establish an alternative relationship narrative. Not only did the couples describe changes, but the therapist was also able to recognise her own changes while engaging in this process. Her epistemological lens assisted her in determining her influence on the process, which allowed her to shift herself in relationship to the respective couples, and to recognise her own changes in this process.

Each **spouse** entered therapy having attributed alternative meanings to the context of therapy. Broderick (1983) argues that although it is advisable to have both partners in therapy, there are a variety of reasons that people are reluctant to participate in couple therapy. For example, some do not believe in therapy, others believe they should be able to take care of their own problems (such as Nick) whereby therapy is a sign of failure, others have a distrust of the profession, and others may fear being humiliated by their partner in front of a therapist. However, Broderick (1983) agrees that establishing rapport with both spouses can eliminate these preconceptions that particular spouses may have. Nick's and John's scepticism was entrenched in cultural discourses and personal narratives regarding therapy. Penny's and Karen's desperation and fear placed a high expectation on therapy to be able to solve the relationship problems and save their marriages. However, what the spouses experienced during the sessions ultimately determined their understanding of the usefulness of the context for them and is congruent with Broderick's (1983) aforementioned statement. For both couples, the context of therapy was experienced as a domain wherein the spouses could discuss their problems and express the emotional intensity regarding these issues. The discourse of therapy, and particularly the role of the therapist, was inherent in many of the descriptions that the spouses defined as imperative. For example, both couples emphasised that therapy was a viable domain to address their problems as a therapist has a particular *expertise* and ability to remain *impartial*, and therapy is bound by a confidential contract. Furthermore, the couples seemed to be particularly aware of various *actions* which were deemed essential for them to experience in this context. Such factors included the instinctive

sense of *trust*, *empathy*, and support in the situation. Both couples insisted that the therapist's perceived investment in the therapy was meaningful for them as well as feeling that the therapist was also benefiting from the therapy, that is, that is was not just one sided. This is congruent with Bischoff and McBride's (1996) findings where couples expressed their need to feel that the therapist was fully invested in the therapy. Furthermore, it was felt that the ideal therapeutic relationship was one where there was a reciprocal process where both therapist and couple benefited from the process (Bischoff & McBride, 1996).

The **spouses** consistently made reference to the context of therapy as a forum whereby they could openly discuss their thoughts and feelings, and experienced the attendance of therapy as relieving. This is consistent with the findings of the Bischoff and McBride (1996) study where couples explained that simply attending therapy was helpful as it provided a unique circumstance where couples could discuss their problems with without engaging in the same destructive cycle, and simply knowing that this context was available appeared to alleviate the stress. The conversational domain focused largely on deconstructing each spouse's understandings and expectations of his or her partner within the past, present, and/or the future, and allowed for the articulation of previously unspoken thoughts and feelings. This is consistent with an ecological approach whereby a holistic picture of the couples' problems was intricately attained. Within this process, the spouses valued the *equal* opportunity to discuss what they determined as relevant for them without engaging in, or enduring, the usual responses that they frequently encountered outside of this context. By deconstructing the ecology of ideas prevalent in each couple-system, each couple emphasised various unique outcomes within the course of their therapeutic journeys. For example, both couples emphasised some of the following changes: an improvement in their communication skills and conflict management; enhanced sexual relationships, changes in their definitions of themselves and their partners, alternative understandings of their partner's and their own behaviours in particular interactions, mutual support, improved empathy, noticeable behavioural changes, attitudinal differences, improved self-esteem, and acceptance, which were all highly significant to the respective partners. The effect was recursive and cannot be linearly punctuated, that is, feelings, perceptions, and behaviours were equally addressed, but change in one cannot be said to have caused changes in the other areas. This was a relieving process and the meanings that the spouses had previously attached to their partner's behaviour and other aspects was revised in this process which allowed for the re-construction, and re-negotiation, of relationship avenues which were previously unachieved. When reflecting back

on their overall experiences, the couples had attributed further meaning to the therapeutic context by expressing their thoughts that they would not have been able to achieve such vast improvements had they not attended the therapy. Furthermore, Nick's and John's attitudes towards therapy as a discourse shifted due to their experience in the context. Both couples felt that the context had been extremely useful and would seek therapy in the future should problems occur later on.

It has not been the researcher's intention to prove or disprove any particular therapeutic approach to couple therapy. Rather, multiple understandings arise from multiple interpretations where one is not superior to the other. It is crucial for a therapist to recognise the flaws in his or her adherence to one therapeutic model, that is, any approach intrinsically excludes important issues of consideration. The researcher concurs with Broderick (1983) who states that squeezing couples into the same therapeutic mould of treatment effectively negates their idiosyncratic needs and/or circumstances. This does not imply that some couples may not benefit from such inflexible approaches, such as BMT. However, one should not rule out the possibility that the couple's relationship may improve simply because they are focusing on the marriage and change may thus have no bearing on the actual model applied in therapy.

Overall, the defined context of therapy, seems to have created the space where relationship changes became possible. The shift in meaning seems to underlie the changes that took place in the various domains. The changes were reflected in the spouses' manner of languaging about themselves, each other, and their understanding of the relationships. The research context provided the opportunity for a collaborative discussion about relationship changes, thus acting as an extension of therapy by co-constructing an enhanced reality regarding differences in their relationships to which they attributed positive and encouraging meanings.

Conclusion

The themes that were identified as common to myself (as the therapist) and the couples, emerged from the stories which were detailed in Chapter 5. The themes that were illuminated by myself (as the researcher) are contextually grounded and relationship bound and are therefore relevant to this study. Furthermore, the themes were shaped by the researcher's epistemological lens and were punctuated in accordance with this understanding. Each theme was discussed separately for the purpose of clarification, but the interconnectedness is apparent. Themes that were identified as common to the therapist shed light on the experiential world of the therapist within the context of couple therapy. The therapist's themes revealed the pivotal role that a psychotherapist plays in couple therapy. The influence that I (as the therapist) had on the therapeutic process as an inhibitor and/or catalyst of change became evident from these descriptions. Of further significance are the personal changes that the therapist underwent simultaneously and alongside the spouses. From the reconstruction of the stories shared by both myself (in the capacity of the therapist) and the participants, the experience and perception of change is understood to be co-determined by a variety of context markers before, during, and after therapy. The themes that emerged as common to both couples reflected their experiential worlds with reference to changes that seemed most prevalent between the spouses. The changes that were described in these themes revealed changes in emotional, behavioural, and linguistic domains. Once again the spouses' descriptions revealed their perception of the role of the therapist and the context of therapy as central to their processes of change.

The co-created narratives of change which emerged in the research domain allowed for the research encounter simultaneously to act as an extension of therapy and a further opportunity to gain closure. During this time the researcher and participants exchanged meanings which collaboratively constructed a reality of change while reflecting on the differences in their relationships from before, during, and after their participation in therapy. Emphasis has been placed on the differences in each story in order to highlight the idiosyncratic features of each couple's experience. Despite the fact that common themes were elucidated, psychotherapists, researchers, or couples cannot make generalisations that suggest that all couples who participate in couple therapy should or would experience the same changes as were highlighted in this study. The therapist's experience of herself, the couples, and the

therapeutic process can also not be generalised as a fixed and objective reality. These narratives of change are by no means understood as fixed and unchangeable. Rather, the fluidity of the relationship realities must be acknowledged by the ever-evolving nature of relationships. Of certainty is the complex nature of couples' relationships, couple therapy, and the change process.

CHAPTER 7

CONCLUSIONS AND RECOMMENDATIONS

Introduction

In this concluding chapter, a general review of the study will be provided followed by an evaluation of the study in terms of its strengths and limitations. Recommendations for future research will also be considered.

General Review of the Research

The aim of this research was to provide a holistic and rich account of the unique and comparable experiences of change in the domain of couple therapy from both the researcher's (in the capacity of the therapist) and the couples' perspectives. The stories of therapy were explored in order to reveal the reciprocal and circular processes between the therapist's shifts and the couples' shifts. This research thus attempted to provide potentially valuable information that has often been missing in more traditional research. The researcher is of the opinion that these aims were adequately carried out and achieved.

The study was described in accordance with the researcher's postmodern epistemological approach, that is, ecosystemic epistemology (Hoffman, 1985, 1991). The ecosystemic epistemology was elucidated in the light of the evolution of cybernetic theory and a postmodern narrative approach (Freedman & Combs, 1996; Hoffman, 1990; Keeney, 1983). Thus some of the aspects that were emphasised included context, patterns, meanings, language, and discourse. It is through this lens that the therapies were conducted and the research was conceptualised. This implies that these conversational domains, that is, therapy and research, sought to explore both dominant and non-dominant stories, as well as the spoken and the unspoken. No claims to objectivity were made which allowed for multiple ideas and perspectives to be put forward as equally valid, and which made sense to the respective couples in their meaning systems (Anderson & Goolishian, 1988).

In accordance with ecosystemic epistemology the therapist's role was understood as a member of the system who had a profound influence on that which is observed. This is because systems are understood as closed (the observing system) (Hoffman, 1985) and autonomous (Maturana & Varela, 1980). From this viewpoint a therapist cannot provide objective descriptions of that which he or she observes. The concept of change is revised when this line of thinking is adopted as the therapist's attention is drawn to the profound influence that he or she has on the couple system and vice versa rather than regarding him- or herself as an outside observer (Golann, 1988). Change is regarded as relational where one individual's shifts are able to influence the other's shifts (Gottlieb & Gottlieb, 1996).

Numerous schools of thought address the domain of couple therapy. The literature reviewed in Chapter 3 highlighted five distinct approaches to couple therapy. Each approach describes a particular perspective through which the development of couples' problems can be understood. Furthermore, each approach describes particular methodologies employed in a therapeutic context in order to deal 'effectively' with couples in crisis. In this respect the goals of therapy are clearly spelt out, particularly with approaches that fit within a modernist paradigm, such as BMT, EFMT, and FOO. Change is pursued in accordance with the goals of the approach. These approaches can be criticised from an ecosystemic stance for providing a restricted understanding of treatment modalities in couple therapy and the emergence of change. The Systemic and Linguistic approaches propose a more holistic and contextualised conceptualisation of couples' problems, couple therapy, and change. Although, systemic approaches have been criticised for being modernistic (Becvar & Becvar, 1996), the focus shifts from linear descriptions to reciprocal causality and context, thus altering the way in which problems and therapy are considered. Linguistic approaches are postmodern in nature and the focus shifts strongly towards language, meaning, and discourse. These two approaches fit with an ecosystemic epistemology and thus more closely represent the way in which the researcher approaches couple therapy. What became predominantly evident from the various approaches is that one's theoretical framework impacts strongly on the therapist's role in the context of therapy (Golann, 1988; Goolishian & Anderson, 1992).

A description of the research design was provided in Chapter 4. The research paradigm was *naturalistic* and included a *qualitative* method of inquiry. This was considered to be congruent with the ecosystemic epistemology as well as the aims put forward in this study. Thus emphasis was placed on process and meaning in terms of how and why people come to

attribute meaning to experiences (Ambert et al., 1995). In this way, the study was inherently aimed at exploring the experience of couple therapy and change (Denzin & Lincoln, 2000). By adhering to the principles of naturalistic inquiry, constructs such as reality, truth, and objectivity were considered arbitrary and fluid, thus allowing for multiple ideas to emerge. This creative stance allowed for a co-created reality to emerge, which was fitting for the researcher and the couples (Denzin & Lincoln, 2000). The research design was used to plan and guide the research project while still allowing for emergent outcomes as the study unfolded (Lincoln & Guba, 1985). Each participant was respected as a knowledgeable authority in a collaborative encounter whereby the researcher had to be prepared to shift her own viewpoints (Christiansen, 1997). In accordance with the purposive sampling procedure and the case study method, two couples participated in the study. Data was collected by means of the researcher's process notes (in the capacity of the therapist) as well as a research interview, which was guided by means of a semi-structured interview (**see Appendix II**). The process notes and the transcriptions of the interview were then used to generate stories of couple therapy and change. This was followed by an exploration of the emerging themes regarding both the therapist's and the couples' stories.

The way in which the stories were related and the themes were explicated did not attempt to reflect an objective and fixed reality and were regarded as only one possible narrative based on the distinctions and punctuations made at the time. The process of 'unpacking' the narratives yielded much information about certain aspects of the therapy, including the therapist herself, that were conducive to facilitating a process of healing and change. The researcher's narrative (in the capacity of the therapist) further exposed a more theoretical and technical perspective of the therapeutic encounters. By deconstructing the spouses' narratives and the therapist's conceptual framework, the wider social contexts and historical environments were considered as relevant and influential on the construction and reconstruction of the couples' narratives of change. An ecosystemic account of these experiences in therapy does not claim to have found *the truth* about couple therapy and the changes which emerged in this process.

From these stories it became clear that the therapist and the couples described both pleasurable and unpleasant experiences in the process of change. The particular outcomes were described as beneficial despite the arduous process in reaching the uniquely defined space of comfort and satisfaction. These positions were not considered fixed or rigid as if to

suggest that any further changes in these areas would not evoke a crisis in the relationships. However, over and above behavioural and emotional changes, were changes in meanings, which is congruent with the concept of second-order change (Keeney, 1982; Watzlawick et al., 1974). This implies that a shift in the context occurs rather than solely adjustments in simple behaviour. The common themes that were articulated revealed the various levels of change including behaviours, emotions, and meanings. No linear description was intended in these descriptions. Rather the recursive nature of change between the respective spouses and between the couple and the therapist was emphasised. This allowed for a contextual portrayal to emerge. The themes were further compared with the existing body of theory and research thereby exposing similarities and differences. The themes that were specified for both the researcher (in the capacity of the therapist) and the couples were carefully explored and explicated in relation to the specific context of each couple's process in therapy.

Evaluation of the Research

An evaluation of the study is considered in terms of its strengths and limitations.

Strengths of the Research

This study was founded on an ecosystemic epistemology which represents a radical shift from traditional reductionistic conceptual frameworks. An ecosystemic description of couple therapy is useful as it represents a difference from most traditional therapy or research which generally regards the therapist or researcher as an outside observer. An ecosystemic description considers the therapist's participation in the therapeutic conversation as pivotal to the couples' experiences in and of therapy. In turn, this accounts for an alternative and holistic perspective of change. Unlike in many quantitative studies, attempts were not made in this study to create lawful connections between particular variables. The descriptions did not include cause-effect connections between techniques and therapeutic outcomes nor were predictions made between aspects such as avoidance/conflict and marital dissatisfaction and/or facing up/harmony and marital satisfaction. The research highlighted the crucial role of the therapist in the collaborative encounter, thereby stressing the therapist's interpersonal skills rather than being solely focused on technical tools. This emphasised the

complementarity between aesthetics and pragmatics in therapy (Keeney & Sprenkle, 1982). Bradbury and Karney (1993) warn that there are several issues that need to be addressed, such as, investigating methods used to assess change in marital satisfaction before the longitudinal association between particular variables can be well understood. However, this research is useful to both couples and therapists as it provides information regarding useful therapeutic stances and approaches in dealing with couples as well as punctuating particular outcomes that were deemed crucial in shifting a relationship out of the domain of crisis and into a domain where marital satisfaction was experienced.

Another strength can be found in the fact that the spouses had already attributed a positive meaning to the researcher and considered the outcome of the therapy to be successful. This influenced the establishment of collaborative relationships with the participants in the research interviews due to the fact that the researcher had already established trusting relationships with the couples during the therapy sessions. In this way, the spouses were less hesitant to share their thoughts and feelings regarding the therapy and/or each other and enhanced their willingness to participate openly in the research.

Employing a qualitative methodology is regarded as another strength of the study. The topic was investigated from the perspective of the participants involved which allows for the validity of the study to emerge from the participants themselves. Qualitative research is a fitting method to explore the experiences of the participants from their own viewpoints. Moon et al. (1990) claim that qualitative research is well suited to investigations which aim to explore processes, changes, and outcomes in therapy.

A significant strength is that qualitative research is congruent with an ecosystemic epistemology and therefore emphasises social context, multiple perspectives, complexity, recursion and holism (Moon et al., 1990). The themes that emerged in this study were rooted in the context of these particular couples' relationships. Thus the researcher's definitions of problems and change included the contexts in which these aspects occurred. Furthermore, these themes were not articulated in such a manner as if to suggest that they would remain the same and not change even if the relationships unfolded across time.

Another strength was the fact that multiple perspectives were attained in this study. Both the researcher's (in the capacity of the therapist) and the couples' perspectives were explored

which can assist in providing usable material for psychotherapists (Fourie, 1996). Of particular significance is the inclusion of the researcher's experience (in the capacity of the therapist) as it broadens the scope of the study and is congruent with the ecosystemic assertion of the observing system which accounts for the therapist's recursive influence on the couples as a member of the therapeutic system (Hoffman, 1985). Therefore, this study provided information which is not usually found in couple therapy research. Although only two couples were interviewed, the conversational domain of the research interview allowed for a co-created narrative of therapy and change to emerge between all the participants. Each person was acknowledged as an authority on his or her particular viewpoint, while being offered the opportunity to reflect on the experiences by other participants who had been part of the same therapy process, thus eliciting multiple perspectives.

Research ethics were addressed by ensuring the confidentiality of the participants' identities. The researcher's contact with the spouses during therapy had carved particular impressions of the spouses in terms of their individual and interpersonal ways of interacting and the transitions during the therapy. Reflexive thinking inhibited particular prejudices from entering into the research interview which could have closed off certain narratives from entering into the conversation. Therefore, reflexivity can also be considered as an ethical stance in the research domain and is therefore regarded as a strength. Another ethical issue, which was adequately addressed, is that the participants were further consulted after the research interview in order to provide them with a further opportunity to reflect on the conversation. The spouses could then verify or change certain statements that they had made during the interviews thereby allowing them to play an active role in the research process. Furthermore, the researcher could simultaneously query any misunderstandings that she noticed in the transcripts.

The case study method suggested by Lincoln and Guba (1985) is regarded as a strength in that it provides the reader with in-depth descriptions, and therefore with the opportunity to draw his or her own distinctions from the data which may or may not be similar to the researcher's points of punctuation.

The findings of this study are considered trustworthy in accordance with the ontological assumptions of qualitative research. Unlike quantitative research which seeks to satisfy criteria of validity and reliability, this study recognises that the legitimisation of its findings

exist through the judgement of the community of stakeholders; such as couples and couple therapists (Atkinson et al., 1991). When readers enter into dialogue with this research, some ideas will receive more support than others. In the absence of conviction, the opinions of the consumers of the research count in establishing its legitimisation and trustworthiness (Atkinson et al., 1991). In line with qualitative recommendations, the researcher disclosed her orientation, was open to contextual factors that shaped the inquiry, and remained in dialogue until redundancies appeared in the information (Lincoln & Guba, 1985). Furthermore, the researcher engaged in self-reflexive dialogue with the material which enhanced her understanding of the information. The researcher also entered into dialogue with colleagues in order to explore alternative aspects of the study which helped to open up the narratives and establish credibility (Lincoln & Guba, 1985). Using extracts from the transcribed interviews was another way in which the researcher attempted to legitimise her assertions in the reconstruction of the couples' stories.

Limitations of the Research

One of the limitations of this study is that the participants were interviewed by their therapist (in the capacity of the researcher). Although this aspect was also cited as a strength of the research, it is simultaneously viewed as a shortcoming as the hierarchical relationship was punctuated by the spouses which in turn may have influenced the information that the spouses were willing to provide about the therapy and about the researcher (as the therapist). Independent researchers may have created the opportunity for other information to emerge in the interviews which the spouses may have regarded as offensive to the researcher. However, this information would have been equally useful for the purposes of attaining a holistic perspective from the couples.

Another limitation of the study is the way in which the couples were introduced to the research domain. The research topic was introduced to the couples which may have shaped a dominant narrative of change. This implies that introducing the topic of couple therapy without describing the focus of the research could have brought difference to the information that the spouses shared with the researcher. Thus, meaning was attached to the topic and created a frame within which the couples described their experiences and possibly inhibited stories which revealed more stability or relapses in the relationships.

A further limitation was experienced as a result of the researcher having acted in the dual role of therapist and researcher. In this regard, the researcher was often confused about statements made from the therapist's (as a participant) and the researcher's reflections. Uncertainty was often experienced between thoughts that stemmed from the first hand experiences in the therapy sessions, and from thoughts that emerged from the research interviews. This dual role, that is of researcher and research subject brought about several confusing issues when in the process of writing out the stories and themes.

A *retrospective* account of the experience of couple therapy can be regarded as a limitation. This is due to the fact that many pertinent factors which the couple noticed at the time of the therapy could have been forgotten over the course of time. This information could have provided crucial information for the research which would have supplemented the narratives of change and/or provided news of difference regarding perceptions of stability or deterioration in the relationships. Information of this kind is deemed equally important and could have been obtained more accurately through recordings of the sessions or shortly after each therapy session.

The narrow scope of the research could be regarded as another limitation. Only two case presentations were offered in this study. These were couples who had previously participated in therapy with the researcher (in the capacity of the therapist). This is criticised from a quantitative stance as being a limited sample. Quantitative research emphasises large research samples in order to create the opportunity for the generalisation of research findings, as this would be in line with the ontological assumptions of realism and causality. Due to the choice of the research paradigm and design, and the use of only two case studies, this study cannot be replicated in order to test its validity or reliability. Furthermore, the data was not reduced into quantifiable statistics for the purpose of normative analysis and is therefore criticised from a quantitative stance.

Furthermore, objectivity and neutrality, as pursued by quantitative researchers, was not achieved in this study. The researcher did not control for extraneous variables in order to create a homogeneous sample. This could be a limitation in that other researchers cannot replicate the same research in the same manner.

Recommendations for Future Research

The recommendations for future research are suggested on the basis of the areas of concern as recognised in the literature as well as on the basis of the findings of this research.

There appears to be a shortage of qualitative research in the domain of couple therapy. Such interests in this domain include the development of couples' problems and dissatisfaction, couple therapy with reference to the process and outcome, and research regarding change and satisfaction. Qualitative research would produce in-depth descriptions of such topics of interest from which theorists, therapists, and other health professionals could profit from. Using alternative forms of qualitative designs, such as case studies, action research, participant observation, and so on, can yield different results and consistently supplement the growing body of knowledge.

The literature emphasises the shortage of research, both qualitative and quantitative, that includes both the therapist's and the couple's perspectives of therapy with an emphasis on the experience of change. Emphasis is generally placed on linear descriptions between certain research techniques and the subsequent outcomes. Research on couples' perspectives of the process of therapy and their changes should be researched more frequently rather than simply presuming (via research procedures) the effects and/or efficacy of particular aspects of therapy. Thus acquiring a holistic description of couple therapy from both the therapist's and the couple's perspective may be of benefit to the consumers of the research as it broadens the scope from which one is able to view the therapy process.

Including couples' perceptions of the therapy into research is recommended to see if couples' perceptions can be utilised to encourage more effective and meaningful therapy. Other research can also compare couples' perceptions of therapists who work from traditional approaches and those who work from postmodern approaches. The field of psychotherapy could also benefit from research which explores the couple's experience of therapy whereby two therapists of opposite genders work alongside each other to facilitate the process. The possible benefit of this process was strongly emphasised by Karen and John (see Chapter 5).

Experiencing problems in a relationship is a common and natural occurrence. Social change and societal pressures add to the complexity of relationship dynamics. Thus research

which explores couples' change processes in a therapeutic domain can enhance the field of couple therapy when attempting to deal as effectively as possible with couples in crisis. More research should be conducted on longitudinal follow-ups of couples who have attended therapy which were conducted from alternative schools of thought.

The field of couple therapy could benefit from research which focuses on divorce or relationship dissolution which is defined by the partners as a successful outcome of therapy. This may expand the ambiguous area of how to define fluidly the success or failure of couple therapy.

Research which is applicable to the South African context is lacking in the literature. Different cultural groups need to be explored with reference to the different and/or similar problems which they emphasise in their relationships, the experiences of couple therapy, and the changes which they punctuate as crucial to relationship satisfaction or dissatisfaction. Comparison studies of couples from different socio-economic and cultural backgrounds may also be useful in providing researchers and therapists with data that needs to be taken into consideration in a therapeutic context.

The Researcher's Reflections: Looking Back, Looking Ahead

Through the conversations that were held in the therapy sessions, in the research interviews, and with colleagues, a deep appreciation for the complexity of relationship dynamics and particularly for couple therapy was acquired by the researcher. Certainty was not achieved in terms of finding specific answers and solutions to couples' problems. Rather, the researcher became mindful that change and healing in relationships takes place in the domain of meaning which is specific to a couple's co-constructed reality. For the researcher this is her healing as she is able to recognise that changes and positive outcomes, albeit a difficult process, are possible and that the context of therapy is a suitable forum to facilitate such a process. However, whether or not a couple attends therapy, the termination of relationships is a possibility and a frequent occurrence. Ironically and painfully, the researcher has recently found herself in this circumstance again, that is, her current relationship was terminated a few days prior to concluding this study (a situation which mirrors her primary motivation for embarking on a topic of this nature). Attempting to rescue

a relationship in a therapy context does not guarantee that the relationship may be salvaged. Often it is equally possible for partners to decide during the therapy that the relationship should not be salvaged. This does not necessarily reflect the 'success' or 'failure' of a therapy encounter itself. However, regardless of the outcome, that is, salvaging or terminating the relationship, the context of therapy can give rise to **meanings** for the success or failure of the relationship. In turn, these meanings may enhance the shifts when healing takes place and/or alleviate the confusion and emptiness when termination occurs. The researcher reflects on these alternatives from her own space of confusion and pain in dealing with the recent dissolution of her own relationship. The researcher looks back to these couples and recognises a multitude of emotions which are evoked between two individuals who have struggled to keep their relationships intact. The experience forever evokes the researcher's fears and delight as she orbits within and between couple clients and personal relationships.

Conclusion

This study, on the experiences of change in the context of couple therapy, is believed to have enriched the researcher, the participants of the research, the consumers of the research, as well as the academic field of couple therapy. This research is applicable to anyone who has experienced problems in relationships and/or any health professional who has had to intervene with couples in order to effect change. The researcher has overtly described her conceptual framework and research methodology and revealed the congruence between these two domains. In this way the reader has become aware of certain constructs, such as context, discourse, reflexivity, recursion, multiple realities, and so on, which were emphasised throughout the study, thus creating a context within which the research could be explored and understood. Although the method of research was time consuming, it is believed to have been the most appropriate means through which to provide a rich account of both a therapist's and two couples' idiosyncratic experiences of change in couple therapy. The strengths and limitations of the study highlight many issues which could be elaborated on in future research. Suggestions for future research were thus made in the light of various concerns and promising fields of interest which could further benefit this ever-growing domain of research.

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APPENDIX I

I,, herewith agree to give my consent to participate in this research project. I agree that the clinical information generated during the process may be utilized for research purposes. Lastly, I agree that the interviews may be tape recorded and then transcribed for the purpose of maximising the usefulness of the information obtained from the interviews.

Please note that the information obtained will be treated with strict confidentiality. The researcher cannot guarantee that any direct benefit will be gained by participating in this research project.

Your participation in this Master's research project is greatly appreciated. The aim of the study is to inquire about your experience of change in the context of couple therapy.

Thank you for agreeing to participate.

NAME: _____
DATE: _____
SIGNATURE: _____

APPENDIX II

Reason for Therapy

How did each of you understand the problem(s) you were experiencing in your relationship before attending the therapy?

What was your perception of both your own and your partner's roles with regard to the emergence and/or maintenance of the problem(s)?

Prior to attending therapy, how had you attempted to resolve the problem(s)?

Why did you choose/decide to enter to therapy as apposed to other contexts to resolve the problems?

What were your expectations of therapy?

Experiences in Therapy

What were your perceptions of yourself and your partner during the course of therapy, both during and between sessions?

Did you perceive changes occurring within yourself and/or your partner during the course of the therapy?

In what way did this affect your relationship?

Were there crucial aspects that did not change in a way that you had expected them to?

How do you account for the changes and the non-changes which occurred in the relationship?

What about attending therapy was helpful and/or not helpful for you?

Was there anything specific, which occurred during the therapy sessions that you feel helped change to take place? Elaborate?

How did you know when you could terminate the therapy sessions?

Did you perceive an overall shift in your relationship from the start to the end of therapy?

What metaphor would you use to describe your experience of therapy?

What has your experience of each other been since therapy has ended, that is, have there been further changes and/or have problems reoccurred?

The Role of The Therapist

What were your initial expectations of the therapist?

How did you experience the therapist during the course of therapy?

Was the therapist an important aspect of the therapy? How? Why?

What were your perceptions of the therapist's characteristics? How was this helpful or hindering for therapy?

What were your perceptions of the therapist's actions during the process of therapy? How was this helpful or hindering?

What metaphor would you ascribe to the therapist?